



**GETTING TO ZERO:
A ROADMAP
TO ENDING ANIMAL SHELTER
OVERPOPULATION IN
THE UNITED STATES**

PETER MARSH

Getting to Zero: A Roadmap to Ending Animal Shelter Overpopulation in the United States

Peter Marsh

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DEDICATION

This book is dedicated to my twin sister, Pat, and to all the companions we shared while growing up: Merry Kookaberry, Dubber, Cinderella, Captain, Midnight, Trouble, Hippity, and Hoppity. And to our parents, who showed us how to be worthy companions to the animals in our care.

INTRODUCTION

By the early 1990s, American animal shelters had been struggling against overpopulation for more than a century. Those working in shelters believed they understood what caused it and how best to handle it. They thought shelters should be the first line of defense against it and that it would be inhumane if they refused to immediately admit every animal a person wanted to give up. They worried that if they told other people what this meant—how many animals had to be put to death—many would turn against them. It seemed to them that no one else cared about homeless animals or what happened to them. Just them.

Twenty years ago, some began to take a second look at these commonly-held beliefs. This book tells about the journey they took and what they discovered. It tells about:

- The conventional wisdom they found to be mistaken, shown in ten highlighted sections or sidebars throughout the book;
- The lessons they learned, as shown in two dozen Lesson Sidebars, and how these lessons can be applied to develop more effective shelter overpopulation programs;
- The programs that will be needed to end overpopulation throughout the country and the principles that underlie them, shown in fourteen Getting to Zero sidebars;
- The new humane ethic that has emerged and the work that will remain after shelters no longer put animals to death just to make room for more homeless animals.

As is fitting for a book about companion animals, this book has a companion, an earlier book called *Replacing Myth With Math: Using Evidence-Based Programs to Eradicate Shelter Overpopulation*. There are references throughout this book to data and other information contained in the earlier work, for those who would like to dig a little deeper.

Included with this book is another companion, a documentary film by Bill Millios, *A Community Comes Together to Save Its Companion Animals: The New Hampshire Story*. Bill made this film to update an extraordinary film he made in 1994 about New Hampshire animal shelters, *Killing Our Best Friends*. People working in shelters throughout the state made great progress in their life-saving work since the first film was made. Bill made *A Community Comes Together* in an attempt

to better understand how that happened. He hopes understanding what happened here will be of some value to animal protection groups working in other parts of the country where the rate at which homeless animals are put to death in shelters is now as high or higher than it was here in the early 1990s, before things turned around.

He has kindly allowed me to provide copies of his film with this book. It is a very welcome addition. It allows many of the people who were the most responsible for the great strides shelters made to tell what happened. Like the book, the film tells their story, how they worked tirelessly to bring together everyone who cared about the homeless animals in our state, how they changed their world—and the lives of the companion animals they cared for—by changing the way they looked at the world.

Many thanks to Barbara Carr, Gregory Castle, Rick DuCharme, Frank Hamilton, Jim Mason, Sue MacRae, Bill Millios, Bert Troughton, and Esther Mechler for their generosity in reviewing parts of the manuscript. Special thanks to Rick Hall for the thoughtful and valuable suggestions he made about how to improve the book, to Donna Maurer for the care and precision with which she edited the manuscript, and to Bunny Stoykovich for the patience and good humor with which she put this book together. And, most of all, to Roxanne.

Concord, New Hampshire
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Chapter 1

**BREAKING THE SILENCE:
THE CHAIN OF COLLARS**

“It is important to us to show respect to the animals in this book, and homeless animals everywhere, by telling the complete and *full* truth. We feel that it dishonors the animals and what they go through, to tell only the stories with happy endings and exclude the animals whose fates are hard for us to face. As you can easily guess, this means that some of these stories will be sad, some hard to read. Some will break your heart, as they did ours. Writing these stories and reading them is a profound act of “bearing witness,” but also we believe that the truth cannot be *changed* until it can be *seen*. And so we have undertaken to show it here.”

From the Introduction to *One at a Time: A Week in an American Animal Shelter* by Diane Leigh and Marilee Geyer (2003; No Voice Unheard: Santa Cruz, CA, p. xii), a book that tells the stories of 75 cats and dogs admitted to an animal shelter in California during a single week.

On a fine summer day in 1992, we began stringing together the collars on a huge lawn in front of the State Capitol in Concord, New Hampshire. Staff at animal shelters throughout the state had made a paper ID collar for each cat or dog who had been put to death in their shelter during the

first seven months of the year. A description of the animal that died was written on the collar: “Oswald—3 mo. Tri-color kitten,” “Black long-hair F. cat about 3 years old,” “Scout LabX—loved Frisbee.” We were putting them together in a single chain as part of a Memorial Service and Candlelight Vigil for Homeless Animals that would begin at dusk.

Little by little, as staff from different shelters arrived with their collars and added them to the chain, the buzz of friends working together died down. We were stunned as we began to see how long the Chain of Collars was going to be. When we were done, it stretched for almost a mile!

Later, at the vigil, shelter workers stepped forward to a microphone on the State House steps and told about some of the animals represented by the collars. Donna Brigley-Savluk, a soft-spoken Valley Girl—as women who worked at a shelter in a river valley near the seacoast were called—came forward to tell the story of a cat whom we came to call the Cat Who Loved Kittens (her picture is at the start of this chapter):

“She was a stray, domestic long-haired blue cream tortoiseshell. who was brought to our shelter 29 days ago. She was a very pretty cat. She loved kittens. She didn’t have any with her when she came in, but when she was allowed out of her cage for exercise, she would run up to the cages with kittens in them and try to clean them by licking them. If any kitten began to cry in our cat room, she would become all alarmed and I would have to go over to her and pat her and assure her that the kitten was all right.

On the days that our shelter was closed, I’d let her out of the cage to stretch out on my desk and she’d try to play with my pen while I tried to do my paperwork.

Two weeks ago, she became the cat who had been at our shelter the longest, so I had her photographed and made her “Pet of the Week” in our local newspaper. Unfortunately not one person called. No one cared to ask where this stray cat had come from. No one cared that she was beautiful. No one cared that she got along with dogs and cats. No one cared that she was young or that she had silky fur, or that she liked to clean kittens, or stretch out on a desk or play with a pen.

So today, when other unwanted cats came through our door filling our cat room beyond capacity, I lovingly took her life.”

Before the vigil, no one spoke about these individual, tragic stories very often, at least not in public. If they did, people sometimes asked them to stop, saying that they couldn’t bear to hear

about it. When a story about the animals that had been euthanized at a New Hampshire shelter appeared in a local newspaper a few years before, it provoked a loud outcry. People wrote to the paper criticizing it for publishing the story. They didn't want anyone to speak about it. I think I understand why. In our heart of hearts, most of us know that the killing of so many loyal and trusting companions—that we sometimes call our “best friends”—is unspeakable.

LESSON: Ending shelter overpopulation begins with talking about it. If people can avoid facing its harsh reality, many will. Then there won't be enough public pressure to do what is needed to stop it.

Like Donna, though, we started to see that we had to speak about it. For years, we had agreed not to tell people about it. That didn't work. Nothing changed. The killing continued. It seemed like it would go on forever unless we broke the silence.

That's why we put together the Chain of Collars: to bear witness. Many of us kept a single collar in remembrance and wore it on our wrist. I still have mine. It reads “Black/Grey Tabby Cat—4 months old—#849.”



Chain of Collars Display

When we made the Chain of Collars, we hadn't thought about using it for anything except the memorial service at the Candlelight Vigil. Once we saw it together, though, we discovered something we found hard to put into words: Although the scope of the tragedy was beyond understanding, it could be seen as the sum of many individual tragedies as, one by one, the lives of cats and dogs—each with a history and a future, each of whom clung to life despite its circumstances, each of whom deserved a better fate—were extinguished.

We decided that we had to show the Chain of Collars again to anyone who had the courage to look. Our request was so unusual that it took some work, but in the end, we got permission to string it on sidewalks entirely around the State Capitol. To allow legislators and visitors access to the State House, the chain was interrupted at two places on each street. We placed a table at each of these entrances and distributed information about pet overpopulation in the state and what people could do to end it.

Displaying the chain took some work, too. We wanted people to be able to look at the collars easily, so we strung the chain from full-sized STOP signs. Each sign told our mission: to “STOP the Killing.”

Once we began to speak about shelter euthanasia, we soon discovered that we needed to combine the unsettling stories and photos with a message of hope: There’s something each of us can do to help bring the sadness to an end. If nothing can be done to prevent a tragedy, people can resent your having told them about it. That’s why we called our group Solutions to Overpopulation of Pets or STOP and why each STOP sign used to display the chain included one of four calls to action: “Spay and Neuter,” “Adopt Pets from Shelters,” “ID Your Pet,” or “Help Pass Legislation.”

As people walked along the chain, many looked shell-shocked. Some told us, “I had no idea it was this bad.” Others asked, “What can I do to help?” That day, more than 2,000 people signed petitions supporting a spay/neuter bill that we were preparing to introduce into the next session of the State Legislature.

To display the STOP signs on a sidewalk, a friend and I built large wooden frames to hold up each sign. There were 40 frames, so it took the largest rental truck we could find to take them from the shop where we built them to the Capitol. I had just adopted a dog, Emma, from a local shelter the day before and she bounded into the cab of the truck with us. Looking back, I’m sure she thought, “All right! This fellow is a truck driver! It should be fun living with him!” If she was disappointed the next day, after we had returned the truck and just went together to work in an office, she didn’t show it.

It turned out, though, that displaying all the Collars wasn’t the most effective way to get our message across. Telling about a single animal—one collar in the chain of thousands—was even better. As Josef Stalin is supposed to have said: “One death is a tragedy; a million deaths are a statistic.”

CONVENTIONAL WISDOM: There’s no point in telling people how many cats and dogs lose their lives in shelters. Most already know.

FACT: Most people don’t have any idea how many animals die in shelters every year. Six of every seven (86%) underestimate the death toll by at least half; almost three in five (59%) think the number is one-eighth or less than it actually is.

SOURCE: 2009 national survey conducted by Ipsos Marketing for PetSmart Charities titled “PetSmart Charities A & U Barriers.”

Psychologists call this the “identifiable victim effect.” They’ve found that stories about a single victim elicit much more sympathy than those about several victims or a large group. And telling the victim’s name and showing his or her picture evokes the strongest response of all. That’s the reason charities use a poster child in their fundraising campaigns instead of a set of faceless statistics.

LESSON: Stories that include a name and photo of a single victim are a much more effective way to help people grasp the reality of shelter overpopulation than cold statistics.

We used the Cat Who Loved Kittens to tell our story. We put together a 30-second public service announcement about her using photos taken when she had been Pet of the Week and ran it on local television stations. Then we made her the symbol of our legislative campaign for a statewide neutering assistance program. We had buttons made up with a black-and-white photo of her that simply read “In Her Memory” and distributed hundreds. When people asked what the buttons were about, we told her story again and again.

During the 1993 legislative session, our spay/neuter bill was sent back to the same committee of the State Legislature that had killed a similar bill the year before. Although it was hard for her to speak about it, Donna told the committee about the Cat Who Loved Kittens. She began her remarks by saying

“At our shelter in 1992 we were forced to euthanize 1,430 cats. I personally was involved in the euthanasia of 882 of these cats. I know it is impossible for you to realize what this number means, and I wouldn’t wish this realization on my worst enemy. But I am afraid if I don’t make you realize the enormity of this tragedy, the killing will surely continue. I will tell you the story of one cat, so that you might begin to realize what I know only too well.”

I knew we were making progress when a new member of the committee looked up at the ceiling as Donna spoke and tears rolled down his cheeks. Later, he spoke in favor of our bill in the midst of a heated debate on the floor of the House of Representatives.

We used other victims as representatives, too. In the State Senate, Senator Sheila Roberge, our spay/neuter bill’s prime sponsor, told her colleagues in a floor debate:

“Ladies and gentlemen of the Senate, I talked with a Humane Society worker this morning who said that February is her favorite month because a smaller number of animals enter the Humane Societies and as a result they don’t have to kill as many

animals. She said that yesterday they only had to kill Pal and Baby and Cilly and an unnamed, abandoned nine-month old dog. To her, this was a very good day. On an average day, in an average month, 35 cats and dogs are put to sleep in New Hampshire animal shelters. That adds up to more than 9,000 cats and 3,000 dogs killed every year in New Hampshire shelters alone. Most are young, healthy animals, able to provide years of companionship and love to someone. They are killed only because they have become homeless and there are no homes for them.



Senator Sheila Roberge

Humane organizations need our help. They deserve our help. Pal, Baby, Cilly and the unnamed, abandoned dog should not have died yesterday. They only died because we have not committed ourselves to act on their behalf. We have an opportunity to do this by voting to pass this important piece of humane legislation.”

People react strongly to stories about shelter overpopulation. They react even more strongly to pictures and video of the victims. Compare the description in the following paragraph with the photo to the left:



LESSON: The reality is harsh, but people must face the truth, no matter how upsetting it is, in order to change it.

“Once death is final, the body is moved to a refrigerated room containing fifty-gallon barrels, which gradually fill

with bodies as each day's euthanasia is completed. At the end of two weeks, many of the barrels are full to overflowing and a renderer arrives to empty them." *One at a Time: A Week in an American Animal Shelter* by Diane Leigh and Marilee Geyer (2003). Santa Cruz, California: No Voice Unheard, 72.

As Clay Criswell, the Executive Director of a New Hampshire animal shelter, put it in a 1994 video about pet overpopulation, *Killing Our Best Friends*:

"What really drove the point home is some detailed documentary video that was shown of animals being euthanized and dead animals laying on a floor, which is a daily occurrence at many, many types of shelters. It wasn't pleasant and it made a lot of people sick but it stuck with them. It's the age of the cute, little, smiling caricature, cartoonish dog saying 'Gee, I wish I was spayed or neutered' that doesn't really hit home. People look at that and throw it away." (*Killing Our Best Friends* is available online at <http://www.youtube.com/user/SOSVideoChannel1>.)

Shortly after STOP was formed in 1991, one of the founders, Barbara Carr, hosted a program about pet overpopulation on her cable television show, *Consider the Animals*. The program included video of a technician preparing the euthanasia room while another shelter worker led a friendly dog from his cage down a corridor to the euthanasia room at Barbara's shelter.

The video then paused for a long time, to allow viewers to imagine the dog being euthanized while the camera showed a close-up of a sign on the door of the euthanasia room that read: "This room is dedicated to the memory of all the unwanted pets who, through no fault of their own, have passed through this door."

A former shelter worker, Vivian Gela, helped legislators understand what shelter euthanasia is like by telling the following story to a committee of Massachusetts legislators at a 1998 hearing on a spay/neuter bill:



Dog Entering Euthanasia Room

"Working at the Animal Rescue League, I would get up in the morning, take care of my animal family, and then go to work to face the daily decision of how many animals to kill based on cage space, and then decide who to kill, which healthy kittens, cats, puppies and dogs were to be selected. The process was heart-wrenching, but the actual killing was even worse.

No one will tell you this or freely talk about this, but when you walked the animals down the hall towards the euthanasia room, they all knew something was wrong. All of them sensed and smelled death. Even happy-go-lucky puppies and kittens would sense death and fight not to be killed.”

After she spoke, the entire mood of the committee changed. Before, while hearing testimony from many other groups seeking specialty license plates to raise funds for their cause, many legislators made casual remarks and small talk. After Vivian spoke, they turned serious. A couple even spoke about how much their pets meant to them.

Stories and video that tell what shelter euthanasia is like can evoke strong reactions, but it's nothing compared to the reaction some people have when they are shown photos or video of an individual animal that has been euthanized. When it seemed like opponents might succeed in killing a proposed spay/neuter ordinance in the Seattle area in 1991, supporters of the ordinance distributed fliers with photos of a puppy and kitten that had been euthanized:



Legislators were inundated with more than 40,000 cards and letters about the ordinance, an extraordinary outpouring in an era before e-mail and the Internet. Comments from supporters outnumbered those from opponents by more than 30 to 1 and the ordinance was passed.

At the end of a white-knuckle legislative session in 1993—in which our spay/neuter bill won a series of cliff-hanging votes—it looked like opponents of the bill might succeed in getting it vetoed. Earlier in the campaign, we had held back from using graphic images because we worried that people would become desensitized to them through “compassion fatigue.” When the bill reached the Governor, we broadcast a cable television show from the grounds of the State Capitol asking people to urge the Governor to sign the bill. We had come so far and so much was at stake that we decided

it was time to pull out all the stops. We ended the show with video of a friendly, young collie being euthanized in a shelter with the simple tag line: “Call the Citizen Hotline at (603) 271-2121 and ask the Governor to sign SB 151.”

LESSON: If you tell people about shelter overpopulation and give them a chance to help, you will have many more supporters than opponents.

The response was overwhelming. Hotline operators were overwhelmed with calls, and the Governor signed the bill. I’ll tell you how much difference the spay/neuter program has made later.



Chapter 2

**WORKING SMARTER:
THE POWER OF DATA AND TARGETED PROGRAMS**

“One thing I have learned in a long life: all our science, as measured against reality, is primitive and childlike—and yet it is the most precious thing we have.”

Albert Einstein

Barbara Carr led the way forward in New Hampshire by using shelter statistics to design preventive programs. Before that, our programs had been based on anecdotes, impressions, and conventional wisdom, which—as we shall see throughout this book—are often mistaken.

Throughout the 1980s, about 12,000 cats and dogs lost their lives in New Hampshire shelters every year, year in and year out. Other states in our region had done better. In 1992, four of the other five New England states had a lower per-capita shelter euthanasia rate than we did.

Kittens made up almost one third of the 9,829 cats that were put down in our state’s shelters in 1993. Often people who brought a litter of kittens to Barbara’s shelter said they couldn’t af-

ford to keep the kittens or to have the mother spayed. To find out how common this was, in early 1992 staff began asking people who brought kittens to the shelter a few questions, including their household income. They found out that almost half of the kittens turned in to the shelter came from poverty-stricken households even though at the time only 12% of families in the county were living in poverty.



Barbara Carr at the Chain of Collars Display

It wasn't as if we hadn't had reduced cost spay/neuter programs in New Hampshire for many years. We had. Low-cost spay/neuter programs like the Friends of Animals Program and the Spay/Neuter Assistance Program (SNAP) operated by the New Hampshire Federation of Humane Organizations and the New Hampshire Veterinary Medical Association distributed hundreds of low-cost vouchers every year. While these vouchers allowed people to have their dogs and cats sterilized at great savings—about half the full cost—Barbara discovered that this was still more than people living in poverty could afford. This led us to ask legislators to introduce a bill in the State Legislature that would enable people living in poverty to have a cat or dog spayed or neutered for just \$10.

