

The following is a transcript of an email exchange between Mickaboo's primaries. It is easier to read in this format, but we've can provide the original upon request.

---- Forwarded message from For The Birds Fern Van Sant
<forthebirds@sbcglobal.net> ---

From: For The Birds Fern Van Sant <forthebirds@sbcglobal.net>
To: Mickaboo Companion Bird Rescue <medical@mickaboo.org>
Subject: San Francisco Conure Update
Date: 03/26/2024 15:20:28

2024 San Francisco Feral Conure Review

Status of hospitalized birds

In 2018, after years of investigation into the cause of death and severe neurologic disease of SF feral conures, four birds were transferred to For the Birds in San Jose. All displayed the characteristic signs of severe ataxia, tumbling and paresis. Feces from the four conures was collected, frozen and submitted to UGA for bromethalin testing. Both bromethalin and the active metabolite des-bromethalin were identified in the fecal samples. Subsequently three of the birds died or were euthanized. Bromethalin was found in their tissues. One bird (Billy) survived and remains hospitalized with characteristic neurologic deficits.

Preceding these cases, efforts to identify the cause with antemortem and post mortem testing eliminated infectious agents including viral, bacterial and protozoal infections and also heavy metals. A common theme in the necropsy findings was vacuolization of white matter tracts in the brain and spinal cord. Although bomethalin was suspected as the cause, definitive proof was elusive. Bromethalin traces in fatty tissues of deceased mammals has routinely been identified however, due to their small body size and lack of fatty tissue, birds poisoned by bromethalin presented a unique diagnostic challenge.

There are currently six severely debilitated conures; Billy, Bartol, Martin, Bowley, Rico and Winston, in special cages with raised bottoms covered in flannels. Five are assumed to be bromethalin survivors and one (Martin from the Sunnyvale flock) is probably the survivor of an animal or bigger bird attack.

Billy (6/2018) was one of a group of severely neurologic birds. It was this group of birds that tested positive for bromthalin in their feces at UGA. Traces of bomethalin were also found in post mortem tissues of the deceased birds.

As a group, these birds are unable to perch but can manage on flannel bedding with towels rolled in flannel along the cage perimeter. Bromethalin appears to impact the nerves that enable the cloaca to pass feces. They are prone to fecal retention and clostridial overgrowth. They can require assistance defecating. We treat them proactively after one conure (Nino 1/2022) developed a fecal impaction of the colon and cloaca that completely obstructed his GI tract. Historically these birds were treated with oral Celebrex a COX 2 anti-inflammatoiy. This treatment was eventually replaced with weekly injections of robenicoxib (Onsior), a long acting COX 2 veterinary drug. They are fed crushed pellets with applesauce, Miralax (an osmotic stool softener) and pancreatic enzymes. They get an assortment of fresh fruit and veggies as tolerated They receive antibiotics for clostridial infections when needed. Vitamin AD3E injections are given monthly. Most require regular beak and nail trims. The need for beak trims is likely the result of the severe face, head and beak trauma that they sustained.

Billy 6/2018 (Confirmed bromethalin and easily startled)

Bartol 8/2020 (May seize when handled, falls from hanging position (preferred) which requires soft surface)

Martin 7/2021 (Has slight ataxia, feather loss, is wobbly and cannot navigate normal cage)

Bowley 7/2020 (Severely ataxic, unable to preen/clean itself, unable to control basic motor functions and requires flannels and bumpers around cage)

Rico 7/2019 (Has moments of severe ataxia but can sometimes control basic motor functions)

Winston 12/2021 (Walks on hocks, needs flannel to avoid leg injury)

Two hospitalized conures; Poppy and Lilac, sustained severe back trauma and fractures of the caudal spine. Both have mobility problems but Lilac has adapted to perches and a regular cage. Lilac might be a candidate for a trial in the aviary. Poppy still does not have control over her legs and requires a flat flannel bedding and routinely needs help eliminating due to nerve and muscle damage.

