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Doug Fakkema  
Associate Director  
Training & Special Projects  
American Humane

## **MANAGING COMPASSION FATIGUE IN THE TWENTY-FIRST CENTURY**

- ❑ *The public: they're not our enemy; they're our clients*
- ❑ *"Thank you for bringing the animal to the animal shelter!"*
- ❑ *Why is it OK to divorce our spouse but not our cat?*
- ❑ *"We'd rather euthanize that dog than let something bad happen to him"*

### **COMPASSION FATIGUE**

1. Compassion Fatigue (CF) is a "term", not a "disease"
2. CF is what we call the negative effects (characteristics) of helping others
3. CF characteristics are normal displays of stress that result from helping
4. Latest findings conclude that animal caregivers (especially those who euthanize) experience the highest rate of CF
5. Often people who are attracted to animal care giving are "other directed" and do not participate in the self-care necessary for a healthy lifestyle
6. First step to alleviating CF characteristics is to devise a personal self-help plan that consists of healthy outlets
7. It's not the load that breaks us down, it's the way we carry it
8. Caregivers typically have CF characteristics even before they're hired

*disconnect - not detached*

## COMPASSION FATIGUE ORGANIZATIONAL CHARACTERISTICS (SYMPTOMS)

When compassion fatigue hits critical mass in the workplace, the organization itself suffers. Chronic absenteeism, spiraling Worker's Comp costs, high turnover rates, friction between employees, and friction between staff and management are among organizational symptoms that surface, creating additional stress on workers.

Compassion fatigue is a loaded gun pointed at our head, our finger on the trigger. We think we're shooting at the public (we hate them) but instead we commit organizational suicide resulting in low adoption and high euthanasia rates.

Healing an organization takes time, patience, and most important, commitment. An awareness of compassion fatigue and its far reaching effects must be present at the highest level of management and work its way down to encompass line staff, as well as volunteers. Often, the mistrust that employees feel towards management is not unfounded. Since many care giving institutions are non-profit, they inherit additional challenges such as low wages, lack of space, high management turnover rate, and constantly shifting priorities.

### Organizational Symptoms of Compassion Fatigue

- ☐ High turnover
- ☒ Morale problems such as: anger, bickering, factions, feuds, disrespect, distrust, theft
- ☐ Clients treated rudely and disrespectfully *sometimes.*
- ☐ High absenteeism
- ☒ Constant changes in co-workers relationships
- ☐ Inability for teams to work well together
- ☐ Desire among staff members to break company rules
- ☐ Outbreaks of aggressive behaviors among staff
- ☐ Inability of staff to complete assignments and tasks
- ☐ Inability of staff to respect and meet deadlines
- ☐ Lack of flexibility among staff members
- ☒ Negativism towards management
- ☒ Strong reluctance toward change
- ☒ Inability of staff to believe improvement is possible
- ☒ Lack of a vision for the future

## COMPASSION FATIGUE INDIVIDUAL CHARACTERISTICS (SYMPTOMS)

Compassion Fatigue symptoms are normal displays of stress resulting from the care giving work performed day in and day out. While the symptoms are often disruptive, depressive, and irritating, an awareness of the symptoms and their negative effect on our lives can lead to positive change, personal transformation, and a new resiliency. Reaching a point where we have control over our own life choices will take time and hard work. There is no magic bullet. There is only a commitment to make our lives the best they can be.

Normal CF characteristics present in an individual:

- Bottled up emotions
- Receives unusual amount of complaints from others
- Voices excessive complaints about administrative functions
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
- Poor self-care (i.e., hygiene, appearance)
- Legal problems, indebtedness
- Reoccurrence of nightmares and flashbacks to traumatic event
- Chronic physical ailments such as gastrointestinal problems and recurrent colds *headach*
- Apathy, sad, no longer finds activities pleasurable
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems
- Angry
- Difficulty sleeping or sleep too much
- Loss of appetite or eat too much
- Lowered libido
- Tendency to isolate from others
- Detached in our feeling toward clients (public) and sometimes animals

### **COPING SUCCESSFULLY**

1. Acknowledge the problem
2. Seek support

Managing CF is primarily an inside job. We must take a primary role in our own recovery. As managers we must encourage our staff to do the same.

As Organizations we can reduce the climate of compassion fatigue by doing everything humanly possible to reduce the number of animals being euthanized. We can and must reduce the number of animals being born; increase adoptions; and increase the number of animals returned to owner.

We must foster a climate of acceptance toward our sometimes compassion-fatigued coworkers, volunteers and governing boards. We must also learn to accept that the public is our client, no matter what they do and to always treat them with respect and genuine courtesy.

## INDIVIDUAL COPING STRATEGIES

- Find and regularly talk with our Primary Support
- Balance work and other care giving activities with non-care giving pursuits such as hobbies and outside activities
- Learn to say "NO"
- Stay healthy through exercise and nutritious diet
- Laugh – gallows or grim humor is especially appropriate to reduce stress
- Take time off for: breaks, lunch, weekends, holidays and vacations
- Take regular and honest self-appraisal to see if we are satisfied with our work

### RESOURCES FOR EFFECTIVELY MANAGING COMPASSION FATIGUE

**Shelters that effectively manage Compassion Fatigue are more likely to lower turnover, increase adoptions and reduce euthanasia!**

- 1. American Humane offers "Managing Compassion Fatigue" one-day training and awareness building workshops:**

**<http://www.americanhumane.org/>**

**Contact Doug Fakkema: [doug@americanhumane.org](mailto:doug@americanhumane.org)**

- 2. Humane Society University offers training and awareness building workshops:**

**<http://www.hsus2.org/hsu/cf.htm>**

- 3. Patricia Smith offers training and awareness building workshops and a comprehensive and information filled website:**

**<http://compassionfatigue.org/>**

- 4. Support Services for Animal Care Professionals (SSACP) Dr. Carol Brothers and her team offer training and awareness building workshops.**

**Contact Dr. Brothers at: [carol\\_ab@juno.com](mailto:carol_ab@juno.com)**

- 5. Internet support group (list serve) for euthanasia technicians:**

**<http://groups.yahoo.com/group/euthtechsupport/>**

## **TWENTY FIRST CENTURY ANIMAL SHELTER**

- ❑ **Client friendly – treats public with genuine courtesy and respect – always**
- ❑ **Practices open adoption**
- ❑ **Matches, doesn't screen when connecting a pet with the new guardian (owner)**
- ❑ **Encourages return of adoptions that do not work out and does not scold or condemn when animals are brought back**
- ❑ **Recognizes that adoption is a critical client/shelter interaction and treats the entire process with the seriousness it deserves**
- ❑ **Approves adoptions as “gifts” within the adopter family**
- ❑ **Encourages the public to bring their “unwanted” animals to the shelter and treats them courteously when they do**
- ❑ **Uses language: *adoptable*, *potentially adoptable* and *unadoptable* (definitions available) to describe all animals entering the facility – avoids divisive, dishonest and offensive language such as *no kill* or *low kill***

## THE FOUR PHASES, by Doug Fakkema

Those of us who work on behalf of animals often go through four phases in our career evolution. As we are unique, so are our individual stories, but we all seem to go through a similar process and, if we survive that process go on to understand that we have achieved what we wanted in the first place.

### Phase One

Red hot and raring to go, we are out to change the world. We are high on life (or at least our job). We know we can make a difference, that our efforts on behalf of animals will ease their plight. We work what seems like 25-hour days yet are energized. Our enthusiasm overflows, our capacity for challenges is limitless. We eat, sleep and live in the cause for animals. Our friends don't understand our obsession and turn away or just fade away, and we let them for we meet new ones. Some of us though don't make new friends, we're too busy working for animals. Some of us become loners with only our canine or feline companions to keep us from total isolation but we're content because we have a cause. In our zeal we tend to affix simple solutions to complex problems – every animal should be sterilized or no animal should be euthanized. We're often late because we try to rescue animals from highways and streets. We think we understand the problem and we know we can fix it if only people would get out of our way.

### Phase Two

Our phase one enthusiasm has turned sour, the bubble has burst. We see the same people coming into the shelter with yet another litter – they haven't heard our message. We continue to euthanize, there seems no end to it. Even our friends – those we still have left – don't understand us. We can't seem to reach anyone. Animals are still abused and neglected, their plight seems unchanged despite all our efforts. We've lost the boundless energy that characterizes Phase One. We no longer wish to talk about work, don't even want to admit where we work. We're tired all the time. We go home from work, lock the doors, turn out the lights, turn off the answering machine and close the window blinds. We're too exhausted to cook so we scarf fast food, pizza, potato chips or chocolate. Some of us buy useless objects we can't afford. Some of us turn to alcohol for it takes away our feelings of hopelessness. We ignore our families and even our pets get less attention than we know is right. We seem powerless to affect any of the changes that drove us to such ecstasies of dedication in Phase One. We have become horrified by the work we have to do. Even our dreams are filled with the horror. Every animal we take in, every animal we euthanize is yet another nail in our coffin of defeat. Somehow we're to blame for our failure and it's destroying us. Our shield gets thicker and thicker. It blocks the pain and the sadness and makes our life somehow tolerable. We continue on because every now and then we get a spark of energy.

### Phase Three

Our phase two depression has turned outward and we're mad as hell. Hopelessness turns to rage. We begin to hate people, any people and all people unless, like our co-workers they dedicate their lives to animals the way we do. We even hate our co-workers if they dare question us — especially about euthanasia. It occurs to us, let's euthanize the owners not the pets. Let's take everyone who abuses an animal, or even surrenders an animal and euthanize them instead. Our rage expands to our out-of-work life. That guy in front of us on the highway, the one who's in our way, euthanize him too. We rage at politicians, television, newspapers, our family. Everyone is a target for our anger, scorn and derision. We have lost our perspective and our effectiveness. We're unable to connect with life. Even the animals we come in contact with seem somehow distant and unreal. Anger is the only bridge to our humanness. It's the only thing that penetrates our shield.