After the program started in the summer of 1994, shelter intakes throughout the state began a steep decline that continued for the next six years. By 2000, the statewide euthanasia rate had dropped by more than 75%. The aggressive public education and awareness campaign described in the first chapter probably helped drive down shelter euthanasias in the state, too, but the creation of an affordable spay/neuter program for people living in poverty likely had a greater impact. We started the public awareness campaigns in 1991, but shelter euthanasias didn't begin dropping until a few years later, after the state-funded spay/neuter program began operating and dropped sharply after that.

GETTING TO ZERO: USING DATA TO DESIGN EFFECTIVE PROGRAMS

To be of value, information must be useful. If it can't be applied to make programs more effective, it has no value:

$$\text{INFORMATION} - \text{APPLICATION} = 0$$

If we're going to depend on information to design more effective programs, it must be reliable. The most reliable data are objective and measurable. That's why community-wide shelter intake, adoption, redemption, and euthanasia statistics are the best way to evaluate the progress a community is making.

The best metrics take into account the human population by comparing raw shelter statistics to a community's current human population, called the Pets Per Thousand People (PPTP) rate. This makes it possible to compare a community's intake, adoption, redemption, and euthanasia rates to those of other communities and to take into account any growth or decline in the human population. A good example of a scalable metric is the "e-metric" developed by the No More Homeless Pets in Utah Program. It's calculated by dividing the total number of cats and dogs euthanized in shelters throughout the state each year by the current statewide human population.

The most valuable information is animal-centric. Like the e-metric, it tracks the outcomes for animals. Metrics that track other outcomes, like a community's Live Release Rate, can be misleading. For instance, if 5,000 cats and dogs had entered a community's shelters in a year and 1,500 had been euthanized, its Live Release Rate would be 70%. But if 10,000 had entered its shelters and 3,000 been euthanized, the community's Live Release Rate would also be 70%, even though twice as many animals had lost their lives in its shelters.

To prevent something from happening, you need to understand how it happens and why. Following Barbara's lead, we used shelter intake data and information from research studies to design

several programs. After we learned about a 1992 Massachusetts study which found that more than four out of five litters of kittens and puppies were born to mothers that had at least one litter before being sterilized, we set up a Prevent-A-First-Litter public information campaign modeled after the Humane Society of the United States' (HSUS) "Be a P.A.L.—Prevent-A-Litter" program launched several years earlier. Most veterinarians were happy to make "Kittens Have Kittens" posters that we had gotten from Esther Mechler of SPAY/USA available to their clients.

**GETTING TO ZERO:
MODIFYING THE FACTORS WHICH INCREASE THE RISK
THAT AN ANIMAL WILL BECOME HOMELESS**

Some factors that increase the risk an animal will become homeless cannot be changed easily, such as a caretaker's poor health or financial difficulties.

Other factors that increase the risk—such as an animal being sexually intact or having had no training or other behavioral assistance—can be changed.

To be cost-effective, decisions about which shelter overpopulation programs to start and which to prioritize need to be based on information about the factors that protect an animal from becoming homeless and how much it would cost to modify them. So, for example, even if getting a dog sterilized only reduced the risk that the dog would be relinquished to a shelter half as much as putting the dog through a training program, the sterilization program would still deserve a higher priority if getting the dog sterilized only cost one-fourth as much as putting it through the training program.

After researchers found in 1997 that most people who surrendered pets to a Massachusetts shelter had not given up their pets for casual or trivial reasons, shelters in New Hampshire began developing programs that helped people keep their pets or find homes for them without bringing them to a shelter. As will be discussed in greater detail in Chapter 8, one shelter developed a Re-homing Service for Valued Pets (RSVP) Program in which staff provided support and assistance to people who contacted the shelter about relinquishing a pet. Depending on the circumstances, they provided information to caretakers about behavior modification training for their pets, helped them re-home the pets on their own, referred them to a breed rescue group, or put their pets on a

waiting list for admission to the shelter when space became available. The shelter's goal was to stop euthanizing animals in their shelter to make room for other animals or because of a treatable illness by the year 2000. They reached the goal a year early, in 1999.

GETTING TO ZERO: THE PREVENTION QUOTIENT

As will be more fully discussed in the next chapter, well-designed shelter overpopulation programs achieve a reasonable balance between the resources spent to help animals that have already become homeless and those spent to prevent them from becoming homeless in the first place. This can be expressed as a Prevention Quotient (PQ):

MONEY SPENT ON PROACTIVE PROGRAMS
TO PREVENT ANIMALS FROM BECOMING
HOMELESS (E.G., TARGETED NEUTERING
ASSISTANCE PROGRAMS FOR SHELTERED
PETS, THOSE LIVING IN LOW-INCOME
HOUSEHOLDS, AND FERAL CATS)

= PREVENTION
QUOTIENT

MONEY SPENT ON PROGRAMS FOR
ANIMALS WHO HAVE BECOME HOMELESS
(E.G., IMPOUNDMENT, SHELTERING, ADOPTION,
& EUTHANASIA-RELATED EXPENSES)

By comparing the PQ of communities that have made the greatest success in reducing shelter overpopulation to that of other communities, it will be possible to establish an optimal PQ to guide the allocation of resources between the two types of programs.

In early August of 2005, I spoke with a woman who ran a spay/neuter program in North Dakota as she prepared for meetings with the mayor and representatives of the local veterinary medical association. This was a milestone for me. Since the early 1990s, I had been helping people design and evaluate shelter overpopulation programs. I kept files state-by-state so I could refer those who contacted me to other people in their area they could work with. North Dakota was the last state in which I hadn't worked with anyone.

Some of the programs I worked on succeeded in reducing shelter intake and euthanasia rates. Others didn't. One thing remained constant, though: The most successful programs were designed using local shelter intake data and information from research studies. A Persian proverb says: "Unless moved by our heart, we are lame." I would add to that "Unless guided by our head, we are blind." Hard work doesn't guarantee success.

Money doesn't either. Both can be wasted on programs that don't work well. To succeed, our passion to help homeless animals must be combined with level-headed analysis and planning.

LESSON: The most successful shelter overpopulation programs use local shelter intake statistics and information from research studies to decide which programs to set up and which ones to prioritize.

GETTING TO ZERO: THE COST-PER-LIFE-MAINTAINED PRINCIPLE

We can use shelter data and research findings to decide which programs are necessary and which ones deserve the most emphasis.

An objective way to decide which programs deserve the greatest priority is to compare the reduction in shelter deaths from a program to its total cost. The life-saving effectiveness of preventive programs (for instance, targeted spay/neuter subsidy programs or subsidized dog training and owner education programs) can be calculated by dividing their total cost by any reduction in shelter intakes. The effectiveness of an adoption program can be calculated by dividing the cost of the program by the number of adopted animals. This way, the cost-per-life-maintained of each program can be determined and the information used to decide which programs to start and which ones to prioritize.

By now we have a wealth of information that can be used to inform shelter overpopulation programs. Here are some examples:

- **PRE-RELEASE STERILIZATION PROGRAMS:** In the mid-1990s, some shelters began sterilizing all the cats and dogs they placed instead of taking a neutering deposit. Comparing intakes from periods in which these shelters placed intact animals after taking a neutering deposit with those after the shelters began sterilizing animals before placement shows

that pre-release sterilization programs drive down future intakes rates. After shelters in the six largest California counties with complete shelter statistics began sterilizing all adopted animals in 2000, intakes dropped by 10% over the next five years. In comparison, during the five years before the pre-release sterilization programs

began, when many shelters took neutering deposits, intakes at these shelters had grown by more than 8%. (A companion book to this one, *Replacing Myth With Math: Using Evidence-Based Programs to Eradicate Shelter Overpopulation* is available online at <http://www.shelteroverpopulation.org>. It contains the California shelter data in Figure 6 on Page 13.)

LESSON: Shelters that replace neutering deposit programs with those that sterilize all adopted cats and dogs before their release will drive down future intake rates.

When a community puts together a shelter overpopulation plan, establishing pre-release sterilization programs in its shelters is a good place to start. Increasing the sterilization rate of adopted pets to 100% will not only reduce future intake rates, it will also increase the chance that the adoptions will be successful. Cats and dogs that have been sterilized are much less likely to be relinquished to a shelter than those that have been left intact. (For details, see Research Article #9 on Pages 126-127 of *Replacing Myth With Math*.) As a result, cats and dogs that have been placed intact are more likely to wind up back in a shelter. A pre-release sterilization program usually costs very little to begin with. And well-designed in-house programs often reduce the cost of sterilization to about the same as the neutering deposit the shelter used to take, keeping adoption affordable.

- **LOW-COST SPAY/NEUTER CLINICS:** Specialized high-volume spay/neuter clinics can help a community increase its pet sterilization rate by making it affordable for more caretakers to have their pets sterilized. Since the model high-volume clinic was established in Asheville, North Carolina in 1994, the euthanasia rate at the local shelter has dropped by more than 70%.

Specialized clinics are so productive that they can provide pet sterilization services at a much lower cost than a full service veterinary clinic, which has to have staff and equipment available to provide a much broader range of services. Like a pre-release sterilization program, setting up a high-volume spay/neuter clinic is a good place for a community to begin establishing shelter overpopulation programs. Although there are start-up costs, they can be recovered over time and the clinic can become self-supporting. Even better, it

LESSON: Specialized spay/neuter clinics are so productive that they can provide pet sterilization services at a much more affordable cost than full-service veterinary clinics while still following the safest and best practices.

can follow the safest and best practices and still provide pet sterilization services at a lower cost than a full-service veterinary hospital. Clients who do not need financial help can be charged a bit more than the clinic's break-even cost and clinics can use the surplus for targeted subsidy programs that a community needs to help eliminate overpopulation in its shelters.

- **PUBLIC INFORMATION AND AWARENESS CAMPAIGNS:** *Of all the information that has been collected over the years about shelter overpopulation, none is more striking—or more important—than the finding of a 1992 study that less than 20% of all kittens and puppies were born to mothers who remained intact throughout their lives.* (See Research Article #12 on Pages 130-132 of *Replacing Myth With Math*.) The overwhelming rate at which female cats and dogs have litters before being sterilized continues to this day. (The number of pre-sterilization litters that were born to cats and dogs sterilized through a Tennessee spay/neuter program from June 2007 through May 2009 is shown in Figure 21 on Page 94 of *Replacing Myth With Math*).

More than four of five litters, then, come from cats and dogs that are sterilized after having had at least one litter. This is “low-hanging fruit.” Caretakers of these animals don’t need to be convinced to have their pets sterilized and, in most cases, don’t need financial help to have it done.

Often they just need information. In a 2007 national survey, the most common reason people gave for not having had a female cat sterilized was because they believed that the cat would benefit from having a litter before being sterilized. (See Research Study #16 on Pages 135-136 of *Replacing Myth With Math*.) The opposite is true. Research has shown that being sterilized before first estrus will almost eliminate a dog’s risk of getting mammary cancer and will reduce that risk for a cat by 90%.

During the past 30 years, public information and awareness programs about the benefits of pet sterilization have led to enormous increases in the pet sterilization rate. This has helped reduce the shelter euthanasia rate to one fifth of what it was in 1975. *These programs have had just one shortcoming, but it has been a devastating one. While most people now understand why their pet will be better off by having been sterilized, many do not know when is the best time to have it done.* In collaboration with local veterinarians, advocates can undertake a public information campaign that addresses this critical and common lack of information even if they do not have the resources to start a spay/neuter clinic or a neutering subsidy program.

- **PET STERILIZATION SUBSIDY PROGRAMS FOR CARETAKERS LIVING IN POVERTY:** We now know that what Barbara Carr found in New Hampshire is true in other parts of the country, too: Pets living in low-income households are much less likely to be

spayed or neutered than those residing in higher-income households. (Data from the 2007-2008 National Pet Owner's Survey sponsored by the American Pet Products Association are shown in Figure 5 on Page 12 of *Replacing Myth With Math*.) Another national survey found that cats living in low-income households were 9 times more likely to be intact than those living in middle-income households and 26 times more likely to be intact than those from upper-income households. (See Research Study #16 on Pages 135-136 of *Replacing Myth With Math*.)

The link between poverty and shelter intake rates can be broken, though, if the programs reach enough of the poorest caretakers and are sustained long enough. As discussed more fully in Chapter 6, the most effective programs provide subsidies only to those who really need them. Eligibility for Medicaid is the best way to decide who should receive help because people have to be indigent to receive Medicaid and it's not intrusive or a burden for them to show their Medicaid card to prove that they are eligible. The most effective programs achieve about 5 sterilizations each year of pets living in Medicaid households for every 1,000 people who live in the area served by the program. Even then, experience has shown that a program will not have done all it can to reduce shelter intakes until it has sustained this level of surgeries for five years or more. (See Figure 19 on Page 89 of *Replacing Myth With Math*, which shows intakes at New Hampshire shelters after a low-income pet sterilization subsidy program was established.)

Over the long term, it will cost more to adequately fund a low-income pet sterilization subsidy program than to operate a sterilization-at-adoption program or a high-volume spay/neuter clinic, about \$500 a year for every 1,000 people who live in the area served by the program. Experience has shown, though, that a community cannot completely stop putting down shelter animals to make room for new admissions until it provides an adequately funded, affordable, and accessible pet sterilization subsidy program for indigent pet caretakers.

- **FERAL CAT MANAGEMENT PROGRAMS:** Eighteen years ago, one researcher spoke of information about homeless dogs and cats as a "statistical black hole." For the most part, that is still true about feral and free-roaming cat populations.

In the last several years, though, information has become available that can be used to design more effective feral cat management programs. A study of more than 100,000 feral cats trapped in seven large-scale Trap/Neuter/Return (T/N/R) programs found that very few of them had previously been sterilized. (See Research Article #11 on Pages 129-130 of *Replacing Myth With Math*.) Other studies have shown that a substantial percentage of cats living in feral colonies had migrated there from households. Given that most of these migrants were sexually intact, the timely sterilization of household cats is critical to prevent migration so that the size of feral populations can be

effectively managed. The relatively low sterilization rate of cats living in low-income households makes it clear that adequately funded low-income pet sterilization subsidy programs are critical to the effective management of feral populations.

Data can also be used to better inform shelter admission policies for feral cats. The large-scale study mentioned above also found that less than half of one percent of more than 100,000 cats sterilized through these T/N/R programs had to be euthanized for health reasons. These data contradict the commonly held belief that the lives of feral cats are “nasty, brutish, and short” and show that there is no humane justification for the wide-scale euthanization of feral cats.



Chapter 3

AN OUNCE OF PREVENTION

“The heartbreaking story about the single puppy lost at sea will make us cry more quickly than a dry account of a million children killed by malaria.... Reason is our only rock against (these) tides of unconscious bias. It is our lighthouse and our life jacket. It is—or should be—our voice of conscience.”

“When scientists study epidemics, they don’t study individuals. It is true that epidemics preferentially strike the vulnerable; a person with AIDS has a greater risk of catching the flu than a healthy person. But if you want to stop an epidemic, you don’t go after the individual patients or the idiosyncratic things that place individuals at risk. You look for cures or vaccines and ways to halt the epidemic before it spreads. In the case of malaria, you stop an epidemic by preventing the breeding of mosquitoes.... Mosquito eradication is a more effective way to stop a malaria epidemic than treating individual patients one-by-one with quinine.”

Shankar Vedantum (2010), *The Hidden Brain*. Spiegel and Grau: New York, N.Y.

STOP's Millenium Plan was ambitious, to say the least. Our goal was to end the killing of cats and dogs in our state's shelters for treatable illnesses or to make space for incoming animals by the year 2000. No one had managed to do something like this before but the passage of the state-funded spay/neuter programs in 1993 gave us such a boost that it began to seem possible. We didn't commit ourselves to any single approach. We knew that past attempts to cut down shelter euthanasia rates had succeeded more often by reducing the number of animals that entered shelters in the first place than by increasing the number who left alive. But we didn't care which approach worked, as long as fewer animals lost their lives. So, as mentioned in the last chapter, our spay/neuter group worked to increase the pet sterilization rate and shelters tried to increase adoption and reclaim rates. It was a contest to save lives.

"Nationwide, per capita shelter intake and euthanasia have been in a steady decline for the past several decades and research indicates that the main reason for this decline is the increasing incidence of spayed and neutered animals in the population."

American Society for the Prevention of Cruelty to Animals (ASPCA), *Position Statement on Mandatory Spay/Neuter Laws*

During the seven years of the Millenium Plan, the statewide shelter euthanasia rate dropped to less than a quarter of what it had been in 1993. Adoption of cats and dogs grew by a third—from 7612 in 1993 to 10,225 in 2000. Eight thousand more cats and dogs were adopted during this seven year period than if adoptions had stayed at the 1993 rate. As remarkable as this was, reduced shelter intakes saved many more lives. Almost thirty thousand fewer cats and dogs entered our shelters from 1994-2000 than if the intake rate had remained the same as it was in 1993.

The same thing happened in San Francisco. The shelter euthanasia rate there in 2003 was less than a quarter of what it had been in 1990. In 2003, 6466 fewer cats and dogs were euthanized than in 1990, mostly because 5925 fewer animals entered local shelters that year than thirteen years earlier.

LESSON: Communities that have greatly reduced shelter euthanasia rates have usually done that more by reducing shelter intakes than by increasing adoptions.

The same thing had happened in other parts of California. Between 1970 and 1975, the number of dogs that entered animal control shelters rose in the state by a quarter, reached a peak, and then dropped steadily for the next twenty years. Euthanasias followed intakes like a shadow (see Figure 1 on Page 7 of *Replacing Myth With Math*). As intakes went up, euthanasias did, too. And then they fell steadily from 1975 to 1995 as intakes dropped, too.

While intakes and euthanasias changed a great deal during these 25 years, adoptions hardly changed at all (See Figure 3 on Page 8 of *Replacing Myth With Math*). Whether intakes and euthanasias went up or down, adoptions stayed about the same. Statistics from other shelters consistently show the same thing: intakes affect the number of animals euthanized much more strongly than adoptions (for example, see Figure 2 on Page 7 of *Replacing Myth With Math* which shows intake and euthanasia statistics from Hillsborough County Animal Services in Tampa between 1997 and 2009).

As more and more states compiled statistics from all their shelters, the reason for the link between shelter intake and euthanasia rates became clear. The intake, adoption, and euthanasia rates for seven states that have collected complete shelter data are shown in Figure 1 below. It turns out that shelter adoption rates vary within a very small range, whether the local intake rate is high or low or somewhere in between. Places with high euthanasia rates usually have high intakes rates, too. Often their shelters adopt out as many animals as shelters in other places, sometimes even more. For instance, Virginia—the state with the highest euthanasia rate of the states on the chart below—also has one of the highest adoption rates.

STATE	YEAR	ADOPTION RATE *	INTAKE RATE*	EUTHANASIA RATE*
Delaware	2003	8.8	30.2	16.8
Maine	2000	9.6	18.4	6.6
Michigan	2003	7.2	24.2	13.2
New Hampshire	2007	9.4	12.6	2.1
Ohio	2004	9.0	26.4	14.9
Utah	2007	9.1	29.2	12.9
Virginia	2003	9.2	32.2	18.1

* CATS AND DOGS PER 1000 HUMAN RESIDENTS	CORRELATION BETWEEN INTAKES AND EUTHANASIAS = .97	CORRELATION BETWEEN ADOPTIONS AND EUTHANASIAS = -.33
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Figure 1.