Poppy 9/2021

Lilac 10/2023

Two hospitalized conures; Kansas and Clover, do not appear to be impacted by

bromethalin but have permanent injuries that make them unreleasable. Kansas has a considerable left sided wing droop and Clover lacks vision in the left eye.

Kansas 11/2023 (Sunnyvale flock)

Clover 12/2023

3 birds; Dublin, Pine and Felton, are candidates for release that I have proposed moving into my aviary after my current flock of 4 (mentioned below) are released in San Francisco. Although Clover isn't releasable, a trial in the aviary might be a good idea as this bird is very skittish and might do better in a flock.

Dublin 10/2023

Pine 2/23

Felton 12/2022

Lastly, I still have 4 conures in an aviary at home with hopes that they can be released. Lincoln, Corbett, Nori and Maple have been cared for at my home at no cost to Mickaboo for almost a year now. Consequently I have had major overhauls of my back yard multiple times over the years to ensure the safety and comfort of these birds and the others that came before them for pre-release evaluation. This includes setting up new aviaries, dealing with proper drainage, providing safe weatherproofing during harsh winters, and cleaning the environment.

Lincoln 10/2022

Home with Dr. Van Sant 2/2023

Corbett 9/2022

Home with Dr. Van Sant 5/2023

Nori 12/2021

Home with Dr. Van Sant 5/2023

Maple 6/2022

Home with Dr. Van Sant 5/2023

I completely understand that the financial burden of conure care is considerable. As there are now fewer birds and the world is tending towards a more normal state, we will reassess the cost of their care. Please consider that during the last few challenging years we have dedicated valuable space, 4 (currently) to 6 (historically) daily employee hours, food, toys/perches, new cages, bedding, replacement washers and dryers, and utilities. It is no secret that costs have risen considerably and like everyone we are balancing care and expenses.

From Sarah 3/29/24

I have started a conversation regarding analysing the current approach and state of our wild flock care, this is a helpful overview of the condition of the currently hospitalised birds at FTB.

While reading this, I want to gently float the idea that we should carefully evaluate whether humane euthanasia is the correct option for 5/6 of the 'severely debilitated' bromethalin victims. Given their continuous need for medical support, and their limited ability to enjoy a quality of life that befits a wild parrot, there are questionable ethics in sustaining their lives for years on end in continuous 'incarceration' in an indoor environment with limited enrichment.

The fact that we have named them and supported them for up to 6 years risks making this an additionally emotional and personal decision that tests our capacity, compassion, and feelings of responsibility for the birds that we take into our care. However, we do not 'own' them. There is a reason that wildlife rehab centers do not name their wild patients or view them as pets - our existence as a rescue has a heritage and a lens that is different than this. But these birds come from a wild flock and they did not consent to being kept this way. Our intervention is prolonging their quite limited existence. There are potentially 10, 15 years more of this ahead of them, or even more.

Personally, I am not entirely comfortable still with this idea, but I am evaluating it and I think we should all evaluate it carefully, especially for this severely debilitated group. We have given them an extended period to recover, and they have not.

It is worth considering if they are truly happy in this environment and if it is an ethical approach.

It is a hard question to consider, but we can at least ask it now, and consider what a wildlife rehabilitation center would do when faced with these patients. We have processed them as pets that must be saved at all costs, but

their home is a wild place where they would not survive.

I encourage everyone to take a moment before responding, and take some time to process any reactions to these questions, as they are hard ones indeed, and it is an emotional topic given how much we care for these patients, and how little we have been able to see of them.

Sarah.

Tammy 3/30/24

These are just my initial thoughts-I do agree that, moving forward, we need to devise an alternative plan for the incoming wild conures that could involve routing them through a responsible and educated wildlife center.

As far as our existing flock currently at FTB's, I've been hopeful for a long time now that we might have a dedicated group who could attempt to find alternative placement for them. None of us intended for them to be parked there so long and, while it's not ideal, we're incredibly fortunate that we've had FTB caring for them.