### Phase Four

Gradually and over time the depression of Phase Two and the anger of Phase Three become replaced with a new determination and understanding of what our mission really is. It is big picture time. We realize that we have been effective, locally and in some cases regionally. So we haven't solved the problem, who could, but we have made a difference with dozens, even hundreds of animals. We have changed the way others around us view animals. We begin to see our proper place in our own community and we begin to see that we are most effective when we balance our work and out-of-work lives. We realize that work is not our whole world and that if we pay attention to our personal lives we can be more effective at work. We understand that some days we work 14-hours and some days we knock it off after only 8. We take vacations and we enjoy our weekends. We come back refreshed and ready to take on daily challenges. We see that people are not all bad. We understand that ignorance is natural and in most cases curable. Yes there are truly awful people who abuse and neglect animals but they are a minority. We don't hate them. When we find them we do all we can to stop them from hurting animals. We recognize that the solutions are just as complex as the problems and bring a multitude of tools to the problem at hand and use them any way we can and we begin to see results — one small step at a time. We reconnect with the animals. Our shields come down. We understand that sadness and pain are a part of our job. We stop stuffing our feelings with drugs, food or isolation. We begin to understand that our feelings of anger, depression and sadness are best dealt with if we recognize them and allow them to wash over and past us. We recognize our incredible potential to help animals. We are changing the world.

## THESE ARE THE THINGS THAT BOTHER ME THE MOST\*

1. Having to decide which animals get to live and which don't
2. Feeling these animals lives have no value because they are being put down
3. The anger/hatred I feel towards people who cause this problem
4. The anger/hatred I feel towards all people in general
5. Feeling physically sick and hateful almost all the time
6. Not being able to concentrate on the positives and having the negatives weigh me down all the time
7. Not being able to take things day by day and enjoy when something good happens, instead I feel like there's a black cloud hanging over me because I know that even if we have a good day this week, we'll probably have to euthanize next week.
8. How to grieve for these animals without letting it take over my life
9. Feeling guilt because when I say – 'I can't do this', all that means is someone else has to deal with it, and no one wants to deal with this. I feel sometimes like I am coping out and should just be stronger, but other times I know that if I continue to do this part of it, I won't last very long, and then might not be able to do anything at all.
10. How to deal with people who don't have the same feelings about euthanasia as we do; people who brush it off as no big deal, or say things that make us feel even worse.

\* From a shelter worker



## I COULDN'T DO YOUR JOB

*"I couldn't do your job," he said, "I love animals too much."*

As animal care and control workers we often hear this from John Q. Public. We hear it and we instantly react, often with anger and disgust. How dare he declare himself better than us, what a moron. But is he being mean? Is he really trying to slam us? Why does his comment hurt so much?

### BUNKER MENTALITY

Common to professions such as law enforcement, medicine, social services and animal care and control is a hypersensitivity to anything perceived as a negative comment. This hypersensitivity is often referred to as "bunker mentality."

A "bunker" is a safe hiding place — a steel and concrete fortification designed to deflect bullets and shrapnel. In our case the bullets are words and the shrapnel public opinion. It is such a shock to discover that what we were taught as a child is simply not true. We were taught that "words cannot harm us." In fact words do wound and negative public opinion can hurt, sometimes more than we can bear. The sad fact is that the emotional bunker in which we hide is defective. The bullets still get through.

### WHAT THEY REALLY MEAN

A few years back I was talking with a friend who works in social services for the State of Minnesota. He was telling me that he worked exclusively with kids who had been physically or sexually abused. After listening to him describe his work I started to say: *"I couldn't do your job . . ."* and at that point I heard the words that were coming out of my mouth and abruptly shut up. I couldn't retract those five words but I was able to explain what I really meant to

say. I told him I respected him for doing such a difficult job and that I could only imagine how hard his work must be for him because I know how much he cares for children.

Is it possible that the citizen who says *"I couldn't do your job, I love animals too much"* is really trying to offer support? That's after all what I was doing with my friend. Is it possible that our hypersensitivity won't let us hear the words as support, that we instead interpret them as words of condemnation?

### THANK YOU

If you have ever attended a funeral and tried to say something consoling to the bereaved you know how difficult it can be. Every time I've tried it my words seemed to come out sounding hollow and rehearsed. What saved me from feeling like a total jerk was when the bereaved said, *"thank you."* The "thank you" said my sympathy had been received and appreciated.

It is likely that if John Q. Public really wanted to slam us he would use unambiguous language, like "murderer" or "puppy killer." If he really wanted to slam us, he wouldn't beat around the bush and say, *"I couldn't do your job, I love animals too much."* Next time you hear those words, look at the citizen and just say, *"thank you."* Deliberately misinterpret the statement in your mind as sympathy offered and received. The result is that your body language will be different and the citizen will see you differently, as the caring human being you are. Even if the comment was offered as a slam you won't get hooked. You will win and so will John Q. Public. Do it often enough and you will eventually hear the message as support. After all, the public isn't nearly as bad as we sometimes make them out to be.



# THE CONFLICT OF EUTHANIZING ANIMALS

by Karen Stickland

**T**raditionally, you're someone who entered this field with one motivation—you care about animals. As you progressed through your training, you were exposed to healthy doses of conflict, such as whether to impound an animal running at large, dealing with an owner relinquishing his pet, turning down an adoption, and deciding which animals to euthanize. What began as a rather simple decision to take a position in an animal shelter, humane society, or animal control organization has resulted in a life-changing challenge.

You entered the animal welfare field, believing strongly that you could and would make a difference. Why do you now feel helpless and victimized by your own compassion and love for animals? The truth is that you are, in a very unique way, truly a victim.

Human health-care workers dedicate their lives to caring for their patients and are gravely saddened when they die. Animal welfare workers dedicate their lives to caring for animals and then are asked to kill them. What greater conflict could there be?

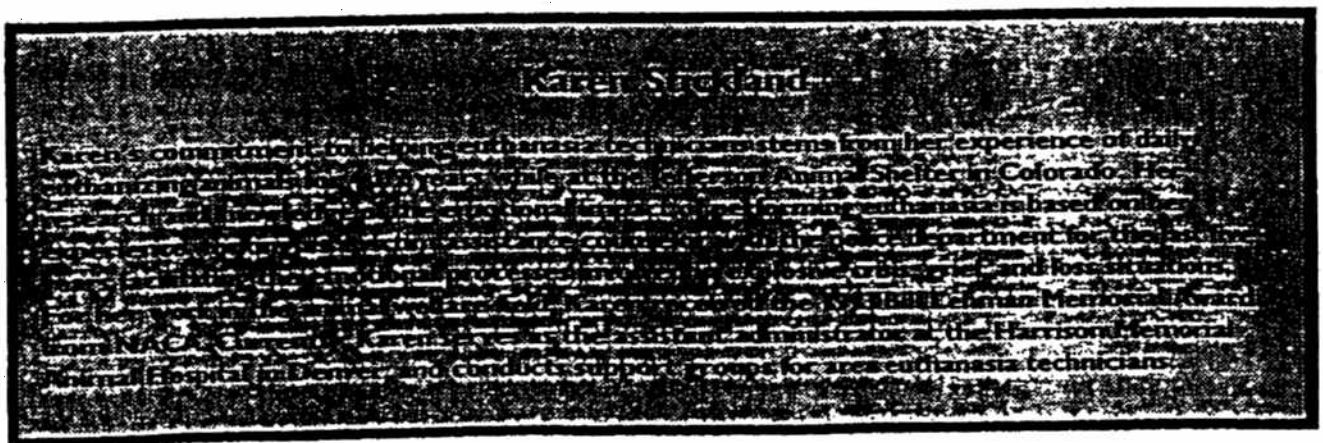
Some of the effects of this conflict on you are long-term grief, feeling isolated from the rest of humanity, and feelings similar to those experienced by war participants (after-shock and post-traumatic stress). These effects can lead to some extreme reactions, such as drug or alcohol abuse, violent

outbursts, or thoughts of suicide or homicide. If you're experiencing extreme reactions, you must consider seeking professional counseling.

The truth about this conflict's effect on you is that even if you quit your job right now, today, you would take these unresolved feelings with you. Just because you leave, doesn't mean that you leave behind your trauma and pain. You're a very normal person dealing normally with an abnormal situation.

Experience doesn't make you immune either. For people who stay in their jobs, the trauma and pain accumulate. Even if you've been at your job for a long time and are very good at it, the conflict and its resolution have changed your life and the way you look at yourself and relate to others.

You must never forget that you, the person who cares so much for animals and then has to kill them, are very important. Your feelings and reactions to killing animals are important. The contributions you've made and will continue to make are vital. The animals will suffer unnecessarily without caring people like yourself doing the job. Your knowledge and experience works for the animals, not only in the daily care that you give them but in the educational efforts you make.



**F**or some time you've been involved with the killing of animals. Depending on how often you participate in this activity and how long you've done so, you're very likely experiencing long-term grief. There has been very little, if anything, written on your particular dilemma. However, the feelings are similar to those who experience post-traumatic stress.

The losses you suffer each day are real. And because they may build on each other with the day-after-day need to euthanize animals, your ability to resolve each one in time to go on to the next is impaired. It is perfectly natural and expected that you feel hopeless about ever being able to feel emotionally healthy and return to enjoying a sense of accomplishment in your job.

Hopefully, the validation you've received in this workshop will give you at least the confidence to begin the process of resolving your grief. You may not have even recognized the loss until today, if today was the first time you've really talked about it. So whether you've been involved in euthanizing animals for one day or 20 years, today may be the beginning of resolution for you.

Don't be afraid of the process. It is your mind's way of helping you adjust to loss. The more you resist it, the longer it may take you to feel better.

## WHAT YOU MAY BE FEELING

There are many things you're actually grieving for at this point. The word grief may seem dramatic and out of place, but consider what you've lost. First of all, you've lost your ability to be innocent about the realities of the pet overpopulation problem. You've also lost that relationship with animals that is important to you.

Even your perception of who you are may have changed because of this continual loss in your life, and you may be questioning your personal values as well. Other characteristics of this loss may also be or already have surfaced in your emotions and attitudes.

Even if you've been thoroughly trained to euthanize, gradually introduced to the mechanical processes, and had the opportunity to verbalize your anxieties or concerns, you may experience a sense of shock.