As these statistics show, intake rates vary much more than adoption rates. For this reason, they drive euthanasia rates, consistently and persistently. As a result, efforts to modify intake rates can save lives much more readily than attempts to modify adoption rates. So even if a state like Ohio, with a euthanasia rate of 14.9 Pets Per Thousand People (PPTP) in 2004, was somehow able to in-

crease its adoption rate by 4 PPTP, far above any of the other states listed, its euthanasia rate would still be five times higher than New Hampshire's.

GETTING TO ZERO: THE VALUE OF PER CAPITA DATA

As mentioned in Chapter 2, dividing a community's shelter statistics by the size of its human population provides per capita rates that can be used to compare the intake, adoption, redemption, and euthanasia rates of different communities through their Pets Per Thousand People (PPTP) rates.

Per capita rates reveal things that raw statistics don't. For instance, here are the raw shelter intake, adoption and euthanasia statistics for the seven states listed in Figure 1 (on the previous page) for the years shown in that chart:

State	Adoptions	Intakes	Euthanasias
Delaware	7,125	24,510	13,653
Maine	12,019	23,456	8,455
Michigan	72,256	243,488	133,293
New Hampshire	12,222	15,674	2,694
Ohio	103,611	302,412	170,672
Utah	23,319	74,500	32,035
Virginia	68,174	237,804	133,800

These numbers don't tell you very much. When they are broken down into PPTP rates, though (as in Figure 1), they show that the euthanasia rates in some states are much higher than others and that the intake rates in these states are also much higher.

The raw adoption statistics don't tell you very much either. But when they are broken down into PPTP as in Figure 1, it's easy to see that adoption rates do not vary a great deal, however high or low the state's shelter intake and euthanasia rates may be.

The bad news, then, is that it's difficult to change adoption rates very much, perhaps because they are limited by things that shelters and rescue groups can't change, like a dog's breed or an animal's age. Even in places where reduced intakes have freed up more resources for adoption and rehabilitation programs—like New Hampshire and San Francisco—the adoption rates there have not gotten as high as 10 PPTP. That's because as intake rates decline, shelters see fewer kittens and puppies and other easy-to-place animals, making it difficult to find homes for even as many pets as they used to.

There is good news, though. Intake rates are not nearly as unyielding. They can be changed. They have been. The intake rate at U.S. shelters reached 75 PPTP in the 1970s, about triple today's rate. If increased pet sterilization rates hadn't knocked them down, shelters would now be putting down four times more animals than they do.

CONVENTIONAL WISDOM: “Throwaway animals” will always overwhelm the ability of shelters to care for them all. They are the inevitable products of irresponsible pet caretakers and a disposable culture, so shelter intake rates can never be reduced very much.

FACT: Shelter intake rates have been reduced to a third of what they were 35 years ago. Effective preventive programs have reduced intake rates even further in some communities.

SOURCE: California Department of Health Services, Annual Reports of Local Rabies Control Activities, 1975-2005; Hillsborough County (Florida) Animal Services Shelter Statistics, 2005-2010; Duval County (Florida) Animal Care and Protective Services Shelter Statistics, 2005-2010; New Hampshire Federation of Humane Organizations Consolidated Shelter Statistics, 1994-2010; San Francisco (California) Consolidated Shelter Statistics, 1990-2003.

More recent history brings even better news. Adequately-funded data-driven programs can drive down the number of homeless cats and dogs so far that shelters no longer have to put down healthy or treatable animals to make room for new arrivals. For instance, in 2009, the nine larg-

LESSON: The great progress that we have made over the past 40 years to reduce the shelter death toll has mostly come from reducing shelter intake rates. In most places, even more progress can be made this way.

est shelters in New Hampshire put down 468 dogs with severe health or behavioral problems. During that year, these same shelters placed 2039 dogs and puppies from high-euthanasia areas of the country into new homes in the state. These shelters did not put down a single dog or cat to make room for another animal that had become homeless.

The effectiveness of different approaches isn't the only factor that must be considered. Cost is a critical factor, too. Returning to the example of the malaria epidemic mentioned at the start of this chapter, even if a mosquito eradication program is a more effective way to reduce malaria cases, if the cost of providing quinine to the victims is far less than the eradication program, providing quinine may be the only practical and cost-effective approach.

CONVENTIONAL WISDOM: We can end shelter overpopulation by getting more people to adopt cats and dogs from shelters instead of buying them from pet shops or breeders, increasing the shelters' "market share" of new pet acquisitions.

FACT: People buy far fewer pets from pet shops and breeders than the number that are euthanized in shelters. In 1996, people bought 1,120,000 dogs and 270,000 cats from pet shops and breeders, less than half of the number now put to death in shelters each year.

SOURCE: New, Jr. JC, Hutchinson JM, Salman MD, King M, Scarlett JM & Kass PH. Birth and death rate estimates of cats and dogs in U.S. households and related factors. *J. Appl. Animal Welfare Sci.* 7 (4): 229-241.

At the height of the U.S. polio epidemic in the early 1950s, researchers working to develop a vaccine became concerned that their work was being starved of funding by "iron-lung syndrome"

"The death rates from malaria, cholera, typhus, tuberculosis, scurvy, pellagra and other scourges of the past have dwindled in the U.S. because humankind has learned how to prevent these diseases... To put most of the effort into treatment is to deny all precedent."

John Cairns, "The Treatment of Diseases and the War on Cancer," *Scientific American* 253 (November, 1985) 51- 59, an article which attributes disappointing gains in cancer mortality rates to having spent four times more for treatment-based research than for research on prevention.

in which sympathy for polio victims led us to spend much more on equipment for victims than on vaccine-related research. Doctors and hospitals responded that there was no guarantee an effective vaccine could ever be found or that we could afford the cost of finding it.

Thirty years ago, the same could have been said about

spay/neuter programs. No one knew how effective they would be or how much they would cost. We've completed the research and development phase of pet sterilization programs, though. We know how much they cost and how well they work.

Data are also available about the cost of sheltering programs. The most complete fiscal information came from a 1998 survey of 186 animal shelters throughout the United States. At that time, these shelters spent an average of \$176 for each dog or cat they impounded. Only 39% of the impounded animals were returned to their home or placed in a new one, so the average expense for each animal placed was more than \$450.

Shelters that euthanize a smaller percentage of impounded animals usually keep each animal longer, on average, before placing it, which results in even more expense per adopted animal. For instance, in 2007, the sheltering budgets of the eight largest shelters in New Hampshire totaled more than six million dollars. They placed 12,222 cats and dogs in new homes that year, an average sheltering cost of more than \$500 per adopted animal.

Statistics are also available about the cost of large-scale spay/neuter programs and their impact on local shelter admission rates. It cost a little more than a million dollars to operate New Hampshire's publicly-funded spay/neuter programs from 1994-1999. During that time, 30,985 fewer cats and dogs entered shelters in the state than in the six years before the program began, an average cost of less than \$35.00 per reduced impoundment. Other programs probably contributed to the drop in shelter intakes during this period—such as the public information and awareness programs described in the first chapter and STOP's own spay/neuter programs—but none entailed great expense.

Fiscal costs are not the only ones that must be taken into account. A broader and more humane analysis considers the cost to the animals themselves.

All things considered, cats and dogs benefit greatly from sterilization. The health benefits far exceed the increased health risks. Sterilization also brings important behavioral benefits. Surgical sterilization greatly reduces the risk a cat or dog will become homeless and later be euthanized in a shelter—either after having migrated from home to join a free-roaming colony or having been relinquished by its caretaker—a risk far greater for pets in the United States than dying from any infectious or non-infectious disease.

Successful adoptive placements benefit shelter animals greatly, too, but only after they have survived the trauma of becoming homeless and being impounded, costs the animal would not have suffered if its homelessness had been prevented.

Although successful placements benefit shelter animals that find new homes, they come at a cost to other homeless animals. On average, an open admission shelter in the United States has the capacity to keep an impounded animal for about ten days before having to euthanize an animal for space. When a shelter has reached its carrying capacity, every ten days that an animal is sheltered before being adopted costs another shelter animal its life.

Successful placements come at a cost to non-sheltered homeless animals, too. Unless people in a community start to keep more cats and dogs in their homes, as more and more animals are adopted from shelters, fewer and fewer stray and free-roaming homeless animals will be taken into homes.

Beside effectiveness and cost, a third factor must be taken into account—the extent to which each approach furthers long-term goals. Returning again to the example of the malaria epidemic, even if the mosquito eradication program worked better and cost less than providing quinine, if it required the wide-scale use of pesticides that killed or injured animals or degraded the environment, it may not end up being the best strategy.

Advocates fighting human homelessness would hardly be satisfied if they only stopped homeless people from dying tragic and needless deaths. Their ultimate goal is to end homelessness altogether.

It's no different for us. As satisfying as it will be to end the killing of adoptable shelter animals, as will be discussed in the Afterword, that cannot be enough. The wide-scale use of euthanasia in shelters to make room for incoming homeless animals is just a symptom of the epidemic. Homelessness is the epidemic.

The ultimate value of different approaches, then, must be measured by how well they help us reach a more ambitious goal: ending the homelessness of dogs and cats. As a result, the impact of different strategies on all populations of dogs and cats who are homeless (or at risk of becoming homeless) must be considered, whether they are in a shelter or not.

While more than seven million homeless dogs and cats enter shelters in the United States each year, at least an equal number of homeless cats do not. They live in streets and alleys and neighborhoods from one end of the country to the other. Many of the adult animals are unsocialized and can only be placed in homes with great difficulty, if at all, so shelters and adoption programs are of little value to this population.

Fortunately sterilization programs can help. Trap /Neuter/ Return (T/N/R) programs can stabilize the size of a feral colony, if a sufficient number of the cats are sterilized and the migration of

household cats to the colony is prevented. Sterilization of household cats can help with that, too. Timely sterilization usually stops them from leaving home for good. In the end, though, T/N/R programs—like sheltering programs—can improve the lives of homeless animals, but only after they have survived the trauma of becoming homeless. Almost all of them would have been better off if they had not become homeless to begin with.

Sterilization can also help shelter animals. After six months, one adopted animal in five is no longer in its adoptive home. Pre-release sterilization programs can help adopted animals stay in their new home by reducing the troublesome behaviors that can lead to relinquishment.

Consideration must extend even further, beyond animals that are already homeless to household pets threatened with homelessness. Sterilization programs can keep them in homes and out of shelters or free-roaming colonies by reducing the risk they will be relinquished or migrate away from home.

Because they help all three populations—homeless animals living in the community, shelter animals, and household dogs and cats who may become homeless in the future—sterilization programs can take us much farther toward ending homelessness than adoption programs, which can only help homeless shelter animals. They can prevent animals from becoming homeless and—because euthanasia rates are largely determined by intakes—are a much more powerful tool to drive down euthanasias than adoption programs.

All of this doesn't mean adoption programs don't deserve to be an important part of every shelter overpopulation program. They do. And it doesn't mean that they don't deserve substantial funding. It only means they are not strong enough to do most of the work that needs to be done. Adequate resources must be spent on preventive programs, too.

CONVENTIONAL WISDOM: We will always have populations of free-roaming cats. Even if many are killed through trap-and-euthanize programs and others die of natural causes, enough household cats will migrate from their homes to replenish these populations.

FACT: Less than 3% of the feral cats trapped in seven large T/N/R programs had previously been sterilized. Adequate pet sterilization programs can prevent most immigration of household cats because household cats that have been sterilized rarely migrate from home to join free-roaming colonies.

SOURCE: Wallace JL & Levy JK (2006). Population characteristics of feral cats admitted to seven trap-neuter-return programs in the United States. *J. Fel. Med. & Surgery* 8:279-284.

It also doesn't mean preventive programs can only be funded at the expense of adoption and sheltering programs. Well-designed preventive programs can save money by reducing the number of animals that end up in shelters, freeing up resources to shelter, rehabilitate, and place those that do. As mentioned above, substantial investments in preventive programs have allowed shelters in New Hampshire to spend more to rehabilitate and place each animal than shelters in other states can. And over the long term, the great advances in veterinary care that many private clinics now provide to their clients' pets will probably only become available to homeless animals when there are fewer of them.

Fortunately, well-designed pet sterilization programs are so effective at reducing homelessness they don't need the lion's share of funding or even close to it. For instance, as mentioned above, the eight largest New Hampshire shelters spent over six million dollars on sheltering, rehabilitation, and adoption programs in 2007. That year public and private funders in the state spent about eight hundred thousand dollars to sterilize shelter animals, feral cats, and pets living in low-income households. As discussed in the previous chapter, the ratio between the two can be expressed in a fraction called the Prevention Quotient or PQ:

MONEY SPENT IN N.H. ON PROGRAMS TO PREVENT ANIMALS FROM BECOMING HOMELESS (TARGETED NEUTERING ASSISTANCE PROGRAMS FOR SHELTERED PETS, THOSE LIVING IN LOW- INCOME HOUSEHOLDS, AND FERAL CATS)	\$805,778	
	<hr/>	
MONEY SPENT IN N.H. ON PROGRAMS FOR ANIMALS WHO HAVE ALREADY BECOME HOMELESS (IMPOUNDMENT, SHELTERING, ADOPTION & EUTHANASIA-RELATED EXPENSES)	\$6,649,120	= .121

New Hampshire's Prevention Quotient, then, is about 12. The national PQ is much smaller, about 7. In the United States, we spend about \$105 million every year to sterilize shelter animals, feral cats, and pets living in low-income households and about \$1.5 billion on sheltering and adoption programs. To raise our PQ to a reasonable level, we only need to spend another \$100 million a year on well-designed preventive programs.

Suggesting that we double the amount of money we spend on preventive programs may seem radical. It's not. *Continuing to spending almost fourteen times more to shelter and place homeless cats and dogs than we do to prevent them from becoming homeless in the first place is what's radical.*

Returning to our malaria example, it's as if we spent more than nine dollars out of every ten on quinine to treat victims—even though it fails to prevent half of them from dying—instead of on an affordable vaccine that has already been discovered and has shown it can halt the epidemic.

The history of our work is instructive. Over the years every attempt to end shelter overpopulation by using adoption programs as the primary tool has failed. There's no reason to believe it's any different now. All available data say that it isn't. As we plan future shelter overpopulation programs, we need to keep in mind George Santayana's warning that "those who forget history are condemned to repeat it."

Recalling what others have done can have a positive side, too. It doesn't only have to be about avoiding past mistakes. For many years, we thought shelter overpopulation was a tragic—but unavoidable—part of our life. We thought the prolific reproductive capacity of cats and dogs and the irresponsibility of many of their caretakers made it inevitable. We now realize that isn't true. Some places have altogether stopped killing shelter animals to make space for new arrivals. In almost every case, the successful strategy has been the same: adequately-funded and well-designed preventive programs. This is an important lesson.



Chapter 4

SPAY / NEUTER: IT'S NOT JUST ABOUT KITTENS AND PUPPIES

“Beginning early this century and accelerating in its latter half, the role of animals changed [citations omitted]. In the simplest sense, dogs and cats moved indoors. Dogs moved first. In Canada, where I was born and raised, many dogs lived outdoors, invited into the kitchen only on the coldest nights of winter. Dogs lived in yards. In the years after World War II this management system changed. Dogs moved into our homes, and our hearts. A generation later, cats followed.”

Bruce Fogel (1999), “The Changing Roles of Animals in Western Society: Influences Upon and From the Veterinary Profession.” *Anthrozoos* 12 (4), 234.

Spay/neuter programs were originally designed just to stem the overwhelming tide of kittens and puppies brought to animal shelters. The plan was simple: “Pet Overpopulation is the Problem: Spay/Neuter is the Solution.” It was remarkably effective. By 1998, a national survey found that kittens and puppies made up only 13% of all animals entering shelters in the United States. (More information about this survey is shown in the Appendix of *Replacing Myth With Math*, at Research Article # 3 on Pages 118-120.)

LESSON: Reducing the number of kittens and puppies that enter shelters is not enough to end shelter overpopulation. Unless the flow of adolescent and adult animals is greatly reduced, too, shelter intakes will still overwhelm a community's sheltering capacity.

Reducing the flow of kittens and puppies, though, would not have been enough to end overpopulation in the shelters included in this survey. Even if no kittens and puppies had been bought in at all, the number of adolescent and adult animals they received would still have overwhelmed them. More than one third of animals that entered were euthanized just to make space for incoming ones. In these shelters, pet overpopulation (when

shelters are inundated by an unmanageable volume of kittens and puppies) had been replaced by shelter overpopulation (when stray, lost, and relinquished animals combine with litters of kittens and puppies to overwhelm a community's sheltering capacity).

In the 1998 survey, the authors asked shelter directors what they would do if they had an extra million dollar to spend. Shelters said they would spend more money on subsidized spay/neuter programs than for any other purpose, such as owner education programs or building more shelter space. The authors questioned whether an increased investment in sterilization programs made sense, in light of the declining percentage of animals entering shelters that were kittens and puppies.

The shelters had it right. Surgical sterilization turns out to be as effective against shelter overpopulation as it has been against pet overpopulation. In 2004, the Michigan Department of Agriculture compiled intake and disposition statistics for all animal shelters in the state the year before. At the time, national surveys consistently found that only about two fifths of all dogs in the country remained sexually intact. If being intact had not affected the risk that a dog would end up in a shelter, intact dogs would have made up less than half of all dogs admitted to Michigan shelters that year. What happened was quite different. Almost four out of every five (79.1%) adult dogs that entered Michigan shelters in 2003 were intact.

It was the same for cats. More than four of every five (80.5%) adult cats that entered the shelters were intact (see Figure 7 on Page 28 of *Replacing Myth With Math*). A 1997 survey of Texas shelters found the same thing. More than four fifths of the dogs and cats that entered these shelters were intact. (More comprehensive breakdowns of Texas shelter statistics from this survey are discussed in the Appendix of *Replacing Myth With Math* at Research Article # 14 on Pages 133-134.)

Intact cats and dogs are much more likely to end up in a shelter because surgical sterilization does more than just make a household pet infertile. It also makes it much less likely the cat or dog will behave in ways that are not compatible with the new role mentioned by Dr. Fogel in the quotation at the start of this chapter: as a household pet and companion.

Hormone-driven pets can do several things that strain the relationship with their caretakers. People who operate spay/neuter programs soon see how frazzled their clients tend to be in the spring after their cats have gone into heat. Dogs and cats that have not been sterilized are much more likely to do undesirable or dangerous things, too, such as destroying household furnishings, soiling the house, or attacking other animals or people. For instance, an analysis of dog-bite injuries in the Portland, Oregon area found that an intact male was seven times more likely to have bitten somebody than one that had been neutered and that an intact female was ten times more likely to have bitten than one that had been spayed. (Details of this study are shown on Page 27 of *Replacing Myth With Math*.)