There are some that are severely handicapped due to that dreadful bromethalin poison. Simply reading their descriptions though, does tend to paint a much darker picture of their state of affairs. It has been my impression in caring for them that they have a strong will to live and a feisty spirit. They are in clean, comfortable cages with fresh foods twice daily and a huge assortment of veggies and fruits everyday. They are in a room together and do interact quite a bit with reliably timed morning and evening (loud and raucous!) calls. One could argue that they have better lives than some of our parrot fosters :-/

I do think that those who fall ill and/or decline to the point that they need medical support to live (assist feeding, for example) should be euthanized, and I think we've been moving in that direction over the years.

However, I don't think that euthanizing our current flock due to their disabilities is humane, or the right thing to do.

Many of them have been with us for years and we owe them the chance at a better life.

As far as their "wild" status, they are far less wild than the pigeons and doves that Palomacy is dedicated to rescuing and I don't think anyone would ever consider asking them to kill off their rescues due to their distinction of being a "wild" bird.

I think euthanizing them now randomly as part of a policy change is adding insult to injury and not the direction I ever want to see mickaboo going. I wish I could say I have an alternative plan to offer that is practical or affordable but I don't, other than amping up our efforts to find and cultivate a dedicated group who will actually follow through on identifying and securing care that will allow them a bit more of a normal conure life and at less cost to us.

Again, first thoughts and not very well organized but hopefully understandable.

Tammy

Sarah: 3/30/24

Hi Tammy,

(adding Julie B and Michelle - apologies, I should have included you in the opening email).

To ensure we avoid any misunderstanding, I'm specifically questioning whether we are being humane to the group of 5 that are prone to clostridium and require assistance defecating. It seems that unless they were in the constant care of a medical doctor, they would not survive very long. This means they are only alive because of medical intervention. It's questionable that we could ever find a facility or a carer that can provide the high level of support that they are getting right now, which means the only options are FTB or nothing. This is Billy, Bartol, Bowley, Rico and Winston.

"They are prone to fecal retention and clostridial overgrowth. They can require assistance defecating. We treat them proactively after one conure (Nino 1/2022) developed a fecal impaction of the colon and cloaca that completely obstructed his GI tract. Historically these birds were treated with oral Celebrex a COX 2 anti-inflammatory. This treatment was eventually replaced with weekly injections of robenicoxib (Onsior), a long acting COX 2 veterinary drug. They are fed crushed pellets with applesauce, Miralax (an osmotic stool softener) and pancreatic enzymes. They get an assortment of fresh fruit and veggies as tolerated. They receive antibiotics for clostridial infections when needed. Vitamin AD3E injections are given monthly. Most require regular beak and nail trims."

I don't think a wildlife rehabilitation center would ever keep animals alive that require assistance to pass feces; this is moving into territory that even an advanced and experienced foster home would find challenging.

>"Many of them have been with us for years and we owe them the chance at a

better life."

what options are there for these 5 outside of FTB? That is my point.

"I think euthanizing them now randomly as part of a policy change is adding insult to injury and not the direction I ever want to see Mickaboo going."

This is **far** from random. I have been deeply frustrated at our inability to assess or visit our population of hospitalized birds for years now, and we have had almost zero updates on most of these most severely ill patients over that period of time. Dr Van Sant has recently made it very clear that she has no plans to allow us to visit them in any capacity. This report is the information that we do have.

At every board meeting, this is brought up as a major issue for Mickaboo and one of the biggest challenges that we have to address.

I'm addressing it. It's clear reading the report that there's a subset of these birds that will not even survive in advanced foster care. We should recognize that.

"I wish I could say I have an alternative plan to offer that is practical or affordable but I don't, other than amping up our efforts to find and cultivate a dedicated group who will actually follow through on identifying and securing care that will allow them **a bit more of a normal conure life** and at less cost to us. "

I think you understand that their hospital care has its limits in terms of quality of life - no out time, limited sunshine, limited toys and enrichment - we have had other birds there for prolonged periods who plucked out of distress and were just given lupron - we weren't even informed about it. We only knew about this because of **other staff flagging their concerns**. Once removed from that room, given more enrichment and space and a bird for company, the plucking stopped. No lupron required. The existence in that room is far from 'normal' - it's very artificial and it should not be the permanent housing for any bird. If they cannot survive in any other setting I think we have to ask ourselves if that is fair to them.