Shock is a strong word, but it accurately describes your probable first reaction. It often includes a sense of numbness and "shut down." It is your mind's way of protecting you from difficult realizations by allowing you to absorb them bit by bit. While you adjust, your ability to concentrate may be reduced, so you may feel confused and unable to make clear decisions.

Sometimes it's easier to completely deny that any part of the euthanasia process is difficult. Rationally our minds know that it's the only logical conclusion for some animals, and therefore it seems like an overreaction to get upset or feel sad about it. We would really prefer that our logic take complete control over our feelings. Although that certainly would be more comfortable, it would severely disconnect us from an important part of ourselves.

As the struggle between logic and emotion intensifies, we often get angry. Anger usually results from feeling a loss of control over a situation or person. In our situation, the easiest people to be angry with are irresponsible pet owners, unsympathetic friends, our family, our employer, or even coworkers. But sometimes we actually turn this unfocused or misdirected anger on ourselves for even participating in the euthanasia process.

You may also feel shame for your role. How many of us actually admit to most people where we work or what we do professionally? We're subject to uneducated comments and judgements because the role of a shelter is misunderstood by so many people. Unless you feel confident about and understand yourself, the shelter's role, and your own logical and emotional participation in that role, you'll accept and believe these criticisms and judgements, thus lowering your self-esteem.

Your mind likely cannot completely control your emotions forever, so it is much healthier to deal with them—understand what to expect, recognize things for what they really are, and allow yourself to be a logical, physical and emotional person. If you can deal with your emotions now during the conflict, it will certainly spare you confusion years from now when you may not be able to identify why you're having difficulties.

### WHAT YOU CAN EXPECT

Grieving is hard work and can take you by surprise if you're not equipped and educated to recognize and handle it.

Some of the physical results you may see include changes in your—

- **Thinking and actions.** They can slow down. Your energy level may take a dip and even routine activities may seem harder. You may find yourself being uncoordinated and clumsy.
- **Appetite.** If food is one of your comforts, then your appetite will increase. Otherwise, you may not be very hungry for awhile.
- **Sleep.** If sleep is one of your comforts, you may find yourself sleeping more. If not, you may have trouble shutting down your mind enough to rest. Expect disturbing dreams. Remember, your subconscious mind will act out what your awake mind does not want to think about.
- **Breathing.** You may find yourself feeling short of breath or breathing very shallow, short breaths.
- **Sex drive.** Typically less interest.

Emotionally, you can expect—

- **Depression.** This is your anger turned on yourself and a belief that you're part of the problem. You may also fear that you're a failure and not capable of performing euthanasia.
- **Hopelessness.** Fear that you'll never be happy again.
- **Sadness.** At times you may seem fine, and then for no apparent reason, sadness will wash over you.
- **Detachment.** When you realize that you cannot regain that innocence, you may lose interest in many things. You may have trouble maintaining relationships with people who are important to you and lose a feeling of spontaneity.

Once you're aware of these things, you'll begin to redefine your life. Understand that things will not ever be the same, because you're now a different person. You can choose to build a new life, choose to be sad, or choose to welcome life again. The whole process can take days, months, or years. Give yourself time!

## YOU'RE NOT ALONE

Although all of us at one time or another lose someone or something we love, no one can truly understand this, unless they too have experienced the exact same loss. Sometimes those outside the shelter can't understand, but they can empathize, care, and want to help you. So to adjust as rapidly and smoothly as possible, with as much comfort and care as you need, allow your friends and family to help. Be accepting and understanding of support from others at work. Above all, don't isolate yourself.

## BE PATIENT

You'll get better, so be patient with yourself. Give yourself all the time you need. The greater your loss, the more time you'll need.

During this time, you'll need more rest than usual, and if you need help with daily tasks, ask for it. Don't expect too much from your body—it needs more energy now to heal.

## WHAT YOU'RE FEELING IS RIGHT

Your emotions also need a rest. Don't let yourself get too heavily involved in unnecessary projects for awhile.

Whatever emotions or reactions you're feeling are all right! Don't fight them, they're normal. Lean into them, and let them be there. Examine them, learn from them, and let them have their say. They're a part of who you are, and, if you deny them, it will take you longer to adapt. Some emotions you may feel include—

pain	fear	depression
emptiness	sadness	anger
irritability	relief	helplessness
pessimism	guilt	
hopelessness	restlessness	

These emotions, no matter how often or how intensely you feel them, are all right. These things will pass. It only feels like they won't.

## YOU'RE STRONG ENOUGH

Recognize that you have—and will—suffer great losses. Expect to be off-balance for awhile even though it may frighten you. Recognize your struggle between belief and disbelief. You're strong enough to acknowledge your losses, and you will survive.

## TAKE GOOD CARE OF YOURSELF

There's no need to overprotect yourself, but understand that you are using a lot of energy in the healing process. Because of this, you'll need more of some nutrients, so eat a balanced diet. Also, if you haven't had a physical recently, this is a good time to do that. Let your physician know what's happening with your emotions and ask if you should take vitamin supplements.

Stay away from alcohol and drugs. They'll only encourage you to escape or "medicate" your feelings.

Pamper yourself. Identify those things that make you feel better and are good for you, then allow yourself to do them, such as—

shop	lounge in the sun
eat out	take a hot bath
read	eat milk and cookies
listen to music	write to loved ones
see a movie	visit with good friends

## JUST TAKE TIME

We experience loss in our own way. There's no right or wrong way. And just as we all heal at different rates from disease or injury, we also heal at our own rate from emotional trauma. And that's as it should be. Don't put a timetable on your grief. Be understanding of each other, and give yourself and others permission to grieve in individual ways.

## REGAINING YOUR SENSE OF WORTH

You've already come a long way toward regaining your sense of worth in your job. Understand that your involvement with the animals is important, and

your contribution is part of the whole effort being made by thousands like you.

We make major choices every day about our lives—whether to stay in our jobs, whether to do what's needed or what's best for ourselves, etc. When you choose to continue doing what you do on behalf of the animals, make that choice with a clear mind. Recognize that it's a painful choice but a necessary one.

Take time (10 minutes or so) after euthanasia to reconnect with yourself before going to your next task. Take more control over the things you can by coordinating with your employer and coworkers, such as schedules, equipment, environment, etc. Build a strong team within your shelter for internal support and encouragement. Learn as much as you can about not only your shelter but other organizations. Give yourself some flexibility, alternative choices, and permission to be who you are.

Finally, look for ways at work to balance the pain with the pleasure and a sense of fulfillment. For instance, if you can educate one person each week about animal issues, find one home for an animal who would have died, help one lost animal find his way home, or be there for a coworker who's struggling with the unfairness of life in the shelter, then you'll regain your perspective.

Don't be afraid to reach out to and be there for someone else. Above all, believe that you do make a difference and that you're leaving your very special mark on the ones that you care so much about.

## RECOMMENDED READING

These two books are strongly recommended. They represent common-sense approaches to dealing with loss and life and are not part of the modern forms of "pop psychology."

Stearns, Ann Kaiser  
Living Through Personal Crises  
Ballantine Books® Random House

Peck, M. Scott  
The Road Less Traveled  
Simon and Schuster—New York

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Support can be a vital part of dealing with the daily conflict and grief you face. In police departments and victim assistance organizations, they help victims of trauma by debriefing them. This procedure can also help you.

A support group simply allows you to talk in a safe, nonthreatening and totally confidential environment about what you do or what happens. The safe environment and the willingness to be honest are the two most important components. Usually if the proper environment exists, the honesty will eventually come.

This provides you with the opportunity to release feelings, validate your identity, and return to the reality that you're making a difference.

There is no real emotional danger in participating in a support group. Remember, any pain you can get rid of is just that much pain you won't have to continue to carry around inside of yourself.

In any of the above instances, it is important to obtain the support of the decision-making body of your organization to assist with these arrangements. In some cases, it would be necessary to work through the human resources or employee relations department of your organization.

Traditionally shelters do not have enough money to hire a psychologist or social worker to facilitate a support group, but there are alternatives. Here are some avenues for finding professional help in setting up support groups or finding counseling to help you deal with euthanasia.

## EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Programs (EAPs) are often available as an employment benefit through the governmental agency. These programs usually provide confidential counseling for a limited time at no charge to the employee. It is possible to arrange with the EAP to provide, for a small fee, a counselor to facilitate support groups as part of the contract with the governmental agency or in addition to that contract.

## HEALTH INSURANCE PROVIDERS

Often your employee health insurance has some coverage for psychological counseling. It may be possible for the insurance company, as part of the coverage, to arrange for one of its providers to facilitate a support group.

## VICTIM ASSISTANCE PROGRAMS

Animal control and shelter organizations are often associated with, or part of, police departments. Many PDs have an auxiliary section called Victim Assistance, Victim Services, or Victim Witness Programs. These programs provide trained personnel to assist citizens who have been involved in violent incidents (i.e., suicide, sexual assault, domestic violence). The programs may provide a member of that team to facilitate a support group.

## THE FACILITATOR

A mental health professional in your community may be willing to donate or offer his/her expertise at a reduced rate to facilitate a support group or offer one-on-one counseling. But be sure to carefully screen your facilitators as they are crucial to building and maintaining the safe environment.

In a facilitator, look for someone:

- Who is familiar with euthanasia issues, so s/he will know the right questions to ask and not ask, and can empathize or understand the concerns and the uniqueness of these issues.
- With practical experience in dealing with trauma and grief. Training and experience in therapy is not necessary; support is the point of these sessions, definitely not therapy.



## **NEGATIVE STRESS COPERS**

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- Alcohol** Drink to change your mood. Use alcohol to "cope."  
**Denial** Pretend nothing's wrong. Ignore the problem. Rationalize.  
**Drugs** Abuse coffee/aspirin/medications. Pop pills.  
**Eating** Keep bingeing. Go on another diet. Consume sugar and caffeine.  
**Fault-Finding** Have a judgmental attitude.  
**Complaining** Criticize . . . both yourself and others.  
**Illness** Develop headaches, nervous stomach, major illness. Become accident prone.  
**Indulging** Stay up late. Sleep in. Buy on impulse. Waste time.  
**Passivity** Hope it gets better. Procrastinate. Wait for a lucky break.  
**Revenge** Get even. Be sarcastic. Hold grudges.  
**Stubbornness** Be rigid. Demand your way. Refuse to be wrong.  
**Tantrums** Yell. Mope. Pout. Swear. Refuse to be wrong.  
**Withdrawal** Avoid the situation. Skip school or work. Keep your feelings to yourself.  
**Worrying** Fret over things, especially things you can't control. Imagine the worst.