All of this makes it much more likely that a caretaker will eventually have had enough and bring an intact pet to a shelter. So it should come as no surprise that an intact cat or dog is much more likely to be relinquished to a shelter by its caretaker than one that has been spayed or neutered. (More information about the behavioral factors which increase the risk that an animal will be brought to a shelter by its caretaker is contained in the summary of Research Article # 9 in the Appendix of *Replacing Myth With Math* on Pages 126-127.)

Sterilization, then, keeps pets in homes. And it's better late than never. A shelter that fails to sterilize a relinquished pet prior to placing it only increases the risk it will be returned, perhaps for the same behaviors that caused it to be given up the first time. As W. L. Bateman pointed out, "If you keep doing what you've always done, you'll probably keep getting what you've always been getting."

CONVENTIONAL WISDOM: Once pet sterilization programs have reduced shelter intakes of kittens and puppies to a manageable level, they have done about all they can to help reduce shelter overpopulation.

FACT: Sterilization reduces the risk that adult cats and dogs will become homeless, too. A sterilized dog is half as likely to be relinquished to a shelter as one that has not been sterilized. Sterilization reduces the risk the risk a cat will be relinquished to a shelter by two-thirds.

SOURCE: New Jr. JC, Salman MD, King M, Scarlett JM, Kass PH, & Hutchinson JM (2000). Characteristics of shelter-relinquished animals and their owners compared with animals and their owners in U.S. pet-owning households. *J. Appl. Animal Welfare Sci.* 3 (3), 185.

GETTING TO ZERO: THE ROLE OF NON-SURGICAL STERILIZATION

Surgical sterilization brings behavioral benefits that protect a pet from being relinquished to a shelter or roaming away from home to join a free-roaming population. As a result, any non-surgical sterilizant must be more than a contraceptive. If it is to replace surgical methods in the management of household pet populations, it must also be as beneficial as surgical sterilization in reducing the troublesome or dangerous sex-hormone driven behaviors mentioned earlier that increase the risk an animal will be given up to a shelter. And it must reduce the risk a household cat will migrate away from home to the same extent as surgical sterilization.

Even if it does not take the place of surgical sterilization for household pets in the United States, an effective non-surgical sterilizant may be a better choice in situations where contraception is a greater concern than behavioral management, such as for feral cat populations. An effective sterilizant may make it possible to manage the size of these populations at far less cost and stress to the animals than surgical sterilization. It may also become the only practical option in other parts of the world which have limited veterinary infrastructure.

Sterilization has also proven to be the most effective way to manage feral cat populations. Unless steps are taken to reduce the migration of household cats, though, the beneficial impact of T/N/R programs will be quite limited. As researchers who studied several large-scale T/N/R programs in Rome put it, “the control of reproduction of owned pets is crucial to achieve control of the feral cat population.” (More information about this study is contained in the summary of Research Article #10 in the Appendix of *Replacing Myth With Math* on Pages 128-129.)

Fortunately, sterilization can play a critical preventive role here, too, by greatly reducing the number of household cats that migrate to join feral communities. More than 97% of all feral cats are sexually intact. Even though many caretakers allow their cats outside, sterilized housecats rarely leave home for good.

GETTING TO ZERO: THE ROLE OF STERILIZATION

In the 1970s, the increasing availability of pet sterilization turned the tide in the fight against pet overpopulation. Before that, the number of pets who lost their lives in shelters climbed relentlessly. As more and more people had their pets sterilized, though, fewer and fewer of them died in shelters. If that hadn't happened, today's shelter death toll would be many times higher than it is.

We now understand why pet sterilization was such a game-changer. Animals end up in shelters from many sources and for many reasons. Some are from unwanted litters, others are free-roaming, lost, or abandoned animals, and still others have been given up by their caretaker. They have one thing in common, though: Sterilization reduces the number of animals that become homeless in each case. Because it helps protect cats and dogs in so many different situations from becoming homeless, surgical sterilization deserves to continue to be our first line of defense against shelter overpopulation.



Chapter 5

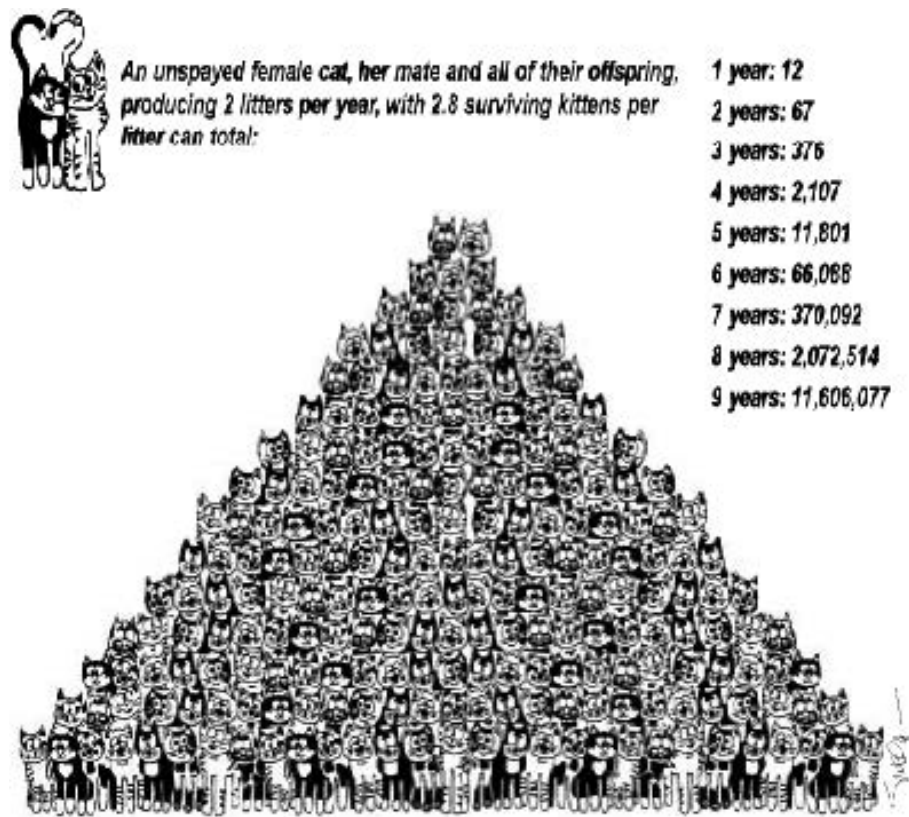
SPAY / NEUTER:

IT'S NOT JUST ABOUT *WHETHER*, IT'S ALSO ABOUT *WHEN*

“Continued emphasis on neutering pets, with special emphasis on prepuberal animals, will reduce the number of litters that arise before owners bring their animal for neutering. Similarly, neutering before puberty can reduce undesirable sex hormone-related behaviors that frequently lead to relinquishment. Veterinarians and their staff must actively combat myths regarding dog and cat husbandry, such as those surrounding the desirability of having a litter before neutering...”

Janet M. Scarlett, D.V.M., M.D. Salman, Ph.D., John G. New, Jr, D.V.M., and Philip H. Kass, D.V.M. (2002). “The role of veterinary practitioners in reducing dog and cat relinquishments and euthanasias.” *Journal of the American Veterinary Medical Association* **220** (3), 310-311.

For years, spay/neuter programs have handed out Kitten or Puppy Pyramids showing two proud feline or canine parents and a mountain of their descendants like the one shown on the next page:



The Pyramid was based on our belief that pet overpopulation was driven by cats and dogs that had litter after litter, year after year, and the next generations of kittens and puppies did, too, until a single set of parents was responsible for tens of thousands of kittens or puppies during their lifetimes.

Given this reproductive potential, it seemed like we could never end pet overpopulation. To succeed, we would need to convince almost every pet caretaker to have his or her dogs and cats sterilized, no matter how resistant they were, and to subsidize whatever they couldn't afford to pay. If we failed very often, shelters would be doomed to take in many more kittens and puppies than they could ever find homes for.

We now know that the Kitten and Puppy Pyramids were more of a nightmare than a reality. If every intact household cat or dog had just one litter a year, 120 million puppies and kittens would be born in households in the United States every year. Only 12 million are.

Almost 20 years ago, researchers in Massachusetts discovered that local reproductive rates were not driven by dogs and cats who remained intact their entire lives. Just the reverse. Cats and dogs that remained intact throughout their lives accounted for less than 15% of all the litters of kittens and puppies born in the communities they studied. More than four out of every five litters

were born to female cats and dogs whose owners had them sterilized, but not until the animal had at least one litter. (More information about this study is shown in the Appendix of *Replacing Myth With Math* at Research Article # 12 on Pages 130-132.)

Later research has shown this to be true in other parts of the country as well. (For details, please see the discussion on Pages 92-95 of *Replacing Myth With Math*.) *The overwhelming majority of litters born to household pets do not come from owners who refuse to have their pets sterilized or just don't care. They come from pets whose owners take the trouble to have the pet spayed and usually pay the full cost, but not until after she has had a litter or two. "Spay delay" is driving our pet reproduction rates.*

LESSON: In most of the country, the number of litters born in households is determined more by the number of people who delay having their pets sterilized, than by the number who never do. "Spay delay" is driving the growth of pet populations in the United States.

CONVENTIONAL WISDOM: The growth of household cat and dog populations is mostly produced by cats and dogs that remain intact throughout their lives and have multiple litters.

FACT: In the United States, cats and dogs that remain intact throughout their lives account for less than one fifth of all litters born to household pets. More than four out of every five litters are born to pets that are sterilized after having had at least one litter.

SOURCES: Manning MM & Rowan AN (1992). Companion animal demographics and sterilization status: Results from a survey in four Massachusetts towns. *Anthrozoos* 5: (3): 197. (More information about this study is shown in the Appendix of *Replacing Myth With Math* at Research Article # 12 on Pages 130-132).

Pre-sterilization litter rates of cats and dogs sterilized through Spay Shuttle Program (Knoxville, Tennessee), 7/07-5/09. (See Pages 93-95, *Replacing Myth With Math*)

Reducing spay delay begins with understanding why so many people don't have their pets sterilized sooner, if they are going to have it done anyway. Do they delay on purpose, believing that their pet would benefit in some way by having a litter before being sterilized? Or do they just put it off until it is too late?

Often it's procrastination. When asked in a 2000 survey why they had not had their pet sterilized, many people said that they just hadn't gotten around to doing it yet. That was the most common reason given.

Many others delay on purpose. In a 2007 national survey of cat owners, more than 40% of those with intact cats said they hadn't gotten their cat sterilized because they believed she would be better off if she had a litter first. (More information about this study is shown in the Appendix of *Replacing Myth With Math* at Research Article # 16 on Pages 135-136.) It's not just cat owners who believe that. Many dog owners do, too. Slightly more than half of all the dog owners surveyed in 1996 either said they believed a dog would benefit by having a litter before being spayed or didn't know if she would benefit or not.

The belief that a pet would be better off if she had a litter before being sterilized is mistaken. Tragedy often follows. More than 100,000 cats and dogs die in the United States each year from mammary gland cancer. Needlessly.

Cancer is a scourge. Much of the time, we can't do much to protect ourselves or our pets from falling victim to it. There is one exception: A cat's risk of developing mammary cancer is reduced by more than 90% if she is spayed before her first estrus. By having a dog spayed before first estrus, a caretaker can almost fully protect her from mammary cancer. Yet in a 2009 survey, 29% of all pet caretakers said they thought it was inappropriate to spay a female pet before her first heat.

The widespread delay in having pets spayed not only takes a great toll in cancer victims, it also drives shelter overpopulation. More than 10,000,000 kittens and puppies are born in the United

CONVENTIONAL WISDOM: Most pet caretakers already know that the best time to have a female pet sterilized is before she first goes into heat.

FACT: Half of all dog and cat caretakers aren't aware of that. A 1996 national survey found that 51.2% of dog owners and 52.2% of cat owners either mistakenly believe a pet would benefit by having a litter before being spayed or don't know whether she would benefit or not.

SOURCE: New Jr. JC, Salman MD, King M, Scarlett JM, Kass PH, & Hutchinson JM (2000). Characteristics of shelter-relinquished animals and their owners compared with animals and their owners in U.S. pet-owning households. *J. Appl. Animal Welfare Sci.* 3 (3), 193.

LESSON: Many pet caretakers don't know that the health benefits from pet sterilization depend greatly on the age at which a female pet is sterilized. Their lack of knowledge contributes greatly to both pet mammary cancer rates and shelter overpopulation.

States each year to female pets that are eventually sterilized. Reducing the number of these “pre-sterilization litters” by only 35% would stabilize the size of the household dog and cat populations by bringing their birth rate into balance with the death rate. (The details are included in the discussion on Pages 94-95 of *Replacing Myth With Math*). In fact, the growth of these populations

can't be stopped without reducing the number of litters that household pets have before being sterilized. On average, household cats and dogs that have been spayed now have more than two kittens or puppies each before being sterilized, so even if we somehow manage to achieve a 100% sterilization rate but fail to reduce the rate at which pets give birth before their sterilization, there would still be more cats and dogs born each year than those that died.

LESSON: It won't be possible to stop the growth of the household cat and dog populations in the United States without reducing the number of cats or dogs that have a litter before being sterilized.

It's tragic that so many pet owners increase the risk that their pet will develop cancer later in life by allowing them to go into heat before being sterilized. In this tragedy, though, is opportunity. A national public information and awareness campaign about the death toll that results from spay delay can save hundreds of thousands of lives every year by reducing both mammary cancer rates and shelter overpopulation. This could be undertaken without much of the delay and expense that other shelter overpopulation programs require because the target audience is “low-hanging fruit”: people who do not need to be convinced to have their pets sterilized (they are eventually going to anyway) and, in most cases, do not need financial help to afford it. Unlike broader public information and awareness initiatives, a program about the health risks that accompany spay delay could focus on a single mistaken idea and its effectiveness could be reliably measured through periodic surveys.

Many kittens and puppies already get a series of immunizations. This provides a perfect opportunity to incorporate timely sterilization as part of a package of kitten or puppy wellness services, a Sterilize When You Immunize Program. If the last immunization in the series is scheduled to take place when the kitten or puppy is sixteen weeks old, sterilization can be routinely scheduled to occur four weeks later, at twenty weeks. That way, it will be done after the animal is fully immunized but probably before she first goes into heat.

CONVENTIONAL WISDOM: Sterilizing 70% of a population of dogs or cats will stabilize the size of the population.

FACT: It's more complicated than that. Their average age at which dogs or cats are sterilized greatly affects reproductive rates, too. A study of owned dogs in an Italian province found that if dogs were spayed at three years of age, 55% of the females would have to be sterilized to keep a stable population, but if the average age of sterilization was reduced to less than a year old, a sterilization rate as low as 26% could halt population growth.

Another study found that 91% of the females in a feral cat population would need to be sterilized to keep a stable population if cats were spayed when they were a year old but if females younger than that were spayed, too, a sterilization rate of about 71% would stabilize the population.

SOURCES: DiNardo A, Candelaro I, Budke CM, & Slater MR (2007). Modeling the effect of sterilization rate on owned dog population size in central Italy. *Prev. Vet. Med.* 82: 308-313.

Budke CM & Slater MR (2009). Utilization of matrix population models to assess a 3-year single treatment nonsurgical contraception program versus surgical sterilization in feral cat populations. *J. Appl. Animal Welfare Sci.* 12 (4) 277-292.

Caretakers have their young pets immunized because they want to protect them from serious health threats but many fail to realize that in the United States, the risk a pet will die of mammary cancer far exceeds that of rabies, distemper, and all the other diseases against which they are being immunized. They may also not know that feline and canine mammary cancer are almost entirely preventable but that unlike immunizations—which usually are equally effective if given later in life—the protective benefit of spaying drops quickly and is lost altogether if the delay is too great.

Just learning this information would prompt many pet caretakers to have their pets sterilized along with the juvenile immunization series. Others may be persuaded by learning that the complication rate is lower when young animals are sterilized and that their recovery is faster and easier.

It may take financial incentives to prompt other caretakers to have their cats and dogs sterilized at the optimal time. A reasonable fee reduction for pets sterilized at five months of age or younger is justified by the increased time and supplies needed to sterilize an older pet in much the same way that a clinic's fee schedule often reflects the increased cost of labor and materials needed to sterilize a large dog or a pregnant animal.

GETTING TO ZERO: THE ROLE OF PEDIATRIC STERILIZATION

The development of safe techniques for the sterilization of juvenile cats and dogs now allows shelters to accomplish the critically important goal of sterilizing all cats and dogs before they are placed in new homes.

For kittens and puppies living in homes, sterilization is best incorporated into the standard juvenile immunization protocol, as discussed above. Data from large-scale pet sterilization programs consistently show that very few kittens and puppies go into heat before they are five months old. As a result, sterilization at 20 weeks or so allows them to complete their immunization series and still be sterilized before their first estrus.

Spay/neuter programs may also want to offer Beat the Heat discounts for feline spays performed in the fall or early winter. Due to the seasonal nature of feline estrus—in which pregnancy rates in North America peak in March and April—most kittens born in peak kitten season will be approaching five months of age in November or December. Feline spays performed during the summertime, on the other hand, are much more likely to have been performed on an adult cat who has already had a litter earlier that year.



Chapter 6

SPAY / NEUTER:

**FINANCIAL ASSISTANCE PROGRAMS FOR PET CARETAKERS LIVING IN POVERTY —
WE CAN'T GET TO ZERO WITHOUT THEM**

“Cost is one of the primary barriers to spay/neuter surgery in many communities. In fact, low household income and poverty are statistically associated with having an intact cat, with relinquishment of pets to shelters, and with shelter intake. As a result, the proportion of pets from poor communities who are being euthanized in shelters remains high; shelter euthanasia rates in the poorest counties in states including California and New Jersey are several times higher than those in the most affluent counties.”

Position Statement on Mandatory Spay/Neuter Laws, American Society for the Prevention of Cruelty to Animals (ASPCA).

By the early 1980s, reduced-cost spay/neuter programs and public information and awareness campaigns had greatly reduced the number of pets that were being put down in New Hampshire shelters. In the decade after that, though, shelters, rescue groups, and spay/neuter programs hit The Wall. Whatever we did, nothing seemed to change. Year in and year out, about 20,000 cats and dogs entered the state's eight open admission shelters and 12,000 or so were put down, a shelter euthanasia rate of about 10 Pets Per Thousand People (PPTP).

Since then, we've learned why it had been so difficult to make any more progress. In the mid-1970s, less than 10% of all pets had been sterilized; 20 years later, three of every five dogs were sterilized and almost four of five household cats. As more and more pets had been sterilized, fewer were losing their lives in our shelters. This progress, however, had not reached pets living in poverty-stricken households. Their caretakers may have been moved by pet overpopulation awareness campaigns to have their pets sterilized, but most couldn't afford even lower-cost programs. The cost was still too great for them.