I understand that you are deeply against euthanasia, but to reject it as an option comes at cost to those who are existing on the edge of what they can adapt to - our hope was to succeed by placing them into foster homes who could facilitate their adaptation, socialise them, give them enrichment and engagement, and some level of agency.

There is a subset of those birds for whom that is not going to be possible because their medical issues are not resolving. For them, we have an option

that we are withholding. That is arguably more cruel.

To the best of my knowledge, Palomacy are not keeping any population of birds permanently alive in a facility where they need assistance to defecate and are constantly at risk of developing GI complications. Also, pigeons are a domesticated species.

It adds insult to injury to me that I'm forced to fundraise to pay an extortionate amount to care for birds that have no viable future, and I'm not even allowed to ever see them again.

If the board feels we need to do something about this, I'm doing something. It's not pleasant which is why we've avoided it for years.

But it is time. I hope that Mickaboo will head in an *ethical* direction. Dr Van Sant is keeping them alive only because she understands that is what we want. We wanted to see if they can recover. They cannot. At some point, we have to recognize that.
Sarah.

Tammy

Yes, I wondered why they weren't included.

*> To ensure we avoid any misunderstanding, I'm specifically questioning whether
> we are being humane to the group of 5 that are prone to clostridium and
> require assistance defecating. It seems that unless they were in the constant
> care of a medical doctor, they would not survive very long. This means they
> are only alive because of medical intervention. It's questionable that we
> could ever find a facility or a carer that can provide the high level of
> support that they are getting right now, which means the only options are FTB
> or nothing. This is Billy, Bartol, Bowley, Rico and Winston.*

I do believe that Dr Van Sant was outlining their potential needs since you had questioned the value of their care there. They are special needs, but when I was there they weren't in need of any constant assistance to defecate. They do get Miralax sprinkled on their food. Any bird who retains their feces is prone to clostridium overgrowth, including any injured bird or any hormonal female.

*> "They are prone to fecal retention and clostridial overgrowth. They can
> require assistance defecating. We treat them proactively after one conure
> (Nino 1/2022) developed a fecal impaction of the colon and cloaca that
> completely obstructed his GI tract. Historically these birds were treated with
> oral Celebrex a COX 2 anti-inflammatoxy. This treatment was eventually replaced
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> softener) and pancreatic enzymes. They get an assortment of fresh fruit and
> veggies as tolerated. They receive antibiotics for clostridial infections when
> needed. Vitamin AD3E injections are given monthly. Most require regular beak
> and nail trims."*

>

*> I don't think a wildlife rehabilitation center would ever keep animals alive
> that require assistance to pass feces; this is moving into territory that even
> an advanced and experienced foster home would find challenging.*

>

*> >"Many of them have been with us for years and we owe them the chance at a
> better life."*

> what options are there for these 5 outside of FTB? That is my point.

That's the reason we've been talking about cultivating a group to specifically look for placement and care for these special needs parrots. We have not had the time or bandwidth to fully investigate any potential options.

*> "I think euthanizing them now randomly as part of a policy change is adding
> insult to injury and not the direction I ever want to see Mickaboo going."
> This is far from random. I have been deeply frustrated at our inability to
> assess or visit our population of hospitalized birds for years now,*

I realize that has been frustrating for you, but no reason to euthanize. We can certainly arrange visits and get updates if asked in a non offensive manner.

*> and we have had almost zero updates on most of these most severely ill
> patients over that period of time. Dr Van Sant has recently made it very clear
> that she has no plans to allow us to visit them in any capacity. This report
> is the information that we do have.*

Again, we absolutely can have access and/or updates for our fundraising needs.