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<b>Getaways</b>	Spend time alone or with special friends. See a movie. Daydream. Imagine going to your favorite place.
<b>Hobbies</b>	Write. Paint. Remodel. Create something.
<b>Learning</b>	Read. Join a club. See knowledge as positive power.
<b>Music</b>	Play an instrument. Sing. Listen to the stereo.
<b>Playing</b>	Play a game. Go out with friends. Laugh a lot.
<b>Working</b>	Tackle a new project. Keep busy. Look for satisfaction in what you do.
<b>Balancing</b>	Balance time for work, home, and self.
<b>Conflict Resolution</b>	Look for win/win solutions. Forgive readily. Communicate directly and honestly.
<b>Esteem-building</b>	Focus on personal strengths. Be gentle with yourself.
<b>Flexibility</b>	Stay open to change.
<b>Networking</b>	Develop friendships. Make use of community resources.
<b>Togetherness</b>	Take time to be with loved ones. Build family traditions. Express affection.
<b>Affirmation</b>	Believe in yourself. Trust others. Give sincere compliments.
<b>Assertiveness</b>	State your needs and wants. Say "no" respectfully.
<b>Contact</b>	Make new friends. Touch. Really listen to others.
<b>Expression</b>	Show feelings. Share feelings.
<b>Limits</b>	Accept others' boundaries. Drop empty involvements.
<b>Linking</b>	Share problems with others. Ask for support from family/friends.
<b>Imagination</b>	Look for the humor. Anticipate the future positively.
<b>Life-planning</b>	Set clear goals. Plan for the future.
<b>Organizing</b>	Take charge. Make order. Don't let things pile up.
<b>Problem-Solving</b>	Solve it yourself. Seek outside help. Tackle problems head-on.
<b>Relabeling</b>	Change perspectives. Look for good in a bad situation.
<b>Time Management</b>	Focus on top priorities. Work smarter, not harder. Schedule time for yourself.
<b>Biofeedback</b>	Listen to your body. Know your physical needs.
<b>Exercise</b>	Pursue physical fitness. Jog. Swim. Dance.
<b>Nourishment</b>	Eat for health. Limit use of alcohol, sugar, caffeine.
<b>Relaxation</b>	Tense and relax each muscle. Take a warm bath. Breathe deeply.
<b>Self-Care</b>	Energize your work and play. Replenish yourself daily.
<b>Stretching</b>	Take short stretch breaks throughout your day.
<b>Commitment</b>	Take up a worthy cause. Invest yourself meaningfully.
<b>Meaning</b>	Find purpose and meaning in your life.
<b>Letting Go</b>	Know when to let go of problems. Dump baggage each day.
<b>Valuing</b>	Set priorities. Make your behavior consistent with your values. Spend time and energy wisely.

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## HINTS TO HANDLE YOUR DAY

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1. Be selective about where you put your energy.
2. Make time to replenish yourself every day.
3. Practice paying attention to your stress level throughout the day.
4. Regularly notice your self-talk—is it positive or negative?
5. Spend more time with positive people than with negative people.
6. Give yourself permission to quit something.
7. Ask for help, and use your support people.
8. Be willing to say "no."
9. Exercise aerobically at least 20 minutes every other day.
10. Maintain regular sleeping and eating habits, and eat nutritious and energizing foods. Avoid caffeine, sugar, and alcohol. Get enough sleep, but not too much.
11. Be clear about your goals, but know when to alter them.
12. Be genuine; drop the mask.
13. Allow yourself to be human.
14. Take time to notice the little things...to smell the flowers.
15. Make time to spend with significant others.
16. Use time management, so that you control your time, rather than it controlling you.
17. Write down a list of things you do or places you go that make you happy and relaxed; when you start to feel stressed, visualize being there.
18. When you do something that was hard or that was a "have to," reward yourself.
19. Pay attention to now; stop worrying about the "what ifs."
20. Do something that makes you happy today, instead of postponing it until after the test or after the semester. It can be something small that doesn't take much time.
21. Laugh often; be able to laugh at yourself. Be playful.
22. Be flexible, when appropriate.
23. Communicate clearly what you are feeling and what you need.
24. Give to others, and to yourself.
25. Focus on what you owe life, rather than what life owes you.
26. Check your "shoulds"—are they yours or someone else's?
27. Examine your possible payoffs for being stressed, and substitute something positive.
28. Avoid feeling trapped; be creative and look for more than one possible solution to a problem.
29. Check your focus. Choose to focus more on what is going right than on what is going wrong.
30. Be true to yourself.

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*Why do we insist on judging ourselves more harshly than we would ever judge another?*

*Why do we persist in believing that we must not burden anyone with our problems, and yet forget how honored we feel if someone trusts us enough to ask for our help?*

*Why do we forgive others more readily than we do ourselves?*

*Why do we ignore the miracle of our life by not making peace with our head and heart?*

*Why do we think we will have anything to give to anyone if we don't take great care to replenish ourselves?*

*Why do we not treat ourselves as gently as we would anything that is precious?*

*Why do we not understand that our worth is not attached to our accomplishments?*

*Why do we confuse being hard on ourselves with the desire to grow?*

*Why do we not believe in our enormous capacity to go on in the face of hardship and pain?*

*Why do we somehow think that it is not enough to be human?*

*Why do we not cherish ourselves as we would our dearest loved one?*

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# Exploring the Bond

## Emotional responses of animal shelter workers to euthanasia

Debra J. White, MSW, and Ruth Shawhan, MSW

Euthanasia is an everyday occurrence at many of the nation's 5,000 animal shelters. Little has been written about how euthanasia of animals affects animal shelter workers. Only a handful of articles and books about the mental health problems faced by shelter employees are available. Such employees may face serious mental health issues, in particular depression, unresolved grief, anger, and nightmares.<sup>1</sup> In recent years, veterinarians and mental health specialists have been asked to provide counseling to shelter workers to help them cope with euthanasias. Although veterinarians do not receive mental health training in veterinary school, most would be unlikely to refuse such requests. The purposes of the surveys reported here were to give veterinarians and mental health workers insight into the stressful nature of animal shelter work and to help these professionals to provide mental health services to shelter workers.

### Scope of the Problem

The Humane Society of the United States estimates that approximately 8 million unwanted dogs and cats are euthanatized every year in animal shelters across the United States.<sup>2</sup> Many, but certainly not all, of these animals are healthy, often young, and frequently adoptable. Overpopulation continues to be a problem, despite the widespread availability of safe and affordable spay/neuter programs. The Massachusetts Society for the Prevention of Cruelty to Animals (MSPCA) published a study indicating that 39,000 animals are euthanatized every day in animal shelters throughout the United States.<sup>3</sup>

### Surveys

During July and August 1993, an introductory letter outlining the nature of the survey was sent to 162 selected US animal shelters, including shelters in Puerto Rico and the Virgin Islands.<sup>4</sup> At least 2 shelters from every state were selected, and more than 2 shelters were chosen in highly populated states, such as New York, California, and Texas. A self-addressed return postcard was enclosed with the letter for shelter directors to indicate their willingness to participate in the survey and the number of employee surveys they needed. Self-addressed envelopes and copies of a letter describing the study to the interested employees were

Table 1—Age distribution of respondents to shelter employee survey

Age (yr)	No. of employees	Percentage of total
20 and younger	15	7
21-25	68	35
26-30	73	37
31-35	34	17
36 and older	3	1
None given	6	3
Total	200	100

sent to the participating shelters, along with a copy of the directors' survey.

A total of 618 employee surveys were sent to the 86 shelters that agreed to participate; 4 shelters declined. Three shelters indicated that they were "no-kill" facilities and therefore could not participate, and 8 were humane societies without shelters that could not be included in the study. Sixty-one shelters did not respond to the introductory letter.

In the first questionnaire, we requested demographic and statistical information from the organization, such as number of employees; how many animals were annually surrendered to them, adopted, and euthanatized; adoption and reclaiming fees; and annual costs. In the second survey, we asked employees how long they had been employed at the shelter, if they had worked at another shelter, how many days per week they participated in euthanasias, how long they had participated in euthanasias, and their age and sex. They also were asked to describe, in essay format, their feelings and thoughts about euthanasia. Participation in the employee survey was voluntary.

### Findings and Discussion

Of the 86 shelters that agreed to participate, 44 (51%) completed and returned the directors' survey; 200 shelter employees completed and returned the employee survey. Only 6 employees did not complete the section describing their feelings about euthanasia. The majority of the respondents (71%) were female. Most of the respondents (72%) were in the age categories between 21 and 39 years (Table 1). The youngest respondent was a 14-year-old girl who worked part-time and the oldest was a 62-year-old man.

Of the 200 employees, 65 (32%) had been at their job between 1 and 2 years, 37 (19%) had been on the job for more than 2 years but less than 5 years, and 61 (31%) had been employed there for more than 5

Ms. White's address is 151 Wood Rd, Freeville, NY 13068. Ms. Shawhan's address is 3792 Oak Forest Dr, Bartlett, TN 38135.

years. Only 37 (19%) of the respondents had been in their job for less than 1 year. High turnover rates were not observed among the employees in the animal shelters who participated in this survey, although shelter directors reported that this was sometimes a problem.

Only 3 employees indicated that they had sought psychological counseling because of their participation in euthanasias. Another employee stated that she had considered individual psychological counseling but said, "I couldn't afford it on my \$5.00 hourly pay." Twenty workers revealed that they participated in an ongoing support group or that their shelter had counseling services available. Thirty-two employees said they had participated in workshops or seminars dealing with euthanasia.

Of the 44 shelter managers who responded, 67% said that their shelters offered a support group or had counseling services available to help their employees cope with euthanasia. Managers stated that not all employees take advantage of these services. Many shelter managers (47%) indicated that some employees had refused to participate in euthanasias.