GETTING TO ZERO: THE PRINCIPLE OF EFFECTIVE STERILIZATIONS

In the 1970s, it wasn't difficult to increase the number of pets that were sterilized. Very few already had been. Almost every surgery increased the local pet sterilization rate.

As pet sterilization rates increase, however, it becomes more and more difficult to increase the overall pet sterilization rate. About 11 million household pets are sterilized every year in the United States, a rate of about 35 PPTP. With so many pets being sterilized already, a spay/neuter program that fails to reach previously underserved populations—such as indigent pet caretakers—can sterilize thousands of animals every year and still not have much impact on the local pet sterilization rate or the number of pets that end up in shelters because most of the surgeries would have taken place even without the program.

In many places, indigent caretakers still can't afford to have their pets sterilized. A 2008 national survey found that caretakers with annual incomes less than \$12,500 a year had sterilized only 54% of their dogs, a much lower sterilization rate than all other income groups. (Sterilization rates for other income groups are shown in Figure 5 on Page 12 of *Replacing Myth With Math*.) For cats, the lower pet sterilization rate extends even further up the income scale. A 2007 survey found that only 51.4% of cats living in American households with incomes under \$35,000 a year had been sterilized, while more than 90% of cats living in households with higher incomes had been. (See Figure 15 on Page 82 of *Replacing Myth With Math*.) Pet sterilization assistance programs for low-income caretakers can be especially valuable in communities where cats and kittens make up a majority of shelter intakes because these programs often sterilize many more cats than dogs. Our failure to increase the sterilization rate of pets living in low-income households may be largely responsible for the relatively slow progress we've made in recent years to reduce the national shelter euthanasia rate (as shown in Figure 23 on Page 109 of *Replacing Myth With Math*).

When New Hampshire legislators first suggested setting up a program so that people with poverty-level incomes could have their pets sterilized for only \$10, some of the other legislators opposed the bill saying they didn't believe very many people would take advantage of the program. It wasn't the cost that was stopping poor people from having their pets sterilized, they said, it was a lack of responsibility, which was why they were poor in the first place. That first year, a legislative committee killed the bill.

Those of us who worked in spay/neuter programs saw things differently. We had seen how often people who were almost destitute took in homeless cats and struggled to get them sterilized or to get veterinary care for them. So we didn't give up. During the six months before the next legislative session, we stepped up our statewide pet overpopulation awareness campaign with events like the Homeless Animals Candlelight Vigil and the Chain of Collars display on the streets around the State Capitol, added supporters to our legislative network, and got the support of the Commissioner of Agriculture and the State Veterinary Medical Association.

In the second year, overwhelming numbers of people asked their legislators to support the bill and attended public hearings about it. This persuaded many legislators to change their minds. Others still worried that the program wouldn't work but agreed to give it a try, voting for it after a "sunset" provision was added, ending the program after three years unless future legislation was passed to extend it. It was just enough to get the bill passed.

Once the program began, our biggest problem wasn't getting enough people to participate; it was getting enough funding for everyone that wanted to. The same thing has happened in many other parts of the country after programs were established making it affordable for indigent caretakers to have their pets sterilized.

This answered the first question: If people living in poverty could afford to have their pets sterilized, would they do it? A more important question remained, though: If they did get their pets sterilized, would it affect shelter intake and euthanasia rates very much?

We began to find out the answer to the second question in the summer of 1995, after the low-income neutering assistance program had been operating for a year. Kitten season was much lighter at shelters throughout the state. Early the next year, shelters began reporting their 1995 statistics. The first shelters that submitted their statistics all reported a substantial drop in intakes and euthanasias, especially for cats. We knew, though, that these encouraging numbers could be offset by those that came in later.

As data flowed in from the other shelters, the excitement grew. It was like hitting one number after another on your Powerball card. Shelter after shelter reported the same thing. After a decade in which intake and euthanasia rates had not changed very much, now they had fallen off a cliff! As shown by the chart to the right, every one of the eight open admission shelters in the state saw a drop in euthanasias of between 15% and 58% compared to the year before!

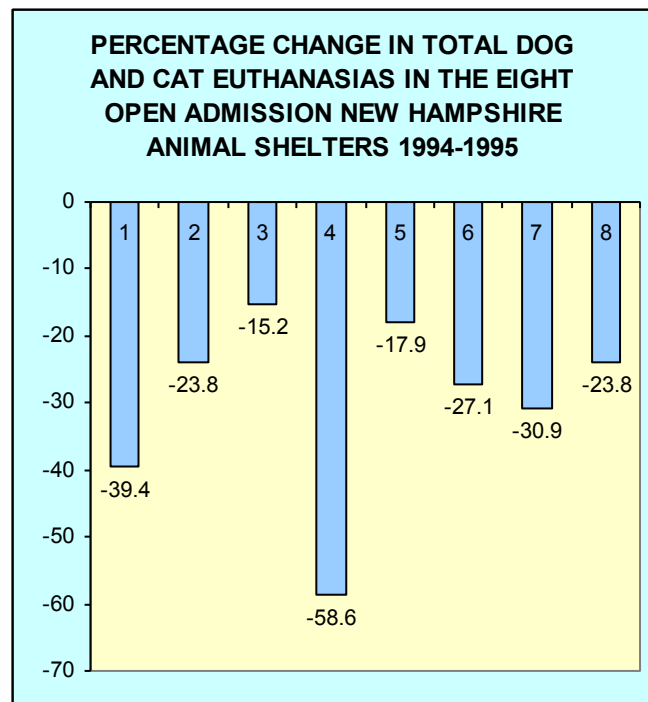
Statewide euthanasias had dropped 30% from 1994!

Other programs that have made it possible for large numbers of poverty-stricken caretakers to sterilize their pets have enjoyed great success, too. In the first seven years after Jacksonville's SpayJax program began in December of 2002, the euthanasia rate at shelters there dropped by 65%, from 23,104 in '02-03 to 7,912 in '10-11. A similar program in Tampa has made great progress as well. Since 2003, when the program started, the euthanasia rate at local shelters has been cut in half, from 34,047 to 16,321. And euthanasias in Delaware have dropped by 48% in the first four years after a low-income neutering assistance program was established there, from 10,714 in 2006 to 5534 in 2010.

Not every spay/neuter program has worked as well. Some have had little success in reducing intakes and euthanasias; others have met with no success at all. We can learn a great deal from this about what works and what doesn't. The most successful programs have these characteristics in common:

- (1). *They help only those caretakers who genuinely need help to get their pets sterilized.* Several criteria have been used to decide who can get financial assistance from spay/neuter programs, among them income targeting, geographic targeting, and programs for senior citizens.

Income targeting has proven to be the most cost-effective approach. Using eligibility for a public-assistance program like Medicaid has three great advantages:



- ◆ It doesn't discourage a caretaker from participating. People who receive Medicaid are used to showing their Medicaid card at a doctor's office or pharmacy;
- ◆ It's accurate. Over the years, the state agencies that administer Medicaid programs have set up a reliable system that separates people who really need help from those who don't; and
- ◆ It's not difficult or expensive to use. An administrator just has to ask for a copy of a person's Medicaid card. Medicaid staffs have done all the work that's needed to find out if the person really needs help.

Geographic targeting has not been nearly as cost-effective. In geographic programs, assistance is usually provided to people who live in neighborhoods or ZIPCODEs with high poverty rates, an indirect type of income targeting. The drawback, though, is that many people who live in low-income neighborhoods are not poor. The percentage of residents with poverty-level incomes in any one ZIPCODE rarely exceeds 25%. As a result, the great majority of people who can get help having their pets sterilized through a ZIPCODE program really don't need it. So even if a high-volume ZIPCODE program reduces the number of shelter intakes from the targeted area, the cost per reduced intake or cost per life saved is usually many times greater than that of a true income-targeted program.

LESSON: Income targeting has proven to be the most cost-effective way to make sure that subsidies are provided only to those caretakers who genuinely need help to get their pets sterilized.

Programs that attempt to geographically target their services by bringing a mobile surgical suite to a low-income neighborhood can be even less cost-efficient than a ZIPCODE program. Middle- and upper-income caretakers in search of a bargain can travel to the surgical site in the low-income neighborhood while indigent caretakers—who may not have as ready access to transportation—may have much more difficulty getting their pets there, even if they live in the neighborhood.

Programs that provide assistance to all senior citizens are not cost-effective either, for many of the same reasons. People over 65 are less likely to be poor than younger people, so a program that limits eligibility to seniors can be even less cost-effective than a totally untargeted program, which gives help to anyone who asks for it.

GETTING TO ZERO: THE ROLE OF TARGETED NEUTERING ASSISTANCE PROGRAMS

As mentioned earlier, reaching previously underserved populations is one of the best ways to achieve effective pet sterilizations. Pet sterilization data from surveys and local shelter intake statistics can help you decide which group to help.

The next step is to understand why the group's pet sterilization rate has lagged behind. Once the barriers that need to be overcome—such as cost, accessibility, or caretaker education—have been identified, programs can be designed to overcome them.

- (2). *They are affordable for pet caretakers with poverty-level incomes.* If a caretaker has to pay more than \$10 or \$20 to have a pet sterilized, many people living in abject poverty—the people a program needs to reach the most—won't be able to afford it.

In New Hampshire, we learned the importance of affordability the hard way. At first, our low-income program covered the cost of surgery and shots but failed to include the pre-surgical examination that many participating clinics required. Caretakers had to pay for that themselves, which effectively increased the co-payment they would have to pay from \$10 to \$30 or more. As a result, many who had gone to the trouble of applying and been found eligible didn't follow through with the sterilization once they discovered how much they would have to pay. In 2000, we expanded the program so caretakers would not have to pay the exam fee. The follow-through rate increased by more than 50%.

LESSON: To bring pet sterilization within the reach of indigent caretakers, the total amount they have to pay must be no more than \$10-20.

Voucher programs—in which caretakers can use a coupon to cover part of the cost of pet sterilization—usually don't work well either. Even if the voucher has a value as high as \$50, that still leaves the co-payment too high for most indigent caretakers to pay.

- (3). *They are accessible to poverty-stricken caretakers.* Cost is not the only barrier that indigent caretakers need to overcome to get their pets sterilized. They also need to have a way to get their pets to the place where the surgery is performed and back home again. This is a

problem for many of them. A program that provides services through a network of private veterinary clinics can be accessible if enough clinics participate. A mobile surgical unit can also increase accessibility. In many cases, though, it is more cost-effective to transport pets to a fixed-site clinic rather than operate a mobile surgical unit. This is especially true when caretakers live in remote and sparsely populated areas that make a mobile unit more costly to operate.

- (4). *They have enough funding to help sterilize large numbers of animals from indigent households every year for several years.* Getting enough funding is usually the most difficult challenge a pet sterilization program for indigent caretakers must overcome. That's what created The Wall in the first place—our failure to provide enough help so that caretakers living in poverty could sterilize their pets at the same rate as everyone else.

In the United States, people living in households with incomes below the federal poverty level acquire about 3 million intact cats and dogs every year. In a city with 100,000 residents, then, between 800 and 1,200 intact cats and dogs will enter poverty-stricken households each year, depending on the local poverty level. Broken down into a rate per thousand residents, people who receive Medicaid will acquire about 8-12 Pets Per Thousand People (PPTP) every year. Using this figure, we can estimate how many pets a program for indigent caretakers needs to sterilize to bring the pet sterilization rate in low-income households up to that of more affluent households. A reasonable—but ambitious—goal is for the program to help sterilize half of the intact pets indigent caretakers acquire each year or about five pets for every 1,000 residents that live in the area.

LESSON: A low-income pet sterilization program that helps sterilize 5 pets living in Medicaid-eligible households every year for every 1,000 residents will significantly reduce local shelter intake and euthanasia rates.

The 5 PPTP benchmark can be used to estimate the amount of funding that a low-income pet sterilization subsidy program will need. For example, if a program paid veterinary service providers an average of \$80 per surgery—not counting the co-payment paid by the caretaker—and administrative costs totaled \$20 per surgery, each surgery would cost the program \$100. To reach a volume of 5 PPTP, the program would need about \$500 every year for every 1,000 local residents.

Broken down to a per-capita rate, in the example above a low-income pet sterilization subsidy program would cost 50 cents a year for every person living in the area it serves. Compared to what communities have spent in the past to help low-income people have their pets sterilized, this may seem like a great deal of money. Many communities, though, now spend more than \$5 per resident every year on animal control and sheltering, so deciding whether 50 cents a year is a little or a lot depends on your perspective.

An effective program not only has to reach a volume of 5 PPTP every year, it also must sustain that volume over the years. If it doesn't, the progress it has made can quickly be reversed because the 5 PPTP benchmark comes from the number of intact pets that enter poverty-stricken households every year. To avoid losing ground, the program's volume must keep up with the number of intact pets that enter these households each year. If it does, it will probably make steady progress for several years, because most of the pets it sterilizes will be young and it will take some time for all age groups to reach a higher sterilization rate.

Securing this level of funding is a great challenge. It can be done, though, as will be discussed in Chapter 9.

It's a critical barrier to overcome. Experience has shown that if we don't help enough low-income caretakers have their pets sterilized, we'll fail to end overpopulation in our shelters. It's that simple.

"THE VALUE OF USING PETS PER THOUSAND PEOPLE (PPTP) STATISTICS"

As mentioned earlier, when shelter information is broken down into PPTP form, it becomes easy to compare the intake, adoption, and euthanasia rates of different communities and to calculate national rates. It also makes it easy to put together a budget for a low-income neutering program. So, for instance, if the program has expenses of \$100 per surgery (a subsidy of \$80 and administrative costs of \$20 for each surgery) and provides funding each year for 5 surgeries per 1,000 residents (5 PPTP), it will need \$500 a year in funding for each 1,000 residents in the area it serves or 50 cents per person per year.

LESSON: Many intact pets enter low-income households every year, so pet sterilization assistance programs must sustain a high volume of surgeries every year to avoid losing the ground they make.



Chapter 7

LEGISLATION: COMMUNITY-WIDE SOLUTIONS FOR A COMMUNITY-WIDE PROBLEM

“Pick battles big enough to matter, small enough to win.”

Jonathan Kozol (1981). *On Being a Teacher*.
Continuum International Publishing Group, New York, N.Y.

In 1993, when our spay/neuter bill was introduced into the New Hampshire Legislature for the second time, supporters packed public hearings and contacted legislators asking them to support the bill. A member of the House Ways and Means Committee told me, “I really don’t think this bill will amount to much, Peter, but 19 people have contacted me from my district and every one was for it. So I guess I’ll vote for it.” That session, one legislator after another said they had gotten more letters and phone calls about our bill than any other one that session.

That shouldn’t be surprising. Shelter overpopulation is a community-wide problem, and there are several good reasons to change the way we are doing things:

- ◆ *Our current homeless animal programs are not cost-effective.* Taxpayers in the country now pay more than \$1.5 billion each year to impound, shelter, and euthanize homeless animals and only about \$105 million to prevent them from becoming homeless in the first place. It's like a malaria epidemic in which almost all of the funding is spent to treat the victims and very little to stop them from getting sick. In this case, it's even more wasteful because the treatment is not very effective. Half of the homeless animals that enter our shelters don't survive.
- ◆ *They're not humane.* To put millions of cats and dogs to death when there are effective and affordable alternatives is wrong.
- ◆ *They're not fair.* Intact cats and dogs cause far more injury and public expense than those that have been sterilized but people who keep intact pets and businesses that sell them pay very little to cover these costs. They don't pay their fair share.
- ◆ *They don't protect the public from harm.* Hundreds of thousands of people are bitten by dogs every year in the United States. Intact dogs are much more likely to bite than those that have been sterilized but public officials often don't do all they can to increase the pet sterilization rate in their community.

It may seem that legislators can't do much about this. After all, overpopulation is often caused by irresponsibility, and it may seem that laws can't make people act responsibly.

Actually that's what many laws do. They get people to act responsibly by rewarding them when they do and penalizing them when they don't.

It all begins with recognizing that sexually intact dogs and cats cause far more than their share of injuries and public expense. (For details, see Pages 27-29 of *Replacing Myth With Math*.) Programs that increase a community's pet sterilization rate protect everyone in the community and reduce companion animal homelessness at the same time.

GETTING TO ZERO: THE ROLE OF LEGISLATION

We spend a billion and a half dollars every year on municipal animal care and control programs. Our elected officials decide whether that money will be spent wisely or not. Advocates can't afford to be absent when those decisions are made. As Rick DuCharme—who helped secure public funding for a low-income spay/neuter program in Jacksonville—puts it, "Politics is a part of saving animals' lives."

As mentioned in the last chapter, to be adequately funded a low-income spay/neuter program like the one in Jacksonville would cost about 50 cents a year for every person who lives in the area it serves. At that rate, it would cost more than \$150 million a year to fully fund programs like this throughout the country. Charitable foundations and animal protection groups probably can't provide this amount of money, but legislators can. That would only be a dime for every dollar they now spend for animal control and sheltering programs.

Legislators not only can provide the funding for needed programs, they also can set the standards that must be followed. Other people can only suggest that shelters and caretakers follow the best practices. Legislators can require them to. As discussed below, a California law requiring shelters to sterilize pets before placing them in new homes saves tens of thousands of lives every year, showing how powerful this type of legislation can be.

Legislation can create a system for managing homeless animals that is far more humane, fair, cost-effective and protective than the one we have now:

- (1). *Laws Requiring Shelters and Rescue Groups to Sterilize Intact Pets When Placing Them in New Homes.* I was a skeptic at first. I didn't believe that shelters could drive down intake rates very much by sterilizing intact pets instead of placing them with neutering deposits. I was wrong.

Shelters that sterilize all the animals they place have lower future intake rates than those that don't. A good example is what happened in California after the State Legislature passed a law requiring all public and private shelters, except those in very rural counties, to sterilize all the intact cats and dogs they placed unless a veterinarian certified that it would likely harm the animal. During the first five years after the law passed—between 2000 and 2005—intakes at shelters in the six largest counties with complete data dropped by 10%. (The complete statistics are shown in Figure 6 on Page 13 of *Replacing Myth With Math*.) Per capita, the drop was even larger because the human population grew by more than 8% in these counties between 2000 and 2005. If the Legislature hadn't enacted the sterilization-at-adoption law and shelters had continued to place intact cats and dogs in new homes, their intakes probably wouldn't have dropped at all. Most likely they would have continued to grow at the same rate as the human population. That's just what happened in the five years before the law passed, when intakes increased by more than 8%, closely tracking the growth of the human population.

LESSON: Pre-release sterilization programs are much more effective in driving down shelter intake rates than neutering deposit programs. It is no longer acceptable for a shelter or rescue group to place intact cats and dogs in a new home without having them sterilized first.

Before the pre-release sterilization law was passed in California, a state law required shelters to take a neutering deposit when placing intact pets. This change in the law was like an experiment to see whether it makes any difference to sterilize the intact animals placed in new homes instead of relying on adopters to follow through with that. The answer is clear: It makes a great difference. Shelters that place intact cats and dogs in new homes are following an outmoded approach, no matter how much money the shelter takes for a neutering deposit or how aggressively it enforces a neutering contract.