*> At every board meeting, this is brought up as a major issue for Mickaboo and
> one of the biggest challenges that we have to address.
> I'm addressing it. It's clear reading the report that there's a subset of
> these birds that will not even survive in advanced foster care. We should
> recognize that.*

>

*> "I wish I could say I have an alternative plan to offer that is practical or
> affordable but I don't, other than amping up our efforts to find and cultivate
> a dedicated group who will actually follow through on identifying and securing*

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> I think you understand that their hospital care has its limits in terms of
> quality of life - no out time, limited sunshine, limited toys and enrichment -
> we have had other birds there for prolonged periods who plucked out of
> distress and were just given lupron - we weren't even informed about it. We
> only knew about this because of other staff flagging their concerns. Once
> removed from that room, given more enrichment and space and a bird for
> company, the plucking stopped. No lupron required.

>

I believe we have one bird who refeathered after being moved from the hospital setting. Birds pluck for a myriad of reasons, and to state that the plucking was caused by being in a hospital is a huge and dangerous assumption.

> The existence in that room is far from 'normal' - it's very artificial and it
> should not be the permanent housing for any bird. If they cannot survive in
> any other setting I think we have to ask ourselves if that is fair to them.

Every single home we send our parrots into is artificial

> I understand that you are deeply against euthanasia,

This is an incorrect statement and I thought you understood my stance on this. I am against any *purposeful death disguised as euthanasia*.

I am not against euthanasia when applied appropriately ("mercy killing")
I approve euthanasias on the regular—I had to ask for two euths last week alone.

> but to reject it as an option comes at cost to those who are existing on the
> edge of what they can adapt to - our hope was to succeed by placing them into
> foster homes who could facilitate their adaptation, socialise them, give them
> enrichment and engagement, and some level of agency.

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> There is a subset of those birds for whom that is not going to be possible
> because their medical issues are not resolving. For them, we have an option
> that we are withholding. That is arguably more cruel.

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> To the best of my knowledge, Palomacy are not keeping any population of birds
> permanently alive in a facility where they need assistance to defecate and are
> constantly at risk of developing GI complications. Also, pigeons are a
> domesticated species.

My objective in mentioning Palomacy was to point out that “wild” is subjective. Their policies are vastly different from ours.

*> It adds insult to injury to me that I'm forced to fundraise to pay an
> extortionate amount to care for birds that have no viable future, and I'm not
> even allowed to ever see them again.
>
> If the board feels we need to do something about this, I'm doing something.*

However, based on your responses to my discomfort with the euthanasia aspect of the proposed changes, It just seems as though your mind has been made up, so I'm confused as to your reasoning in presenting this to the board.

*> It's not pleasant which is why we've avoided it for years.
>
> But it is time. I hope that Mickaboo will head in an ethical direction.*

Exactly !

*> Dr Van Sant is keeping them alive only because she understands that is what we
> want. We wanted to see if they can recover. They cannot. At some point, we
> have to recognize that.*

Yes, we are “keeping them alive” by offering them food, a comfortable cage and watchful eyes.

I'm not suggesting we go to extreme measures to keep them alive.

I just think we owe it to them to actually work on finding them alternative care (especially since they have now been bestowed the title of San Francisco's official animal) before resorting to euthanasia.

~Tammy

3/30/24 Julie Buckner

My thoughts are along the lines of Sarah's regarding the 5. This is particularly heartbreaking about Billy since I remember him. He was not in good shape at all years ago, and to hear that he is still lingering and maybe worse is not good to say the least.

My input: I've long thought we should consider protocols or decision trees similar to those used by wildlife rescues for our flock birds. While they ARE parrots, these are wild birds, not surrendered or lost parrots raised by humans. I would like to see something like a protocol where if there's an intake with bromethalin poisoning, and the case is determined to be

severe, that we end their suffering sooner rather than later. That would seem to me more humane than letting them linger and hoping they recover.
Julie

Sarah:

I'd like to express appreciation and gratitude to those of you engaging in the topic so far; it is a difficult one to wrestle with and I am glad that we are able to have this discussion, especially when it can become upsetting or emotional to think about. I recognize it's not easy and we should pace ourselves to simultaneously discuss and research while working through this topic.