**Euthanasia data**—A combined total of approximately 300,000 unwanted animals, mostly dogs and cats, were surrendered to the 44 shelters that participated in this survey. Only 63,000 of these animals were adopted or returned to their owners. Approximately 237,000 (79%) of the animals brought to the shelters were euthanatized. According to the Minnesota Valley Humane Society,<sup>3</sup> Oregon Humane Society,<sup>4</sup> and MSPCA, Springfield, Mass.,<sup>5</sup> some animals were euthanatized at their owners' request because of sickness, injury, or advanced age. Not every dog or cat that is surrendered to an animal shelter can be placed for adoption because of temperament problems or illness. In the authors' experience, most shelters do not try to place older animals, even if they are healthy, because they are rarely adopted. In New York City, an estimated 46,000 dogs, cats, and other domestic animals were euthanatized in 1992 by the American Society for the Prevention of Cruelty to Animals, whose shelter handles more unwanted animals than any other in the United States.<sup>6</sup> In Houston, the shelter euthanatized more than 24,000 unwanted animals in 1992.<sup>7</sup>

The majority (95%) of shelters that responded to the survey euthanatize animals with an IV injection of sodium pentobarbital, and 2 (5%) shelters indicated that they euthanatize unwanted animals in carbon monoxide gas chambers. After the animals are euthanatized, shelters generally have 3 ways to dispose of the carcasses. Eighteen (41%) shelters indicated that they operated their own crematories or paid private cremation companies to dispose of the bodies. One Colorado shelter paid \$52,000 for a new crematory in 1992.<sup>8</sup> Cost of each cycle is about \$75.00, and a typical cycle can accommodate a dozen dogs and cats. Cycle duration varies, depending on the age and efficiency of the crematory. It takes several hours for the crematory to get hot enough to burn, and a few more hours to incinerate the bodies sufficiently. The Colorado shelter usually cremated bodies twice a day.

Not every shelter can afford to purchase its own

crematory. Twenty-one (48%) shelters disposed of the bodies by paying local haulers to bury them in landfills. This method is less expensive than cremation: a Houston, Tex shelter spent about \$1,150 in 1993 to dispose of bodies in this manner.

Six (14%) shelters indicated that they use the services of rendering companies to dispose of the bodies. A Chicago shelter pays a rendering company \$50.00/load of carcasses.<sup>9</sup>

Employees were not asked directly about their involvement with carcass disposal, but many participated in this process. In a Colorado shelter where the author was employed, workers were assigned to cremation duties once a week. In a New York state shelter, a worker drove the bodies to a local crematory for disposal. Other shelter employees assist haulers with body removal.<sup>10</sup> One worker described his experience as "very stressful and difficult."

**Employee reaction to euthanasia**—Shelter workers may experience considerable emotional anguish from participation in animal euthanasias. People who work in animal shelters generally do so because of their love for animals. Therefore, when they are required to participate in euthanasia, shelter workers often feel conflict.

Shelter workers wrote about their sadness associated with euthanasias in the essay responses to our survey. The painful aspect of destroying a healthy animal was expressed by a shelter employee who said, "I love taking care of animals, and it breaks my heart to feed them, take care of their medical needs, only to have to turn around and euthanize them."

Kennel managers have to decide which animals to save and which ones to euthanatize. Their decisions may be based on how much space is left in the kennel, rather than on an animal's health, age, or temperament. One worker responded, "To make a decision to end a life is the hardest decision I have ever made." Similar feelings were shared by another employee who reported, "It bothers me to decide to kill an animal because it is a black dog and we have 3 black dogs waiting for homes." The conflict over killing healthy animals was described by 1 shelter worker who said, "Some days I hate myself for being a part of it."

Although the euthanasia process may involve a brief period of the workers' day, shelter workers are often left with sadness and unresolved grief. Sometimes, professional assistance is warranted. One kennel manager said, "I entered therapy in the beginning of June and am being medicated for severe depression. Much of my anger, guilt, frustration, and outright sadness is connected to my work and my passion for wanting to save the animals I kill." Another worker also reported that she is being treated for depression with medication. A shelter worker had attempted suicide in 1992 because she was unable to cope with her profound depression.<sup>11</sup>

Many shelter workers indicated that they cried as a way of coping with euthanasias. One director of a small humane society said, "I always cry, sooner or later. Somehow it makes me feel better." Another worker said, "I have a lot of sleepless nights, a lot of

crying." One employee confessed, "I've had breakdowns in the euthanasia room. I feel so helpless."

Other shelter workers reported feeling guilty because they have euthanatized so many healthy, and often young, dogs and cats. One employee said, "I sometimes go home thinking I am a murderer."

On the other hand, some shelter employees have little or no emotional feelings about euthanasia. One worker, who has been in his job for 16 years, said, "I have no feelings about euthanasia. It doesn't bother me. I've been at it too long." Other workers try to block their feelings, as evidenced by an employee who reported that "I don't let it bug me when people call me a dog killer." Another worker said, "I try not to let myself feel any emotions and try to rationalize any feelings that do occur." Other people try to avoid dealing with euthanasia. One employee wrote, "I sometimes pretend it never happened." A veterinarian who works with a shelter reported, "I consciously shut off most of my emotions and proceed in a calm and methodical manner."

To cope with euthanasias, some workers do not become attached to the animals in their shelters. One worker said, "I do not get too personally involved, so I can't say that it hurts me." Another employee indicated, "I have been here long enough to know not to get attached to the animals, but sometimes I still do."

Employees also try to justify euthanasia of unwanted animals by comparing it to other disturbing alternatives, such as abuse, neglect, and abandonment. One shelter worker reported that, "a calm, fast, humane death has to be better than the lives most of our strays were living." Another worker shared this viewpoint, saying "there are a lot of worse things that can happen to an animal than being euthanized by me."

Many of the shelter workers said that they were able to cope with euthanasia when the animal was old, sick, injured, or wild. One worker said, "I hate to see the suffering, and euthanasia ends their suffering peacefully." Another reported that "Euthanasia on sick or injured animals does not bother me, because I am relieving them of their pain." Shelter workers may feel relief when they are able to end an animal's pain, as evidenced in 1 employee's report of her feelings when she euthanatized a severely injured dog: "I realized what loving an animal really was—being able to put them to sleep when needed."

Some of the employees who responded to the survey spoke of their anger toward the public for their role in the overpopulation of unwanted dogs and cats. Donald and Powell<sup>6</sup> contend that shelter workers face a public that is quick to condemn them for the job that they do, yet slow to accept responsibility for creating the conditions that make such euthanasias necessary. This anger was expressed by a shelter worker who said, "My anger goes to people who refuse to acknowledge their part in this crisis." Another employee indicated, "I am tired of being responsible for society's carelessness." One worker, who has been at her job for 7 years, reported, "One of the worst things about euthanizing animals is the anger it generates within me."

The anger and rage expressed by several employees is also disturbing. One shelter employee said, "I

think the owner or caretakers need to be killed." Some employees experience nightmares and sleep disturbances. An employee who has worked at her shelter for more than 7 years reported, "I've dreamed of euthanizing my own pets: of being told to euthanize old people sent to the shelter from nursing homes." Another indicated that "the nightmares are getting to become something I do not think I can deal with much longer."

Some employees reported physical problems, such as a veterinarian who said, "I overeat, am stressed, have high blood pressure and an ulcer. Also, I have difficult relationships with others." A worker who had only been employed at the shelter for a month reported that "when forced to participate, I feel dizzy and have come very close to passing out on a few occasions."

Frustration also was evident in the essays written by shelter workers. One worker said, "I frequently tell people that it is easier for me to euthanize an animal than talk to the person who brought it in." Many people surrender their pets because of frivolous reasons. Some of the reasons given by people surrendering their pets to a humane society were "it keeps having litters," "it's a mutt," "it didn't match the decor," "they (dogs) cause rats," "too old," and "is too playful." When confronted with such situations, which are routine in animal shelters, workers often become angry and frustrated because they may have to euthanize these animals.

Because of the stress shelter workers may face on a daily basis, they have developed various coping mechanisms to deal with their jobs. Some of them reported using "sick" humor as a way of letting go of the tension and frustration they experience. One humane society worker reported that she and her co-workers "tell sick jokes that only people in the profession can understand." Others said that they took out their frustrations on family members or friends. One shelter employee reported, "I get in bad moods after every euthanasia session." Some workers reported using physical exercise as a way of relieving their stress. One worker reported that he goes home after work and gives more attention to his own pets. Schroeder<sup>7</sup> said of animal shelter workers, "...almost everyone has pets of their own—often several—upon whom they lavish their off-duty affection."

Many employees said that they shared a strong emotional bond with their co-workers. One shelter worker indicated, "We are like family, so it helps to have each other." Because so few people experience euthanasia as a regular part of their work routine, shelter workers rely on each other for acceptance and to share their pain and emotional anguish. Employees reported that they could talk about euthanasia only with co-workers, veterinarians, or other animal shelter employees. However, 1 shelter worker said that she alienated herself from "almost everyone."

Although a few employees indicated that they were not bothered by animal euthanasias, most respondents had strong negative feelings about their participation in such procedures, particularly when the animals are young and healthy. Employees most commonly reported feeling angry, frustrated, and depressed because of their jobs. Some workers developed

coping mechanisms, such as informal support networks, to help them deal with their feelings, whereas others internalized their anger and frustration. Some employees experienced prolonged periods of grief, which may be difficult to resolve because of the ongoing nature of euthanasia in animal shelters. Because participation in the survey was voluntary, it is possible that only employees with strong feelings about euthanasia and overpopulation were motivated to respond.

### The Role of Mental Health Experts

Mental health workers can provide grief counseling, individually or in a group, to assist shelter employees with their sorrow and feelings of helplessness. Many of our surveyed workers said that they had not sought professional counseling on their own, but had participated in groups or seminars sponsored by their employers. Because almost all shelter workers have some feeling about euthanasia, even if they are not actively involved in the procedure, a group setting seems to be an ideal format in which to proceed. Talking about euthanasia among themselves in a safe environment appears to provide shelter workers with relief and assurance that someone else understands their sadness, anger, and frustration.

More mental health workers undoubtedly may be asked by shelter managers to conduct grief seminars or to lead support groups for employees who participate in euthanasia. Veterinarians can support and even sponsor these efforts. Group counseling under the guidance of a mental health professional also can help employees to empower themselves and to channel their anger into positive outcomes.