Requiring shelters to sterilize all adopted animals is a good place to begin reforming animal care and control laws because much—if not all—of the cost can be recovered through adoption fees. If a shelter has its own veterinary clinic, the cost to sterilize the animal may be no more than the deposit it used to take. Even if establishing a pre-release sterilization program involves some expense, the cost will be recovered through reduced future intakes that save the shelter money later on.

- (2). *Laws Requiring Commercial Pet Sellers to Take a Neutering Deposit.* The libertarian principle that people should be free to do whatever they want unless it hurts other people is central to much of our law. Even when people do something that hurts others, legislators often don't make it against the law; instead, they make people pay a price for it rather than allow them to pass the cost on to someone else. So, for instance, although tobacco products

are known to cause cancer and drive up the cost of publicly-funded insurance programs like Medicaid and Medicare, they aren't prohibited altogether. Instead, tobacco sales are heavily taxed, and manufacturers pay billions of dollars every year into a fund for programs to discourage people from starting to smoke or help them quit.

As mentioned earlier, intact cats and dogs cause far greater animal care and control costs, on average, than those that have been sterilized. They are much more likely to end up in shelters and—although only three dogs in ten remain intact—they are responsible for the overwhelming majority of sheltering expenses. If animal control and sheltering expenses were spread out over the entire dog population in the United States, each community spends, on average, more than \$25 on impoundment and sheltering for every intact dog that lives there and less than \$3 for each one that has been sterilized. (For details, see Figure 8 on Page 33 of *Replacing Myth With Math*.)

Selling puppies is a major source of income for many pet shops and commercial breeders. Although not all of these puppies remain intact, many do. Like other intact dogs, they cause more than their share of public expense and injury. Rather than allow these businesses to shift the cost of their products to taxpayers, it would be fair to require pet retailers to collect a neutering deposit from people that buy puppies. Then the buyers would have an incentive to get the dog sterilized. If, after a reasonable period of time, they haven't done that, their deposits should be placed into a spay/neuter fund to help those who would like to have pets sterilized but can't afford to.

- (3). *Higher Fees to License Intact Pets*. Differential license fees, in which caretakers pay a higher fee to license intact pets, are fair for the same reason that a pet-shop neutering deposit is fair: Intact pets cause more expense than other people often end up paying. Not only are they fair, they also save taxpayers money. Research has shown that communities with differential licensing laws have lower shelter intake rates than those that don't. (For details, see the discussion on Page 32 of *Replacing Myth With Math*.)

LESSON: Intact pets cause far greater animal care and control costs than those that have been sterilized. These costs should be recovered through higher licensing fees.

To be fair, the amount of the differential should reflect the increased public expense caused by intact pets. As mentioned above, each year a community spends more than \$20 in extra impoundment and sheltering expenses for every dog that has not been sterilized. This doesn't count the disproportionate share of injuries these dogs inflict.

A differential of at least \$20 a year, then, would be a fair place to start. The amount of the differential can be ratcheted up over time, little by little, if targets for intake reductions aren't met,

like the federal Clean Air Act, which imposes targeted interventions if local goals for improved air quality are not met. Mandatory spay/neuter laws should only be a last resort, if differential licensing laws and targeted neutering assistance programs have been given a fair try and haven't succeeded in ending companion animal homelessness. Sterilization mandates can backfire, though, unless caretakers are given the help they need to have their pets sterilized. Otherwise a mandate may cause some to relinquish or abandon intact pets, causing more animals to become homeless, not fewer. So a community should enact a sterilization mandate only if it also helps every citizen comply with it by providing adequate assistance to everyone who needs help to have a pet sterilized.

The first differential licensing laws just deposited the revenue from the licensing surcharge into the same general fund with all other municipal revenue. Second-generation differential licensing laws, like the Illinois law passed in 2005, dedicate the revenue from a differential surcharge to neutering programs for animals that face the greatest risk of impoundment, such as pets living in low-income households and feral cats.

Laws that attack social problems from both ends—by imposing penalties for irresponsible behavior and using the revenue for programs to prevent it—have often proven to be more effective than those that just impose penalties. A good example is the California Tobacco Tax Initiative, which raised taxes on the sale of tobacco products and used part of the increased revenue for anti-smoking programs. During the first five years after the law was passed, smoking rates in California dropped three times faster than those in the rest of the country.

To avoid creating a Catch 22 for indigent pet caretakers—in which they can't afford to either pay a higher license fee or avoid it by having a pet sterilized—differential licensing laws need to be coupled with a neutering assistance program that brings pet sterilization within their reach. If reasonable steps are taken to increase local licensure rates, as will be discussed later in this chapter, the revenue from a \$20 differential surcharge may generate enough revenue each year to fully fund a low-income neutering assistance program. (For details, see Figure 9 on Page 33 of *Replacing Myth With Math*.)

LESSON: The revenue from differential licensing fees should be used for a program that makes it affordable for people living in low-income households to have their pets sterilized. Otherwise the differential may backfire by forcing them to abandon or relinquish their pets.

- (4). *Pet Sterilization Assistance Program for Indigent Caretakers.* As mentioned in the last chapter, a low-income spay/neuter assistance program needs to provide subsidies that make it affordable for indigent caretakers to have their pets sterilized. That takes money.

A licensing differential is an excellent source of funding because it persuades some people to have their pets sterilized and produces revenue from those who don't. By dedicating that revenue to a low-income program, those who won't sterilize their pets help those who can't. In places without licensing laws, a surcharge on rabies immunizations can provide enough revenue for an entire program, as it does for the Spay/Neuter Program administered by the Delaware Department of Agriculture.

Another option is to combine revenue from several sources. Maine's Help Fix ME Program is a good example. It gets funding from an animal-friendly license plate, an income-tax check-off, a surcharge on the sale of intact pets by pet shops, and some of the revenue from a pet-food licensing fee. While none of these sources can provide enough revenue to fully fund a low-income program—about 50 cents a year for every person who lives in the area served by the program—added together, they can.

LESSON: A well-designed pet sterilization program for indigent caretakers costs only about 50 cents a year for every person who lives in the area served by the program.

It's not enough to provide funding for a year or two. Intact pets enter low-income households all the time, so a program has to hit the 5 Pets Per Thousand People (PPTP) mark every year, year in and year out. The best way to protect revenue for the program is to have it deposited into a special Spay/Neuter Fund that can only be used for the program. We learned that early in New Hampshire. At first, the dog-license revenue that was supposed to be used for our program was deposited into the state's General Fund and yearly appropriations were made to the program. After a couple of years, though, money that was supposed to go to our program was spent on other things. The next year, we managed to get a bill passed putting the licensing revenue into a Companion Animal Neutering Fund that could not be spent on anything else. Looking back, passage of that legislation was almost as important as passing the law that set up the program in the first place.

- (5). *Integrating Pet Licensing Records and Rabies Vaccination Records into a Single Database.* As mentioned earlier, differential licensing laws are a fair and effective way to increase the local pet sterilization rate. This, in turn, reduces the extra injury and expense caused by intact pets. The beneficial impact of these laws is hampered, however, by scofflaws who don't license their pets.

We had that problem in New Hampshire. A low compliance rate with our state's licensing law greatly limited the amount of funding generated for our neutering assistance program. When it began in 1994, about 80,000 people in the state licensed their dogs. As a result, the \$2 companion animal population control fee produced only \$160,000 in funding each year. Members of the Pet Overpopulation Committee overseeing the program quickly realized that the program would run out of money each year. We also realized that the shortfall was caused by people who failed to license their dogs.

We took steps to change that. The most important thing was integrating rabies vaccination records kept by veterinary clinics into a single database with licensing records. Legislation was passed requiring veterinarians to submit a list of people who had their dogs immunized against rabies to local licensing officials so they could compare it to their list of licensed dogs and follow up with caretakers who hadn't licensed their dogs. It was remarkably effective. Over the next few years, the number of dogs licensed in the state—and funding available to the neutering assistance program—almost doubled.

- 6). *Pet Sterilization Assistance Program for Pit-Bull Terrier Caretakers.* It makes sense to help pit bull terrier caretakers have their pets sterilized for the same reason that it's a good idea to help indigent caretakers. It's not that pit bulls have a different temperament than other breeds. They don't. Or that a dog's breed determines its behavior. It doesn't. It's because pit bulls are much more likely to end up in an animal shelter at public expense. About a quarter of all the dogs that enter American shelters are pit bulls or pit bull-mixes.

There's a compelling humane reason, too. Many pit bulls fall victim to a double whammy. Not only are they more likely to end up in a shelter, once there they are less likely to be adopted than other dogs. As a result, hundreds of thousands are put down in shelters every year.

Outright bans on keeping pit bulls are a bad idea. They're aimed at the wrong target—the dog. Like other pets, any problem behaviors a pit bull has probably came from the irresponsibility of the people who bred or kept the dog. Laws should try to change their behavior. As mentioned earlier, sterilization greatly reduces the risk that a dog will bite someone or do other things that can lead a caretaker to give it up to a shelter. So it makes sense to try to increase the number of pit bull caretakers that have their dogs sterilized.

Many communities have passed mandatory spay/neuter laws that only apply to dogs who appear to be pit bulls. In the same way that all mandatory spay/neuter laws can backfire by causing caretakers to relinquish or abandon intact animals, pit bull mandates can, too. They should only be a last resort, if differential license surcharges and neutering assistance programs haven't reduced pit bull intake and euthanasia rates. And if voluntary programs haven't worked after having been given a fair try, a program should be established like the one in Kansas City, Missouri which gives caretakers who get a ticket for having an unsterilized pit bull a voucher that allows them to have their dog sterilized at no cost. If they get the dog sterilized, they take proof of that to court and the ticket is dismissed.

- (7). *Laws Requiring Animal Care and Control Agencies to Sterilize and Return Feral Cats that Have Been Impounded or Release Them to Rescue Groups for Sterilization and Return.* Since

August of 2008, feral cats that have been impounded by animal control officers in Jacksonville bypass the City's sheltering system and are brought directly to a clinic operated by a local rescue group, First Coast No More Homeless Pets, where they are vaccinated, microchipped, sterilized, and ear-tipped. After a night of recovery, the cats are released back to the place where they were captured. During Feral Freedom's first three years, more than 10,000 cats that would have been sheltered and put to death at public expense have been sterilized and returned to the community, saving the City about \$150,000 a year that it would have spent to shelter and euthanize them.

In many other places, ferals are routinely brought to shelters and euthanized. Not only does this result in great public expense with little or no benefit—because there's no public health reason to impound a free-roaming cat unless the animal poses a special health risk—there are humane costs as well. Sheltering systems in most communities operate at maximum capacity, so every animal that is needlessly admitted to a shelter takes resources away from other homeless animals that need them. This may be why most people support non-lethal alternatives, like Trap/Neuter/Return (T/N/R) programs. In a 2007 Ohio survey, more than three fourths of all the people surveyed supported T/N/R programs as a way to manage free-roaming cat populations. (The survey results are shown in Figure 12 on Page 38 of *Replacing Myth With Math*.)

While Feral Freedom programs have not been operating long enough to see what impact they will have on future intake rates, data from other high-volume feral cat sterilization programs suggest that sterilization reduces the troublesome behaviors that prompt citizen complaints to animal care and control agencies. For instance, a clinic in Tampa has sterilized more than 15,000 feral cats since it began operating in 2001. Each cat has been ear-tipped. During the past five years, the local animal care and control agency has impounded more than 40,000 stray cats, many of them ferals. Less than 200 of the impounded cats have been ear-tipped. This suggests that Feral Freedom programs are not only a more humane alternative to impoundment and euthanasia but also help reduce local impoundment rates over the long term.

(8). *Laws Requiring Shelters to Compile and Report Basic Intake and Disposition Statistics*. Twenty years ago, Dr. Andrew Rowan, then the Director of the Tufts Center for Animals and Public Policy, called the lack of data about animals that entered American animal shelters and what happened to them a “statistical black hole” and pointed out what a missed opportunity this was:

“(g)iven that close to \$1 billion are spent by animal shelters every year to deal with unwanted companion animals, it is unfortunate that we have so little reliable data that could be used to plan more effective programs or even evaluate where we are headed.”¹

¹ Rowan AN (1992). “Shelters and pet overpopulation: a statistical black hole.” *Anthrozoos* 5 (3): 143.

As Dr. Rowan suggested, shelter statistics can help advocates understand which cats and dogs become homeless and why. Then they can put together programs to address these causes. Finally, they can use subsequent data to evaluate how well their programs have worked and make any changes that may be needed to improve them.

The alternative is to do what we've done in the past: to design programs and assess their effectiveness based on impressions, anecdotes, and conventional wisdom. Time and time again that has led us in the wrong direction.

LESSON: Without data, shelter policies and programs have usually been based on conventional wisdom and urban legends that were often mistaken.

Shelter data can be used in many ways to design more effective programs and measure how well they have worked:

- ◆ As mentioned earlier, the California shelter data from before and after the pre-release sterilization law became effective in 2000 allowed us to compare the effectiveness of sterilization-at-adoption programs to earlier neutering deposit programs.
- ◆ Michigan shelter data about the sterilization status of cats and dogs that entered shelters in 2003 showed that intact pets were much more likely to be admitted to local shelters than those that had been sterilized. Based on this, people putting together programs could be confident that if they increased pet sterilization rates fewer animals would enter local shelters in the future.
- ◆ Other intake data can be of great value, too. If most of the animals that enter a sheltering system are adolescent or adult animals, remedial programs need to be more carefully targeted than if they had been kittens or puppies. Shelter overpopulation—in which the animals entering shelters are a diverse mix of strays, relinquished pets, and ferals—is more complex than pet overpopulation. Developing effective shelter overpopulation programs requires data that break down admissions between strays and relinquished animals and between socialized and unsocialized animals, because each group requires a different set of interventions. This information will enable planners to decide whether to prioritize programs that increase pet retention or return-to-owner rates or feral cat management programs and to measure the effectiveness of each program after it has been implemented.
- ◆ Outcome statistics can be of great value, too. Comparing local adoption, redemption, and euthanasia rates to regional or national data allows planners to determine where there is room for significant improvement and how to better allocate their resources.

State legislatures in Virginia and Michigan have passed laws that require shelters to collect and report basic intake and disposition data. These laws can be of significant value. Some shelters, of course, may want to collect more detailed intake and disposition data like the data sheet used by New Hampshire shelters. (A sample is shown on Pages 15-16 of a handbook put together by Aimee St. Arnaud titled “Community Assessment and Planning for the Humane Movement.” It’s available online at <http://www.bestfriends.org/nomorehomelesspets/pdf/Assessment.pdf>.)

In New Hampshire, we learned the hard way how valuable shelter statistics can be. Shelters collected and compiled them for many years without putting them to much use. And we didn’t make much progress. Once we began using shelter statistics to develop programs that addressed the reasons why animals had become homeless, everything turned around for us. As the old saying put it “taking good aim at a target greatly increases the chance you will hit it.”



Chapter 8

MOVING FROM AVOIDING “FATES WORSE THAN DEATH” TO FINDING FATES BETTER THAN DEATH

“Public sentiment is everything. With it, nothing can fail. Without it, nothing can succeed.”

Abraham Lincoln (1858). Ottawa, Illinois debate with Stephen Douglas.

In the last half of the nineteenth century, packs of hungry dogs roamed American streets trying to elude dog catchers and a chase that often ended with them being clubbed to death or drowned. Sometimes their deaths were not as violent, but equally tragic. The Animal Rescue League scoured the beaches around Boston each fall after the turn of the century and euthanized the animals found roaming there after discovering that

“(m)any families take dogs and cats with them to their summer homes at the beaches or else adopt strays during their stay there. When the time for departure arrives, no thought is given to these creatures. They are left to struggle to maintain life for a miserable month or two until they perish during the winter months.” Craig Brestrup (1997), *Disposable Animals: Ending the Tragedy of Throwaway Pets*. Camino Bay Books: Kendalia, Texas, p. 24.

Animal shelters began as a refuge from this often cruel and uncaring world. But the world has changed a great deal since then. Cruelty and inhumanity are not nearly as common as they were. By now, most people have brought cats and dogs into their homes and many have begun to treat them as companions and even four-legged members of their family.

Many shelters have not changed as much. Some shelters continue to be protective enclaves, largely separate and apart from their communities. This protectiveness is understandable, given their experience. Although horrific cruelty cases are no longer as frequent, people who work in animal shelters see them regularly, along with hoarding cases and pets that have been abandoned by their caretakers. Against this background, shelter staff have good reason to think they are almost the only people who care about homeless animals.

But that isn't true. Surveys consistently find that large numbers of everyday people care for free-roaming cats. A 2007 Ohio survey found that one person in four had fed a free-roaming cat in the past year. Often people go further and take a homeless animal home. In 1996 alone, people in the United States took more than 2.5 million stray and abandoned cats and dogs off the streets and into their homes, twice as many homeless animals as shelters placed in new homes.

Less than 3% of all caretakers give up their pets to a shelter each year, but shelter workers see all of them and seldom see the other 97%. Until recently, the conventional wisdom was that shelter overpopulation was produced by "the tragedy of throwaway pets" that most people had given up for casual or trivial reasons. But that wasn't true, either.

In early 1999, after learning of a Massachusetts study which found that many people who ultimately brought their pets to a shelter had struggled hard to avoid that, the Monadnock Humane Society in West Swanzey, New Hampshire set up a Rehoming Service for Valued Pets (RSVP).

CONVENTIONAL WISDOM: Over the years, programs that provided spaying and neutering at reduced cost have been largely responsible for the great increase in pet sterilization rates in the United States.

FACT: Until recently, less than one fifth of all pet sterilizations were provided by animal protection groups or veterinarians at reduced prices. More than four fifths of the sterilizations have been performed in private veterinary clinics at regular prices.

SOURCE: Joyce Briggs (2006). *Non-Surgical Sterilizants for Pet Population Control: Are They Worth The Price?* Proceedings of the Third International Symposium, Alliance for Contraception in Cats and Dogs.

CONVENTIONAL WISDOM: In the United States, most of the stray, homeless, and abandoned pets that find new homes are placed there by shelters and other animal protection groups.

FACT: People take far more stray and homeless cats and dogs from streets and alleys directly into their homes than shelters place in new homes.

SOURCE: New Jr., JC, Kelch WJ, Hutchinson JM, Salman MD, King M, Scarlett JM, & Kass PH (2004). Birth and death rate estimates of cats and dogs in U.S. Households and related factors. *J. Appl. Animal Welfare Sci.* 7 (4): 238.

Caretakers who contacted the shelter to surrender a pet were asked what made them decide to give up the animal. Sometimes shelter staff were able to help the caretaker solve the problem and keep the pet. In other cases, they helped the caretaker place the animal with a friend or neighbor or a person on the shelter’s referral list. In urgent cases, the animal was admitted to the shelter right away; if things could wait and the shelter was full, the animal was placed on a waiting list and the caretaker contacted regularly to reassess the situation.

People’s reaction was not what the staff expected. As Rochelle Garfinkel, the shelter’s Director of Education, recalled:

“While we were braced for furious outbursts from people when we explained that we simply didn’t have space available for their pet at the moment, we were pleasantly surprised to find that the vast majority of people partnered with us to develop a plan for their animal. This change in procedure, albeit a significant one, reduced euthanasia for space or treatable illness to zero in 1999. That was our goal for 2000, and we achieved it one full year early.” Rochelle Garfinkel (2000), “Shaping the Behavior of Pet Owners,” Presentation given at the HSUS EXPO 2000.

Through their experience with the RSVP program and other outreach work, shelter staff learned that many of the beliefs they had about people who decided to surrender a pet were wrong. Rochelle listed the myths that were shattered in a presentation she made at the HSUS’s Animal Care Expo 2000:

“MYTH: People don’t care what happens to their pets.

When told honestly that we have no space to house their pet, so the only thing we could right now do is euthanize their pet (and we don’t provide that as a service), most people are willing to wait until space is available. We learned what we’d been listening to for years (but not really hearing); that people don’t want their pets euthanized, and that’s why they call us. All we did was leave some responsibility in the

hands of the pet owner, rather than allowing them to dump all their responsibility on us.

MYTH: People only call at the 11th hour.

By letting go of the ‘fates worse than death’ trap, we began to have honest dialogues with people even when it sounded as if they were at the end of their rope. What we learned is that although their situation is originally presented as an emergency that we must deal with, it is often the highly charged emotions surrounding their situation that causes this false sense of urgency. If, as before, we allowed or encouraged the owner of an eight-month old husky mix (that just destroyed the new couch) to bring in the dog immediately, chances are they would do so. Since we do not present that as an option, we were able to help the pet owner understand the reason for her pet’s behavior and what she can do to make it better. Emotions subside, she is able to talk to someone who will listen to her problems, and she realizes she really doesn’t want to give up her pet. Often when we contact that pet owner the next week, her outlook has changed, the behavior has improved and she believes she can salvage her relationship with her pet. MHS [Monadnock Humane Society] is now serving as a safety net, and helping pet owners solve problems on their own.

MYTH: The shelter is the only option.

Both staff and the public seemed to believe this myth. We were hesitant to trust pet owners, breed rescue groups, breeders, veterinarians, even other shelters. We thought we were the only experts, and bringing an animal to the shelter was the best option. Recognizing that statistics showed many people were already rehoming pets on their own, and that getting a dog, cat, or other pet from a friend, colleague or relative was extremely common, we began to promote that as an option. We help pet owners figure out what is best for their pet, and sometimes that is all they need, even if it is something as difficult as taking a young animal with aggressive tendencies to their vet for euthanasia. Once again, it is their choice and their responsibility to explore the other options we present, but in the past we didn’t believe they would do so.

MYTH: We can’t trust people who surrender their pets.

This proved entirely untrue, although it took a lot of convincing for us to see it. As part of the intake process, we discuss each person’s (and animal’s) situation individually. In some cases, we agree to call the pet owner if we determine we are unable to place their pet, and allow the owner to reclaim them (often after some medical care and spay/neuter). Even if the owner will not be able to take the animal back, we

invite them to call and check on the animal while they are in the shelter, and we do sometimes even agree to call them before the animal is (if necessary) euthanized. The whole aspect of involving the original owner increases the workload on shelter staff, is often highly charged emotionally, but it is also a way for people to have both closure and control over a difficult situation.” Rochelle Garfinkel (2000), “Shaping the Behavior of Pet Owners,” Presentation given at the HSUS EXPO 2000.

Roberta Troughton—who developed many of Monadnock Humane Society’s outreach programs and coined the phrase “the best shelter is a humane community”—summed up the reasoning behind their approach:

“At MHS [Monadnock Humane Society] we’ve realized that protecting animals from “fates worse than death” has at least as much (but probably more) to do with our own fears and guilt as with reality. And given the numbers, the best case scenario in our community, putting our energies into controlling adoptions only helps about 2,800 animals and families in a community of 18,000 animal-owning households. Shelters don’t save animals; *people* do. Shelters don’t employ enough people to save all the animals, so we need communities full of people working *with us* to look out for animals. The secret to getting people to work *with us* is to work *with them*.” Roberta Troughton (1999), “The Best Shelter is a Humane Community,” 1999 Leadership Forum Proceedings, American Humane Association: Washington, D.C.

Monadnock’s experience with its counseling and rehoming program is not unique. Humane societies that have established similar programs have found they were able to help many people keep their pet or find another home for the animal. Barbara Carr found that after her shelter in western New York began offering to sterilize pets that people considered relinquishing, many of them were able to keep the pet. After the Jacksonville Humane Society began counseling people about their pet’s behavioral problems and providing other assistance to caretakers who originally sought to surrender their pet, two in five were able to keep their pet or find another home for the animal. As a result, intakes at local shelters dropped significantly. (The statistics are shown in Figure 13 on Page 70 of *Replacing Myth With Math*.) And the Richmond SPCA found that intakes at local shelters dropped by 21% after it established a pet retention and rehoming program in 2002. (See Figure 14 on Page 70 of *Replacing Myth With Math*).

Programs like RSVP and Feral Freedom could be the first steps toward restructuring our animal sheltering system. Traditional animal shelters usually try to do many different things:

- ◆ Place healthy and behaviorally sound pets in new adoptive homes;

- ◆ Rehabilitate cats and dogs who are aggressive or have other significant behavioral problems;
- ◆ Provide veterinary care to pets with significant health problems;
- ◆ Provide shelter to lost pets until they can be reunited with their caretaker;
- ◆ Impound and euthanize unsocialized dogs and cats; and
- ◆ Provide shelter to animals that have been victims of cruelty or neglect.

GETTING TO ZERO: THE ROLE OF INFORMATION-BASED SHELTER ADMISSION POLICIES

Until recently, most traditional shelters followed an “open door” admission policy. They accepted every animal a caretaker wanted to give up, no questions asked, even if the shelter was full and another animal already at the shelter would have to be put down to make room. They believed that if the animal was not admitted, it would likely be doomed to a life of cruelty or deprivation so stark that it would suffer a “fate worse than death.”

Like many other long-held beliefs that have guided shelters, the “fate worse than death” assumption was based more on urban legend and conventional wisdom than any real data about what had happened to animals that had not been admitted to a shelter. When some shelters took a second look, they found that many animals did not need to enter the shelter. In some cases, the problems that had moved a caretaker to surrender the pet could be solved. In others, the animal could be safely placed with a friend or neighbor. And sometimes the need to find another home for the animal was not urgent and could wait until the shelter had room.

Shelters would not think of following a blanket approach when they decide whether to approve an adoption or euthanize an animal. They take into account all the information they can get about the individual animal and its situation before deciding what is best for that animal. Following the same evidence-based approach when they make admission decisions will often help them find a fate better than death for the animal.

Each of these groups has different needs. Those with health problems are best served in a veterinary clinic-type setting. Those with behavioral problems may need a training program. Those

awaiting adoption or return home just need a safe and healthy place. Whatever their particular needs, they all are entitled—at least—to the Five Freedoms that farm animals deserve:

1. **Freedom from Hunger and Thirst** - by ready access to fresh water and a diet to maintain full health and vigor.
2. **Freedom from Discomfort** - by providing an appropriate environment including shelter and a comfortable resting area.
3. **Freedom from Pain, Injury, or Disease** - by prevention or rapid diagnosis and treatment.
4. **Freedom to Express Normal Behavior** - by providing sufficient space, proper facilities, and company of the animal's own kind.
5. **Freedom from Fear and Distress** - by ensuring conditions and treatment which avoid mental suffering.²

These freedoms can be incompatible with the high-stress, high-density environment of a traditional animal shelter. By trying to serve too many animals, traditional shelters often overburden themselves. In trying to do too many different things in the same place at the same time with the same staff, none are done as well as they could be. And overcrowding inevitably leads to stress and disease, which, in turn, undermine the shelter's ability to provide first-quality veterinary care to animals that need it or to keep animals healthy so they can be placed in new homes or reunited with their caretaker.

One advantage of a program like RSVP is that it replaces a blanket “one-size-fits-all” approach with individualized assessments. The services an animal receives are determined by its situation and its needs. That determines where it receives them, too. Often it is not in a shelter. For the RSVP program, about half of the animals were admitted to the shelter, either immediately or after a waiting period; about a third of the time, the caretaker was able to rehome the pet, either with a friend or neighbor or a person referred by the shelter; in many other cases a caretaker was provided with needed advice or services and kept the pet. (Statistics about RSVP outcomes during the program's first ten months are shown on the next page.)

The same individualized approach should be followed after an animal has been admitted into the sheltering system. The services it receives and the place where it receives them should be determined by its own situation and needs. This will require “unbundling” the services now delivered in a traditional shelter and the development of specialized, small-scale programs like shelter medical clinics, training centers, and adoption sites.

² United Kingdom Farm Animal Welfare Council.

**OUTCOMES OF MONADNOCK HUMANE SOCIETY'S
REHOMING SERVICE FOR VALUED PETS (RSVP) PROGRAM (3/99-12/99)**

OUTCOME	DOGS	CATS	ALL ANIMALS
Brought to MHS	44%	45%	44%
Placed with Friend	26%	26%	26%
Keeping Pet	11%	13%	10%
Placed with MHS Referral	8%	3%	5%
Brought to Other Shelter	4%	1%	2%
Owner Put to Sleep	3%	0%	2%
Other/No Information	6%	12%	11%

Rochelle Garfinkel (2000). Shaping the Behavior of Pet Owners. The Humane Society of the United States, EXPO 2000, 5.

Traditional shelters have their roots in the same soil as orphanages. The same kind-hearted, protective impulse gave rise to both. Our orphanages were shuttered long ago. Institutional care has been replaced with a system of community-based services overseen by child-protection workers who develop and implement individualized service plans based on the particular needs of each child, champions who challenge any threat to their vulnerable wards. Child-protection workers affiliated with many of the oldest animal protection organizations—like the American Humane Association and the Massachusetts Society for the Prevention of Cruelty to Animals—guided and oversaw this transition. We would do well to follow their path in our animal protection work.

**GETTING TO ZERO:
THE ROLE OF PUBLIC EDUCATION AND AWARENESS CAMPAIGNS**

Everyday people have been responsible for most of the progress we've made in reducing the shelter death toll. As mentioned earlier in this chapter, over the years, caretakers have had far more of their own pets sterilized at private veterinary clinics than those that have been sterilized through reduced-cost spay/neuter programs. Public education and awareness programs about pet overpopulation and the benefits of pet sterilization have often been the catalyst that prompted people to have their pets sterilized. Education underlies the Sterilization part of the Legislate-Educate-Sterilize (L-E-S) triad.

It also provides the foundation for legislative campaigns. As Abraham Lincoln pointed out in the quotation at the beginning of the chapter, legislative initiatives usually succeed only if information and awareness campaigns have paved the way for them.

Education not only supports the Legislation and Sterilization parts of the L-E-S Program, it also can have a much wider impact than either of the others. Sterilization programs operate community-by-community. At most, shelter overpopulation laws affect a single state. Educational campaigns, though, can reach the entire country all at once.

We reduced the shelter death rate three times faster in the 1980s and 1990s than in the past decade. Our earlier progress coincided with national public education campaigns like the “Be a P-A-L: Prevent-A-Litter” campaign conducted by the HSUS during those years. Given the great impact educational programs can have, this may not be just a coincidence. We may have made less progress in recent years because we’ve failed to continue developing strong national information and awareness campaigns, a critical oversight but one that can easily be fixed as we go forward.



Chapter 9

GETTING TO ZERO: THE ROADMAP

“Whether you believe you can do something or believe you can’t, you’re probably right.”

~ Henry Ford

As mentioned earlier, the establishment of the state-funded neutering assistance programs in 1994 encouraged us to put together a step-by-step Millenium Plan to end the killing of cats and dogs for space or treatable illness in our state’s shelters by the year 2000. We thought only about 3,400 of the 11,494 cats and dogs euthanized in our shelters the previous year—about 3 Pets Per Thousand People—had been put down because they were too aggressive to be safely placed in a new home or too sick. To accomplish our goal, we needed to reduce shelter euthanasias by 8,000 cats and dogs in the next six years.

We tried to save lives in two ways: by reducing the number of pets who entered shelters and by increasing the number who left alive. We knew from past experience that intake rates were easier to change than adoption rates, so we set out to reduce intakes by 6,000, from the 1993 total of 19,381 to no more than 13,381 in 2000, through expanded spay/neuter programs. Shelters worked to ac-

compleish the second part: to increase adoptions by at least 2,000 cats and dogs, raising the statewide adoption rate from 7.3 Pets Per Thousand People to 9 PPTP.



To reach our spay/neuter goals, we had programs for all groups of pet caretakers: those who needed financial help to afford to get their pets sterilized, people who could afford to have their pets sterilized but hadn't done it yet, those who hadn't done it before the pet had a litter, and people who adopted intact cats and dogs from a shelter.

To increase the number of people who participated in state- and privately-funded spay/neuter programs—including STOP's own programs—we set up a toll-free spay/neuter information and referral line modeled after SPAY/USA's national referral service and widely promoted it with brochures and posters, like the poster on this page. This way, we could refer everyone who called us to the best program for them. Two months later, we called them back to see if they had fol-

lowed through and, if not, we asked what we could do to help. We also worked with human-service agencies, community action programs, and town welfare offices to make sure that people found out about the spay/neuter programs and the Spay/Neuter Hotline.

The state-funded neutering assistance program also provided sterilization subsidies to people who adopted intact pets from shelters, making it easier for them to get their pets sterilized. In the late 1990s some shelters began sterilizing intact cats and dogs before releasing them to new homes, so fewer and fewer pets adopted from shelters were placed intact.

To reach people who could afford having their pet sterilized but hadn't gotten around to it yet, we stepped up our public information and awareness campaign, widely distributing brochures and posters about the benefits of timely pet sterilization to local veterinary hospitals. We also got several spay/neuter public service announcements from the American Humane Association and arranged to have them broadcast on cable television channels.

We worked to increase shelter adoptions, too. In 1997, the New Hampshire Federation of Humane Organizations launched a year-long Adopt-A-Shelter-Pet campaign with special adoption-related events and promotions. The state-funded program's sterilization subsidies made it more affordable for people to adopt a pet from a shelter and some shelters encouraged them to adopt a pair of cats or kittens by offering a reduced adoption fee for a second pet or waiving the fee altogether.

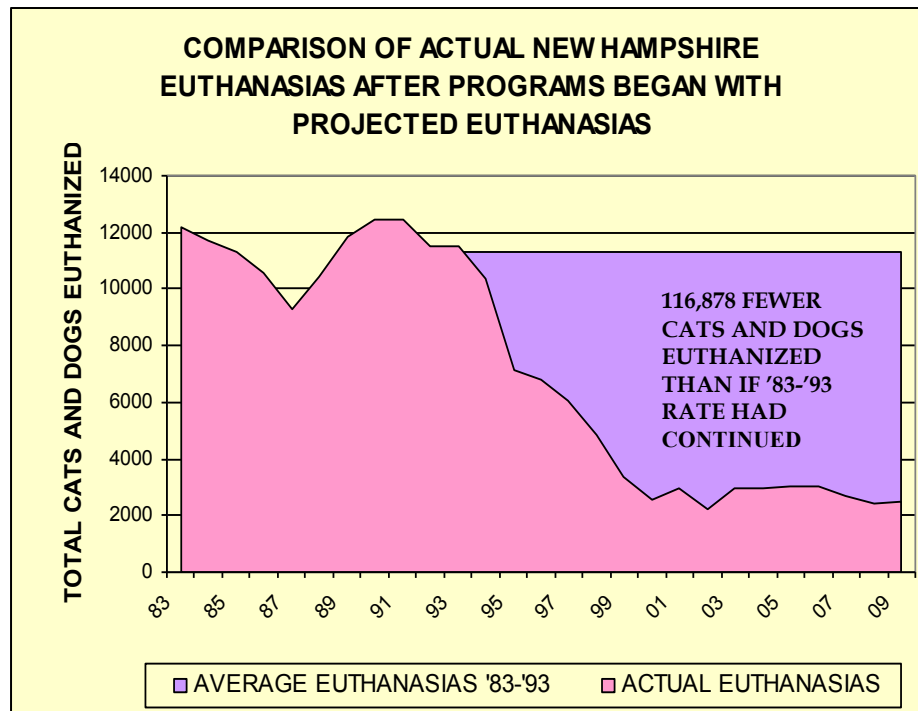
As fax machines became more widely available, STOP established a program that linked all the state's nine open-admission shelters into a single network called Pet Net. Every Tuesday, each shelter would fax us a list of all the cats and dogs they had available for adoption with information about each one, such as size, breed, and color and whether they could be safely placed in homes with other dogs or cats or young children. We would then make up a complete list of the dogs and cats available for adoption in all of the shelters and fax it back to shelters, veterinary hospitals, and rescue groups the next morning. Most shelters maintained a Wish List of breeds of dogs or pedigreed cats that adopters in their area had been looking for and matched this list against the Pet Net list each week, notifying potential adopters when an animal they might be interested in had entered another shelter or arranging for the animal to be transferred to their shelter. We also maintained a Pet Net Line that people looking to adopt a pet could call. If we could not locate a shelter pet for them right away, we maintained our own Wish List and contacted people when an animal like the one they were looking for had entered a shelter.

Achieving the goals of the Millenium Plan depended on getting reliable shelter intake, adoption, and euthanasia statistics, so in 1995 the New Hampshire Federation of Humane Organizations developed the standardized shelter data-reporting form mentioned in Chapter 7. Tracking sheets showed intake and disposition data, as well as information about why animals had been euthanized, surrendered to the shelter, or returned from a failed adoptive placement. This information not only helped us see how well we were doing in meeting our yearly intake, adoption, and euthanasia goals, it also helped us become aware of reasons for any increase in shelter intakes and respond to them.

As the years passed, we met each of our adoption, intake, and euthanasia goals except in 1996, the only year in which more animals entered our shelters than the year before. Intake rates dropped steadily for both dogs and cats, and by 1999 shelter adoptions had increased by a third.

We met our Millenium Goal in 1999, a year early! That year, 7,237 fewer cats and 891 fewer dogs lost their lives in our shelters than in 1993. If the death rate had remained the same—and there was no reason to expect that it wouldn't have because the number of cats and dogs put down when we started was slightly higher than average for the previous decade—more than 180,000 cats and dogs would have lost their lives in New Hampshire shelters in the 16 years since 1994, when the programs began. As shown in the chart on the next page, the shelter death toll during this period has been only 65,378, a saving of 116,878 lives:

Not all of these lives were saved by the state's publicly-funded neutering assistance programs, to be sure. Spay/neuter programs operated by shelters and advocacy groups have helped, too, as well as our pet overpopulation public-awareness programs. All told, these public and private programs have cost about \$6 million over the past 16 years, an average cost of about \$50 per life saved. These costs were shared by people throughout the state, making it a remarkable bargain. All of this was accomplished at an average cost of about 30 cents a year to each person who lived in the state!