Extreme stress can exacerbate substance abuse problems. Employees who display signs of drug or alcohol abuse or who have a known substance abuse problem should be strongly encouraged to seek professional help for the problem. Anyone with known dependence on alcohol or drugs may be a poor candidate to participate in euthanasias.

### The Role of Veterinarians

Veterinarians may experience the same responses to euthanasia as do other shelter workers, and yet are often asked to counsel such workers on this subject. The following recommendations include ways that veterinarians can help shelter workers cope with euthanasia.

- Be sensitive and compassionate in the euthanasia

room. Kennel staff will likely look to you for direction.

- Work with shelter management to establish a euthanasia committee, so that all employees and volunteers are fully aware of the technical aspects involved in the euthanasia process. In addition, a euthanasia committee can serve to monitor employee reaction to euthanasia, to prevent shelter workers from having to cope with emotional stress on their own.
- Educate the public about the overpopulation of unwanted animals. Veterinarians are in a unique position to share their views with pet owners about the importance of responsible pet ownership and spaying and neutering.
- Seek the support of mental health professionals in helping yourself and others to cope with euthanasia.

\*Shelters were selected from the American Humane Association Directory, American Humane Association, Englewood, Colo.

\*Minnesota Valley Humane Society survey, Aug 1993, Burnsville, Minn.

\*Oregon Humane Society survey, Aug 1993, Portland, Ore.

\*Massachusetts Society for the Prevention of Cruelty to Animals survey, Aug 1993, Springfield, Mass.

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\*Harris L, Leslie L, Humane Society, Boulder, Colo: Personal communication, 1993.

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## Testimony in Support of Bill 56

I have been a resident of Guam since December 2000 and started working for GAIN in March 2001 as a full-time volunteer, 6 days a week, and later as a paid employee until June 2003.

During this period I admitted many injured, emaciated and sick animals into the shelter. The Department of Agriculture employees, the various mayors' offices or the general public brought these animals to the shelter. Many volunteers would also find injured animals on the roads and bring them to the shelter to get relief from their pain and suffering. I am presently very much involved with various Animal Shelter projects and volunteer there during the weekends.

Controlled substances were kept in a safe in the office building and a record was kept of the two drugs brought to the shelter by the veterinarian on euthanasia days. In the drug log, the record keeping was done correctly and meticulously in the following manner:

- Amount in stock
- Amount administered per animal (amounts were calculated on approximate weight of the animal)
- Total amount administered per day

Attached are pictures of some of the animals brought to the shelter. Many had to wait for a veterinarian to come to the shelter, or until a volunteer could be found to take the animal to a veterinarian willing to help.

BALD PUP – this hairless Cocker Spaniel (yes, once upon a time it was someone's Cocker Spaniel) didn't have any hair and her whole body was covered with these scabs. She was very weak, dehydrated and emaciated.

DOBY1 & DOBY2 – The brown Doberman Pincher arrived at the shelter severely dehydrated, emaciated, and so weak she couldn't even lift her head. She was placed in the office until someone could be found to transport her to the veterinarian. But it was late in the afternoon and it took a couple hours to find someone. During that time, the dog died in the office.

DOG 12 – another dog with bad mange – no hair and with flies around the open wounds.

DEMO MANGE RED – Another mangy dog with itchy festering wounds and painful feet, also badly dehydrated and sun burned

ELBOW – This Rottweiler was brought in on a Wednesday afternoon when some of the local vets were closed, and Dr. Diaz was off-island. This dog had to wait until the following day to be euthanized

COLLAR CUT – all the same dog. A GAIN volunteer found this dog on the road and brought him to the shelter. He had a maggot-infested wound due to a collar, which he had long ago outgrown.

FACE – found badly injured but alive, by the side of the road.

TUMOR – This Pit bull could hardly walk due to the enormous weight of the tumor on her belly.

NECK – another dog with a too-small collar.

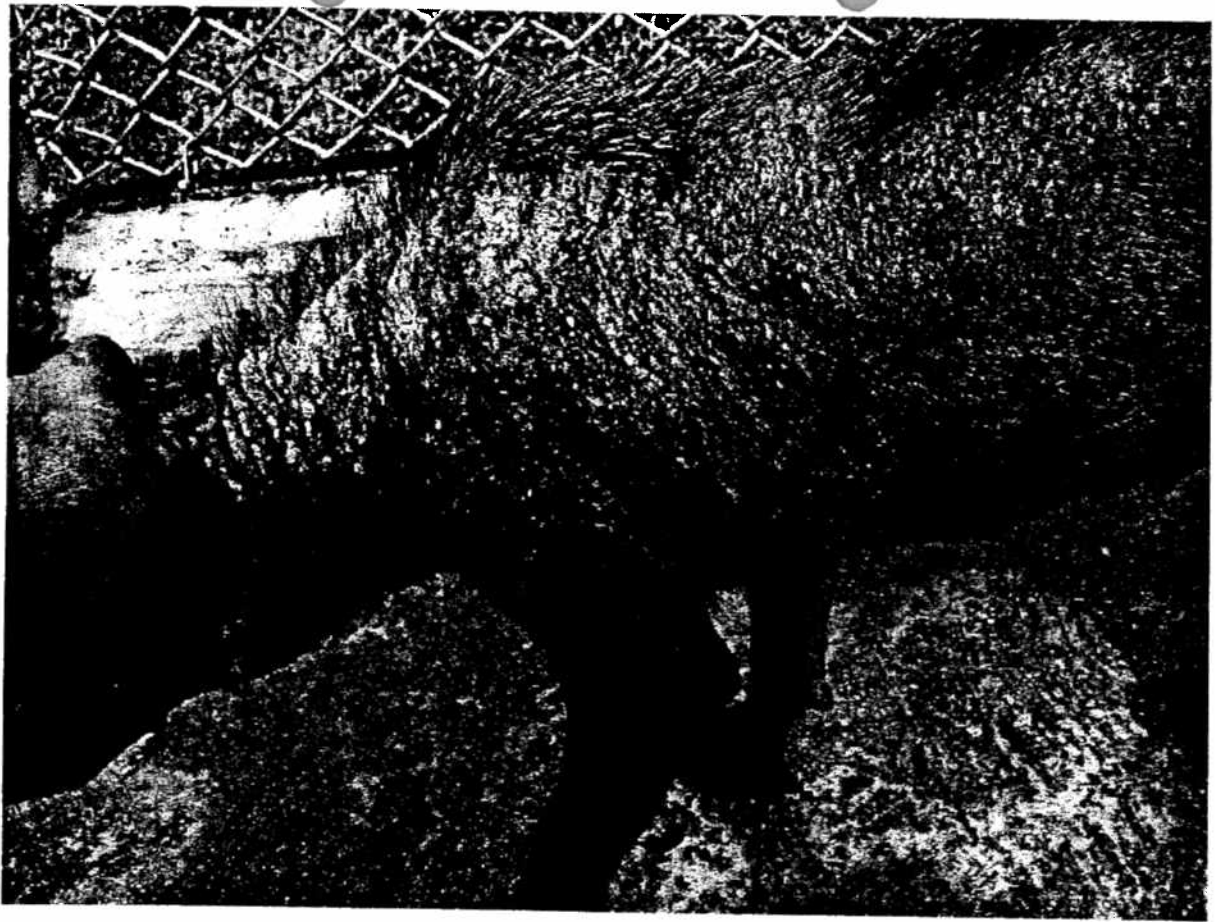
LEG – Another badly injured dog found on the road and brought to the shelter.

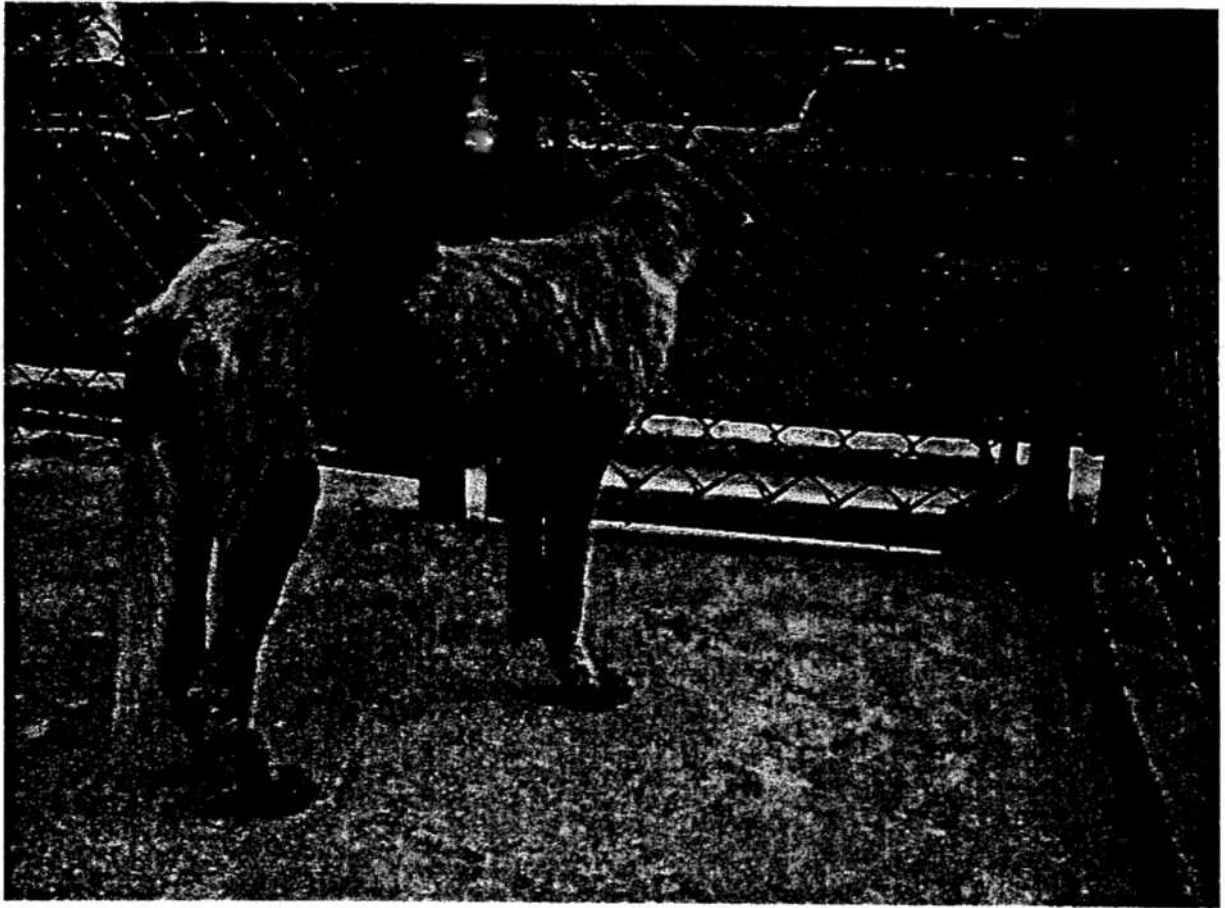
These are just a few of the many injured, neglected and suffering animals brought to the GAIN shelter as emergency cases. The trained and competent employees and volunteers at the shelter who should be able to render this much-needed care to these animals are currently prevented from doing so by other uncaring humans.