As shown in the chart above, since 2000 we've managed to avoid returning to the days when adoptable shelter pets were put down to make room for other cats and dogs that had become homeless. Between 2,500 and 3,000 cats and dogs have been euthanized in our shelters each year, mostly because of illness or aggression. Our work is far from complete, though. We still have feral cat colonies throughout the state, and each year kitten season stretches our sheltering capacity to the breaking point. It just doesn't snap it like it used to.

Our experience shows that a community can manage homeless cat and dog populations without killing shelter animals for space or treatable illness. The continued use of euthanasia to control the size of its cat and dog populations is a choice a community makes, not a necessity.

LESSON: Every community can afford the programs it needs to stop killing adoptable cats and dogs that have become homeless.

REASONS FOR CANINE AND FELINE EUTHANASIAS (2009) NH FEDERATION OF HUMANE ORGANIZATIONS

Illness/rabies test	1,415
Aggression/behavior	827
Feral	219
Other	34
Space/overcrowding	0
Total dog and cat euthanasias	2,495

It may take longer to end shelter overpopulation in many parts of the country. When our programs began in 1994, we already had a head start—our shelter euthanasia rate had already been reduced to 10 Pets Per Thousand People (PPTP), less than it is now in many places. Private clinics were already providing veterinary services throughout the state. And a strong advocacy group, the New Hampshire Federation of Humane Organizations, had been working to reduce overpopulation here for many years.

At the same time, however, we did not have many of the resources that have become widely available since then. Back then, the only way to provide veterinary services was through private veterinary clinics. Specialized high-volume clinics, mobile surgical suites, and MASH-type programs were just being developed. Pediatric spay/neuter was not widely practiced and sterilization-at-adoption programs were in their infancy. There was little precedent for publicly funded spay/neuter programs and a fraction of the private funding that funders now provide to pet sterilization programs. And the survey data and research findings that could help inform programs were few and far between.

Perhaps most importantly, there were no models to follow. No one knew how to stop the killing or even if it could be stopped. Progress since then has been quite uneven across the country. The average national shelter death toll is now about 10 cats and dogs per 1,000 people. In some areas, the death rate is twice that rate while in others it is just a fifth as high. Comparing the experience of places with high and low shelter euthanasia rates can give us some idea of the barriers that need to be overcome to end overpopulation in our nation's shelters and how they can be overcome.

Here's what we have to do:

(1). Put together a national public awareness campaign about shelter overpopulation.

The last national public education campaign about shelter overpopulation, Be a P.A.L.—Prevent A Litter, was launched by the Humane Society of the United States (HSUS) more than 20 years ago. We made extensive use of the brochures and posters from this campaign in the early 1990s. It may not be a coincidence that since this campaign wound down, the progress we have made in reducing the national shelter death toll has slowed down. The progress we made in the 1970s and 1980s came in large part from the Education part of the Legislate-Educate-Sterilize triad, not from legislative initiatives or low-cost spay/neuter programs. Mostly it came from people having their own pets sterilized, not because they had to or because anyone helped them to, but because they decided that would be best for them and their pets.

Recent surveys suggest that a well-designed public education campaign could have a significant impact by raising awareness about the great toll shelter overpopulation continues to take and correcting mistaken beliefs that contribute to it. A 2009 national survey found that most people had no idea that millions of cats and dogs still die in our shelters every year—86% of the people in the survey underestimated the death toll by at least half.

In addition to their general lack of awareness, many people unwittingly contribute to the death toll because they are misinformed about issues of critical importance. For instance, in the same 2009 survey, 29% of those responding said they believed it was not appropriate to spay a female cat or dog before her first heat. Not only is this mistaken belief widespread, it is becoming more common. Thirty-seven percent of those between the ages of 18 and 34 believed this, by far the highest percentage of any age group. Another national survey completed two years earlier found that the most common reason people gave for not having had a cat sterilized was because they believed the cat would be better off by having a litter before being spayed.

The Gulf Coast Project recently undertaken by the HSUS in Louisiana and Mississippi shows what can be done. As with all well-designed social marketing campaigns, this project:

- Was based on in-depth local research that included information from surveys, interviews, and focus groups;
- Measured reactions to various messages and messengers and used those that moved members of the target audience;
- Combined explicit information about the problem with recommendations about what people can do to help solve it; and
- Repeated the message many times in many ways.

One of the major findings of the Gulf Coast Project was that people's attitudes and values were much the same in all demographic groups and in different parts of the two states, suggesting that this project can serve as a model for a national campaign.

(2). Establish training and assistance programs for local advocacy groups.

Much of the work needed to end overpopulation will be done by young, grassroots organi-

zations. They face many daunting challenges. First, they will have to collect reliable data to identify the sources of overpopulation in their community. Then they will need to translate this information into a long-term plan, selecting those programs that will best meet their particular needs. Finally, they will have to secure the resources they will need to start programs and sustain them year after year.

Right now, local groups are largely left on their own, to sink or swim. Few resources exist to help them gain the skill and experience they need to plan and implement programs, raise and manage money, and build their group into an effective protection and advocacy organization. For this reason, many will sink.

Although grassroots organizational- and leadership-development programs are scarce in this field, foundations commonly provide them to advocacy organizations in other fields. A good example is the Southern Grassroots Leadership Development Learning Program established by the Mary Reynolds Babcock Foundation for local advocacy organizations in the South. Through this program, groups received a comprehensive set of programs over a three-year period that included:

- Training retreats held over several days, in which three-person teams from each organization met with peers from other organizations to share ideas and learn about other programs and resources;
- Classes, in which members of each team met with colleagues from other organizations for in-depth presentations about specific topics, such as planning and assessment, organizational development, and using data to better inform programs;
- Technical assistance grants so that organizations could hire consultants to help them develop skill and experience in areas of their greatest need;
- One-to-one coaching by an expert for 10 days each year.
- Grants for additional training and technical assistance.

For shelter overpopulation groups, a Training and Technical Assistance Initiative could work like this. Promising local groups could first consult with an expert who has extensive experience in performing community needs assessments for animal protection groups. During the assessment and planning process, the group would receive a comprehensive set of materials about successful—and unsuccessful—programs, as well as articles, research findings, and other current literature.

Once the assessment has been completed and a plan developed, the group would receive hands-on, personal assistance from a coach who has first-hand experience in operating spay/neuter programs. In addition, a fund-raising consultant would work with the group to develop local fund-raising initiatives and grant proposals. The group would also receive assistance from a legislative consultant with extensive experience in animal protection initiatives. A program like this, called The Target Zero Institute, is now being developed in Jacksonville by First Coast No More Homeless Pets.

In the short term, a program like The Target Zero Institute could foster and nurture a new generation of local groups and leaders. Over the longer term, it could develop a new set of preventive programs to speed up the process of ending overpopulation throughout the country. In the end, we will only be able to end overpopulation by taking the same path that child-protection groups took to get children out of the mines, factories, and orphanages: by building strong and mature advocacy organizations.

(3). Secure adequate funding for subsidy programs.

As discussed in Chapter 6, unless a community provides enough help for poverty-stricken caretakers to have their pets sterilized, it can reduce overpopulation in its shelters, but it can't eliminate it altogether. It can become a place where there are not as many homeless pets, but it can't become one where there are no more homeless pets. This is especially true for cats. A national survey taken in 2007 found that more than three fourths of all intact household cats lived in households with annual incomes of less than \$35,000 a year. Slightly more than half of the cats from these households had been sterilized, compared to more than 90 percent of cats living in the households with higher incomes.

Overcoming this barrier will be the greatest challenge most local advocacy groups face. National animal protection organizations and foundations may be able to provide enough funding for the needed training and assistance programs, public awareness initiatives, and research studies, but it is unlikely that they will be able to provide enough funding for subsidy programs. It will be up to local groups to secure that funding.

In some cases, a high-volume spay/neuter clinic may be able to generate substantial funding for subsidy programs through a fee structure that charges people who don't meet income guidelines a fee over and above the clinic's break even cost. In other cases, grants and fund-raising initiatives may cover much of the cost of providing subsidies. In almost every case, though, subsidy programs will need public funding to achieve and sustain the volume necessary for their success.

National animal protection groups and foundations may not be able to provide the necessary funding directly, but they can help local groups secure it by including training in legislative advocacy as part of the training and assistance programs they provide to local groups. In addition, they can provide consultants that help groups design and implement legislative initiatives and lobbyists to help them succeed.

(4). Complete the research necessary to build the most effective programs.

Reliable information is critically important to make the best decisions about how to design effective programs and decide which programs deserve priority. In many cases, though, basic research about shelter overpopulation has yet to be completed. The establishment of shelter medicine as a veterinary specialty has come at an opportune time for this. The contribution veterinarians can make to this field extends far beyond using their medical skills and training to improve and protect the health of sheltered animals.

Research of great value could be completed in several areas:

- Meta-analyses of shelter intake and disposition data from throughout the country to determine the magnitude, root causes, and dynamics of shelter overpopulation;
- Retrospective studies of the outcomes for animals in areas served by shelters with different admission and adoption policies;
- Assessments of the cost-effectiveness, protective impact, and outcomes for animals resulting from different legislative approaches; and
- Assessments of the cost-per-life-saved of adoption programs and various preventive programs and interventions.

In addition, shelter medicine practitioners can make a significant contribution by establishing best practice guidelines and protocols for spay/neuter programs and other preventive strategies in the same way that they have developed them for the care of animals in shelters.

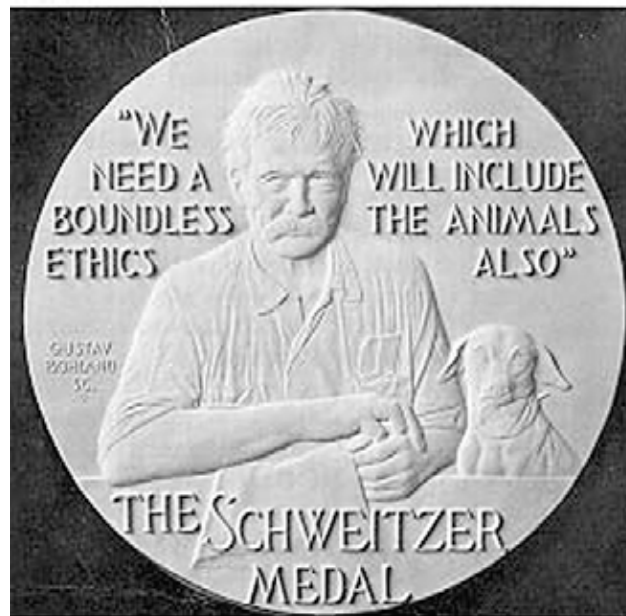
Shelter practitioners can also increase the impact of sheltering programs by completing research about the effectiveness of various shelter adoption counseling and support programs, dog training and puppy socialization programs, and adoption policies. This research could act as a catalyst to shorten the time it takes us to end shelter overpopulation and help sustain that progress over the years.

For the most part, the research and development stage of the struggle to end shelter overpopulation has been completed. Many different approaches have been tried to reduce the shelter death toll. Most have failed. One has worked—pet sterilization. Fortunately, we can afford to sterilize pets on the scale that is necessary. And it doesn't require trade-offs or create other problems. Just the reverse. It's also of great benefit to the animal, its caretaker, and the community.

Our experience over the past 30 years has corrected a final bit of folklore—that shelter overpopulation is unavoidable. It's not. The national euthanasia rate has been cut by more than 75%, even though preventive programs, for the most part, have been underfunded, unfocused, and uncoordinated. Some communities have eliminated the need for population-control euthanasia altogether through programs that have been only slightly better funded and well-targeted. *It has become plain that adequately funded and well-informed preventive programs can eliminate shelter overpopulation throughout the country.*

Of course, this will take some time. It will take working hard, working smart, and working together. But once that work has been done, shelters will be what people hoped they would be when the first shelters were founded almost a century and a half ago—a safe haven in which homeless animals get the help they need to find a new home.

LESSON: Shelter overpopulation is not inevitable. A community can stop killing cats and dogs that are adoptable—or could be made adoptable—by providing adequate funding for well-designed programs to prevent it.



Chapter 10

AFTERWORD: BEYOND ZERO

"We need another and a wiser and perhaps a more mystical concept of animals. Remote from universal nature, and living by complicated artifice, man in civilization surveys the creature through the glass of his knowledge and sees thereby a feather magnified and the whole image in distortion. We patronize them for their incompleteness, for their tragic fate of having taken form so far below ourselves. And therein we err, and greatly err. For the animal shall not be measured by man. In a world older and more complete than ours they move finished and complete, gifted with extensions of the senses we have lost or never attained, living by voices we shall never hear. They are not brethren, they are not underlings; they are other nations caught with ourselves in the net of life and time, fellow prisoners of the splendour and travail of the earth."

Beston H (1928) *The Outermost House: A Year of Life on the Great Beach of Cape Cod*. Garden City, N.Y.: Doubleday, Doran & Company.

Shortly after STOP was formed in 1991, I went with Barbara Carr to an international conference about cat and dog overpopulation. Among the speakers was a feral cat advocate who told about early Trap/Neuter/Return programs in Great Britain and South Africa. Barbara's reaction, like many of those who worked in animal shelters at the time, was that managed feral colonies

seemed like “subsidized abandonment.” Over time, though, Barbara’s shelter near Buffalo ended its long-standing policy of euthanizing all ferals that had been brought to them. Now they euthanize only those that are sick or injured, spaying and neutering all the others and placing them back in the community or, when possible, in adoptive homes.

Many other animal advocates have gone—and are going—through similar changes. When animal shelters were first established more than a century ago, preventing cruelty and abuse was their first priority. As Henry Bergh explained in 1866 when he founded the American Society for the Prevention of Cruelty to Animals (ASPCA), a humane ethic sprang not from any duty people owed to animals but to one they owed to themselves:

“It is a solemn recognition of the greatest attribute of the Almighty Ruler of the Universe, mercy, which if suspended in any case for a single instant, would overwhelm and destroy us.”

In recent years, increasing numbers of people have gained a broader perspective about what is humane, one that looks at things from an animal’s point of view. As Stephen Zwaitkowski of the ASPCA put it, early animal shelters focused their attention on the question of “how” animals were put to death in shelters, attempting to dispatch them with as little fright and pain as possible. Only in the past 40 years have more and more people become concerned about “how many” lives are lost.

Albert Schweitzer called this expanded ethic a reverence for life. Its impact, as he saw it, extends to almost everything we do:

“A man is really ethical only when he obeys the constraint laid upon him to aid all life which he is able to help, and when he goes out of his way to avoid injuring anything living. He does not ask how far this or that life deserves sympathy as valuable in itself, nor how far it is capable of feeling. To him life as such is sacred. He shatters no ice crystal that sparkles in the sun, tears no leaf from its tree, breaks off no flower, and is careful not to crush any insect as he walks. If he works by lamplight on a summer evening, he prefers to keep the window shut and to breathe stifling air, rather than see insect after insect fall on his table with singed and sinking wings.”

The Philosophy of Civilization (1949), Macmillan, New York, N.Y.

Diane Leigh and Marilee Geyer followed a reverence-for-life ethic in their book about the overwhelming death toll taken by shelter overpopulation, *One at a Time*, explaining that they decided to tell the story through individual animals that had entered a single animal shelter because

“The only way to understand the tragedy is to see, to know, that it happens to one animal at a time. One precious dog, one special cat, each with his own individual story, his own unique history, his own sacred spirit and his own uncertain fate. One by one, until there are millions.”

Supporters of feral cat trap-and-euthanize programs believe that putting these animals to death is, by the traditional definition, “humane” if their lives are taken as painlessly as possible. Reverence for life looks at it from a broader perspective. As Dr. Schweitzer put it:

“I must interpret my life about me as I interpret the life that is my own. My life is full of meaning to me. The life that is around me must be full of significance to itself. If I am to expect others to respect my life, I must respect the other life I see, however strange it may be to mine. And not only human life; but all kinds of life; life above mine, if there be such life; life below mine, as I know it to exist. Ethics in our Western world has hitherto been largely limited to the relations of man to man. But that is a limited ethics. We need a boundless ethics which will include the animals also.”

The Philosophy of Civilization (1949), Macmillan, New York, N.Y.

What does this mean for our work? If we are to show a true reverence for life, our work will not be complete when cats and dogs are no longer put down in any of our shelters just to make room for other homeless animals, no matter how welcome that day will be. That is not nearly ambitious enough. It would forget the millions of homeless cats and dogs that never enter a shelter.

It will not even be finished when every cat and dog has a home and companion, although that will be a profound achievement, too. Even animals with a place to live can be chained for endless periods or kept outside year-round with little or no shelter or tormented by parasites or preventable diseases. Our work will be done only when every companion animal has a companion as decent and loyal as they are.

Fortunately, the road that leads to each of these places—to ending the killing of healthy shelter cats and dogs, homelessness, and maltreatment—follows the same path. It may be some time before we get there. But as the Chinese philosopher Lao Tzu noted, “the journey of a thousand miles begins with the first step.” We have already traveled much of the way there. As we travel further, it will be critical to keep the spiritual core of our mission in full view, to refresh us and keep us from making wrong turns. When we arrive, we will be worthy of the fidelity and devotion that cats and dogs have shown us for centuries, since they first joined us as our companions.

By the early 1990s, people who worked in American animal shelters had been struggling against shelter overpopulation for more than a century. They thought they knew what caused it and the most humane way to handle it—by putting to death as painlessly as possible the homeless animals they could not care for.

Profound dissatisfaction with this practice led many to search for a better way. On their journey, they took a second look at many long-held ideas and practices. This book tells about:

- ◆ The traditional beliefs and conventional wisdom they found to be mistaken;
- ◆ The lessons they learned and how they can be applied to develop more effective shelter overpopulation programs;
- ◆ The programs that will be needed to end shelter overpopulation in the United States and the principles that underlie them;
- ◆ The new humane ethic that is emerging and the work that will remain after animals are no longer put to death in shelters just to make room for others that have become homeless.

Along the way, they found out that a final bit of folklore was mistaken—that shelter overpopulation is inevitable. They found that adequately-funded and well-informed programs can prevent shelter overpopulation, that the continued use of shelter euthanasia to control the size of cat and dog populations is a choice a community makes, not a necessity.

This book and documentary film tell their story and how the lessons they learned can be used to end shelter overpopulation throughout the country.



Peter Marsh was one of the founders of Solutions to Overpopulation of Pets, a group that spearheaded the establishment of publicly-funded pet sterilization programs in New Hampshire. For the past twenty years, he has helped humane organizations, rescue groups, animal care and control agencies, and foundations establish effective shelter overpopulation programs in communities throughout the United States.