A handwritten signature in cursive script, appearing to read "Noni Davis", written over a horizontal line.

Noni Davis 653-2970

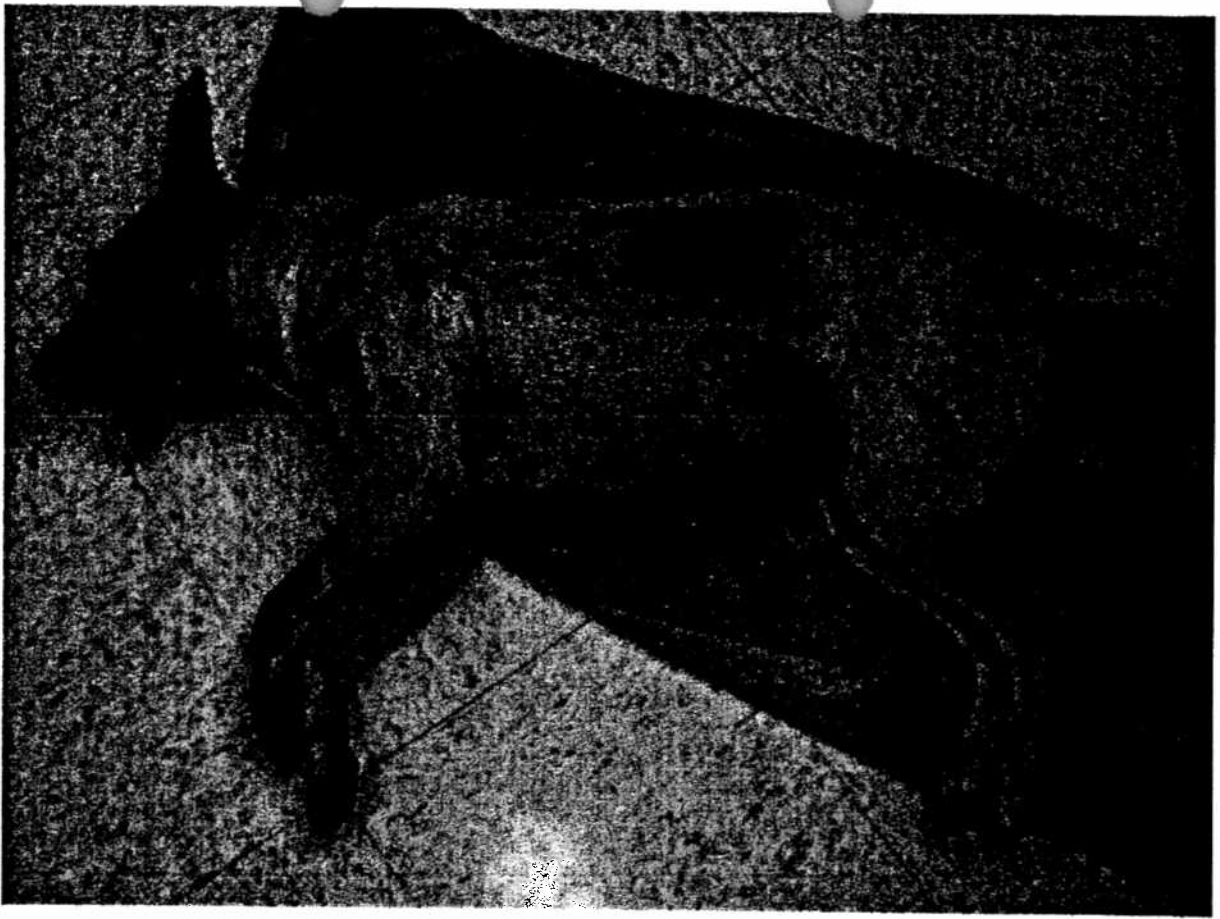
















123 56  
9 March 2005

My name is Christina Oppen and I began working for GAIN in November 2004. The following situations are only a small percentage of what I've encountered thus far.

A man brought in his dog that appeared to have been poisoned. The dog was suffering from non stop convulsions. The owner refused to take her to Isla to be euthanized. His only concern was that the dog not die in his yard because he didn't want to clean it up.

My coworker and I removed a dog that had been hit by a car on Marine Corps Dr. The dog was alive, but had been left to die in the middle of the road. She was paralyzed and had sustained internal injuries.

A man brought in a severely burned cat that he found under his porch. The hair on the lower half of the cat's body had been completely burned away, leaving nothing but raw flesh.

A man brought in his extremely sick dog in for us to euthanize. After being told we didn't have a vet on site and couldn't do it, he refused to take her to Isla because he didn't have time. The dog bled out and died in the kennel before transportation could be arranged.

A woman brought in a puppy that was paralyzed and had bloodshot eyes. She said her son had done something to it. The puppy had suffered severe trauma to the head.

A man brought in his dog that was in horrible condition. He had left the dog tied up outside for two weeks while he went on vacation. The dog was malnourished, had severe mange, and had several open sores on his body. With no one to care for the dog, flies had laid eggs in the open sores. This resulted in maggots hatching and living in the dog's flesh.

I have taken numerous sickly puppies and kittens to Isla that we were unable to treat. The puppies and kittens had to be removed as soon as possible to try to prevent the transmission of illness to healthy animals.

I've dealt with cases of neglect, abuse, and stray animals that have been left to fend for themselves. Regardless of where they came from and how they got to GAIN, it is my job to care for them to the best of my ability.

Animals are needlessly suffering, often for several hours, while transportation arrangements are made. I sit with these animals, try to keep them calm, and let them know that someone cares about them, but it's not enough. If this bill is passed, we can humanely end their suffering within a matter of minutes. Thank you for your consideration of this matter.

# Committee on Health & Human Services

Public Hearing  
Thursday, March 10, 2005  
9:00 a.m.

*I Liheslaturan Guåhan, Hagåtña*

**Bill No. 56 (EC):** An Act to amend subsections (2) and (29) of §67.100 of Article 1 & to add new subsections (g), (h), & (i) to §67.302 of Article 3 of Chapter 67 of Title 9 of the GCA (the uniform controlled substances Act), & to add a new §121906 to Article 19 of Chapter 12, Division 1, Part 1 of Title 10 of the GCA, to allow possession of approved controlled substances at animal shelters for the Humane Euthanasia Technicians under the Guam Board of Allied Health Examiners.

NAME (please print)	AGENCY/ ORGANIZATION	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	NOT IN FAVOR	CONTACT NUMBER
1. Larry Hazen	Guam Allied Health Board	oral			No in favor	648-2710
2. Bambi Casimiro Leone	for Chrissy Oppen	oral	yes	yes		632-1934
3. RICHARD C. BROWN	GAIN	oral		yes		687-0849
4. M. Thomas Nader	DPHHS	✓	✓	✓	✓	735-7221
5. James Avila	DPHHS	✓	✓			735-7221
6. Dr. Joel Joseph	Vet	✓			✓	789-1272
7. Nancy Kissel	priv citz	✓		yes		653-3276
8. Chastine Pasqua	GAIN	✓		yes		653-1116
9. Jill Craig	GAIN	✓		yes		653-2396
10. KAREN JOHNSON	GAIN	✓	✓	yes		789-3681
11. DIANNE STRONG	GAIN	✓		yes		789-4500
12. Rebecca Diaz	GAIN	✓	✓	✓		472-7332 x12
13. Marie Chenery	GAIN		✓			
14. Larry Ramirez	private citizen	comment only				



# Senator Mike Cruz, M.D.

Chairman, Committee on Health & Human Services  
I Mina'Bente Ocho Na Liheslaturan Guåhan  
155 Hesler Place, Suite 107, Hagåtña, Guam 96910  
Tel: 671-477-5960/2/3 • Fax: 671-477-5984

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## Committee on Health and Human Services

### Public Hearing

Bill Nos. 40 (EC) and 56(EC)

Thursday, March 10, 2005, 9:00 a.m.

## Agenda

*(Revised as of: March 9, 2005)*

Bill 40(EC): "An act to amend §3212, §3213, §3214, & §3215 to add a new §3215.1 all of title 10 GCA relative to certificates of birth for foreign-born children whose adoptive parents reside in Guam."

Bill 56(EC): "An act to amend subsections (2) and (29) of §of Article 1 & to add new subsections (g), (h), & (i) to §67.302 of Article 3 of Chapter 67 of Title 9 of the GCA (the uniform Controlled Substances Act), & to Add a New §121906 to Article 19 of Chapter 12, Division 1, Part 1 of Title 10 of the GCA, to allow possession of approved controlled substances at animal shelters for the Humane Euthanasia of Animals & to provide for licensed Euthanasia Technicians under the Guam Board of Allied Health Examiners.



**I Mina Benie Ocho Na Likslaturan Guahan**  
**Senator Mike Cruz, M.D.**  
**Chairman, Committee on Health & Human Services**

**NOTICE OF PUBLIC HEARING**

**Thursday, March 10, 2005**

**9:00 a.m.**

THE COMMITTEE ON HEALTH & HUMAN SERVICES WILL BE HOLDING A PUBLIC HEARING IN THE PUBLIC HEARING ROOM AT THE GUAM LEGISLATURE ON THURSDAY, MARCH 10, 2005, 9:00 A.M.

**Bill 16 (H.S.)** "AN ACT TO AMEND §90100, §90101, §90107, & ADD A NEW SUBSECTION (6) TO §90105, CHAPTER 90, DIVISION 4 OF TITLE 10, GCA, RELATIVE TO THE REGULATION OF SMOKING ACTIVITIES, TO BE KNOWN AS THE "NATASHA PROTECTION ACT."

**Bill 40 (H.C.)** "AN ACT TO AMEND §3212, §3213, §3214 & §3215 TO ADD A NEW §3215.1 ALL OF TITLE 10 GCA RELATIVE TO CERTIFICATES OF BIRTH FOR FOREIGN-BORN CHILDREN WHOSE ADOPTIVE PARENTS RESIDE IN GUAM."

**Bill 51 (H.C.)** "AN ACT TO AMEND §12203(D) OF CHAPTER 10 OF THE GUAM CODE ANNOTATED TO REFORM THE COMPOSITION OF THE MEDICAL EXAMINER'S BOARD."

**Bill 56 (H.C.)** "AN ACT TO AMEND SUBSECTIONS (2) AND (29) OF §40 ARTICLE 1 & TO ADD NEW SUBSECTIONS (G), (H), & (I) TO §61302 OF ARTICLE 3 OF CHAPTER 67 OF TITLE 9 OF THE GCA (THE UNIFORM CONTROLLED SUBSTANCES ACT), & TO ADD A NEW §121906 TO ARTICLE 19 OF CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GCA, TO ALLOW POSSESSION OF APPROVED CONTROLLED SUBSTANCES AT ANIMAL SHelters FOR THE HUMANE EUTHANASIA OF ANIMALS & TO PROVIDE FOR LICENSED EUTHANASIA TECHNICIANS UNDER THE GUAM BOARD OF ALLIED HEALTH EXAMINERS."

FOR ADA ASSISTANCE, PLEASE CALL THE OFFICE OF SENATOR MIKE CRUZ AT 477-5960/7/3. YOU ARE INVITED TO PRESENT ORAL TESTIMONY OR SEND ADVANCE WRITTEN TESTIMONY BY FAX (477-5984) OR BY E-MAIL (SENCRUZ@TELNET).

AD PUBLISHED BY CONSTITUTIONAL POWER

MINA'BENTE OCHO NA LIHESLATURAN GUÅHAN  
2005 (FIRST) Regular Session

Bill No. 56 (EC)

Introduced by:

R.J. Respicio

J.S. Brown

R. Klitzkie

F. B. Aguon, Jr.

AN ACT TO AMEND SUBSECTIONS (2) AND (29) OF § 67100 OF ARTICLE 1 AND TO ADD NEW SUBSECTIONS (g), (h), and (i) TO § 67.302 OF ARTICLE 3 OF CHAPTER 67 OF TITLE 9 OF THE GUAM CODE ANNOTATED (THE UNIFORM CONTROLLED SUBSTANCES ACT), AND TO ADD A NEW § 121906 TO ARTICLE 19 OF CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, TO ALLOW POSSESSION OF APPROVED CONTROLLED SUBSTANCES AT ANIMAL SHELTERS FOR THE HUMANE EUTHANASIA OF ANIMALS AND TO PROVIDE FOR LICENSED EUTHANASIA TECHNICIANS UNDER THE GUAM BOARD OF ALLIED HEALTH EXAMINERS.

1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 **Section 1. Legislative Statement.** The Legislature finds that amendments to the  
3 Guam Uniform Controlled Substances Act (Chapter 67 of Title 9 of the Guam Code  
4 Annotated) should be made to allow euthanasia technicians licensed by the Guam Allied  
5 Health Board to administer sodium pentobarbital or any controlled substance medically  
6 recognized by the American Veterinary Medical Association for the purpose of humane  
7 euthanasia of injured, sick or unwanted animals.

8 By way of background, on February 17, 2000, Guam Animals in Need, Inc.  
9 (GAIN), a Guam humane society, and Guam Department of Health and Social Services  
10 (DPHSS) entered into a six-year contract wherein GAIN would provide all animal care  
11 services for cats and dogs delivered to the DPHSS Animal Shelter, Yigo, in accordance  
12 with the laws and regulations concerning such care set forth in Articles 1 and 2 of  
13 Chapter 34 of Title 10, Guam Code Annotated. These services include the humane  
14 euthanasia of sick, injured or unwanted cats and dogs. Humane Euthanasia includes the

1 administration of the controlled substances sodium pentobarbital and other controlled  
2 substances used to sedate animals before euthanasia.

3 Guam's Uniform Controlled Dangerous Substances Act presently prohibits the  
4 purchase, possession, or administration to animals of controlled substances by any  
5 person other than a veterinarian registered under the Allied Health Practices Act,  
6 Chapter 12 et seq. of Title 10 of the Guam Code Annotated. Thus, euthanasia at the  
7 Shelter can only be performed by a veterinarian who holds a registration through the  
8 DPHSS and the Drug Enforcement Administration (DEA), and who is licensed by the  
9 Guam Board of Allied Health Examiners. The present law does not allow GAIN to  
10 purchase, possess, or administer such euthanasia drugs through its own DPHSS and  
11 DEA registration.

12 The Legislature finds the restrictions of the present law result in animal suffering,  
13 in that sick, injured and unweaned animals brought to the Shelter must be transported  
14 to a veterinarian for euthanasia, thereby prolonging the animal's suffering. If the  
15 animal is brought to the Shelter on a weekend, it is likely that its suffering will be  
16 prolonged until a weekday or until a veterinarian can be located who will agree to  
17 euthanize the animal. As well, many registered veterinarians on Guam are reluctant to  
18 perform euthanasia. When the veterinarians who are willing to provide such services  
19 are not on Guam, it is difficult for GAIN to find veterinarians who are available and  
20 willing to provide such services.

21 The Legislature finds that 28 other states have successfully amended their  
22 controlled substance laws to allow the purchase, possession, and administration of such  
23 euthanasia drugs by animal control shelters and animal pounds, and that these  
24 amendments have had a positive impact on reducing animal suffering without causing  
25 any danger to the general public.

26 It is the Legislature's intent to allow animal shelters duly licensed on Guam to  
27 apply for licensing to purchase, possess, and administer euthanasia drugs for the

specific purpose of humane euthanasia of sick, injured and unwanted animals, and to limit the personnel who may perform such euthanasia to those individuals specifically trained in euthanasia procedures by a registered veterinarian as provided for under the Guam Board of Allied Health Examiners.

**Section 2. Amendment to definition “administer” in Guam Uniform Controlled Substances Act.** The first paragraph of Subsection (2) of § 67.100 of Chapter 67 of Title 9 of the Guam Code Annotated is amended to read:

“(2) *Administer*, unless the context otherwise requires, means to apply a controlled substance, whether by injection, inhalation, ingestion or any other means, directly to the body of a patient, an animal, or research subject by:”

**Section 3. Amendment of definition “practitioner” in Guam Uniform Controlled Substances Act.** Subsection (29) of § 67.100 of Chapter 67 of Title 9 of the Guam Code Annotated is amended to read:

“(29) *Practitioner* means a physician, dentist, veterinarian, scientific investigator, pharmacist, pharmacy, hospital, animal shelter, or other person licensed, registered, or otherwise permitted, by Guam, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.”

**Section 4. Exception for purposes of euthanasia.** § 67.302 of Article 3 of the Uniform Controlled Dangerous Substances Act, Title 9 of the Guam Code Annotated, is amended by the addition of the following Subsections (g), (h), and (i):

“(g) A public or private animal shelter recognized by the Department of Public Health and Social Services is authorized to purchase, possess, and administer sodium pentobarbital or any other controlled substance medically recognized by the American Veterinary Medical Association for animal euthanasia, for the purpose of humane euthanasia of injured, sick, or unwanted animals. The possession and administering of any controlled substance for euthanasia pursuant to Subsections (g) and (h) of this

1 Section is restricted solely to the premises of an animal shelter recognized by the  
2 Department of Public Health and Social Services.

3 (h) Agents of a public or private animal shelter recognized by the Department of  
4 Public Health and Social Services shall possess a current euthanasia technician license  
5 issued by the Guam Board of Allied Health Examiners to administer controlled  
6 substances for euthanasia to injured, sick, or unwanted animals. The requirements for  
7 the issuance of a euthanasia technician license shall be determined and developed by the  
8 Guam Board of Allied Health Examiners.

9 (i) If a veterinarian assists a recognized animal shelter in obtaining euthanasia  
10 drugs, such veterinarian is not liable for any acts or omissions on the part of the staff or  
11 agents of the animal shelter."

12 **Section 5. Euthanasia technician certification.** § 121906 of Article 19 of Chapter  
13 12 of Division 1, Part 1 of Title 10 of the Guam Code Annotated, is added to read:

14 "§ 121906. Trained Persons Performing Euthanasia. Notwithstanding any other  
15 provision of this Chapter 12, agents or employees of an animal shelter may lawfully  
16 possess and administer sodium pentobarbital or any other controlled substance  
17 medically recognized by the American Veterinary Medical Association for animal  
18 euthanasia for the purpose of humane euthanasia of injured, sick, or unwanted animals;  
19 provided, that the agents or employees of the licensed animal shelter have successfully  
20 completed a euthanasia technician certification course approved by the Board of Allied  
21 Health Examiners. This training shall be conducted by a veterinarian currently registered  
22 on Guam, and shall include the following areas: knowledge of federal and Guam laws  
23 regarding the proper storage, inventory and handling of controlled substances, the  
24 potential hazards of such controlled substances, the use and administration of such  
25 controlled substances, humane euthanasia procedures, and other subjects as shall be  
26 required by the Guam Board of Allied Health Examiners. Upon certification by the  
27 veterinarian that a person has successfully completed the course, the Guam Board of



- 1 Allied Health Examiners may issue a euthanasia technician license to said person, subject
- 2 to annual renewal. The Board may revoke or suspend the license at any time for good
- 3 cause."