Tammy is raising some good points; it will help us if we can align on what we mean when using certain terms in this discussion re wild/feral/domestic. It will also help for us to discuss quality of life and take more time to consider the differences between care and provision made for 'pet birds' vs wildlife, and the standards and ethics guidelines available for both scenarios.

It also makes me think that at some point in the future (perhaps as a result of the group thinking we do here) we may want to consider drafting and publishing a euthanasia policy that we all agree on wrt wording, as we do sometimes get questions from the public, too, when they are considering surrendering birds to us.

Regarding finding placements and facilities to care for the unreleasable wild parrot flock survivors - I am not by any means giving up on that goal. I have both looked at commercial properties, and am looking at organizations that we might be able to partner with. I have a meeting with someone at the Randall Museum on 4/18 - they have a wildlife educational exhibit and Tino passed on a contact there a few weeks ago. I would like to work through a list of facilities like the Randall Museum, Curiodyssey, and other organizations that do house unreleasable wildlife, and see what arrangements we can create. There are a lot of smaller locations we can evaluate.

However, in all of the situations that I can imagine we might be able to find - I think there will have to be a certain level of mobility and robustness that the birds have to meet to be eligible for those placements. Birds at high risk of reinfection or complications seem unlikely to be viable placement candidates - that's the struggle with the most fragile 5 we're thinking about here, and if experienced Mickaboo fosters wouldn't be deemed safe to care for them - we've had resistance to moving some of these birds out, historically, due to the medical concerns - then I don't think

we'll easily find a facility that can provide long term care outside of FTB. It has never been my understanding that we were bringing any of these wild flock birds to FTB with the expectation that they may end up living out their entire lives there. That is not what we want for them by my understanding. It is also not what wildlife rescue centers would do if faced with the same level of high critical care patients, as I understand it.

I think we have birds at both ends of the scale, and we may need to be open to both scenarios - perhaps no bird remains a 'lifer' at FTB if they are truly so fragile, and birds we can place in arrangements with organizations that can provide safe spaces for them in groups, get the opportunity to have a life there. I'm open to other suggestions too, and exploring conversations with the City.

There are lots of ethical debates within this - I am still grappling with the ethical questions around adopting out rehabilitated wild parrots. I came to this organization new to birds, avian care, and avian health supporting it based on the established practices that are ongoing, but the more I have participated and connected with the wider PCA network, attended talks, and considered the message we are sending, there is a dissonance in our stance that 'parrots should remain wild and do not belong in cages' if we are literally adopting out parrots that we received from the wild. It is a real dilemma that we have been given!

I'd like to look up some wildlife rehabilitation guidelines and standards, and perhaps even see about connecting with some of the local organizations that rehabilitate wild birds near us. But I don't want to do any outreach until we discuss that as a group and discuss who / which ones / what we want to say.
Sarah.

Michelle 4/8/24

These are all relevant points to our discussion and will undoubtedly keep recurring in various forms. History is both important and annoying because Mickaboo has always been, as a nonprofit, a victim of outside forces -- like the economy, state and local laws, miscellaneous government regulations, and ever changing public opinion.

"It has never been my understanding that we were bringing any of these wild flock birds to FTB with the expectation that they may end up living out their entire lives there."

As far as I know, we have never taken any bird to a vet or a boarding

situation (like the Bird Hotel) and assumed it would live there forever. Sometimes we have moved severely damaged birds to a foster home capable of providing skilled nursing care for the rest of their lives. But we and the foster parent agreed to the arrangement. Warehousing these birds at FTB was never anyone's *choice* -- it was the result of desperation when a large number of damaged birds had to be cared for in the context of a pandemic and very limited alternatives.

The situation with the Telegraph Hill birds has always been unusual -- although not exactly unique, since pigeons are also wild and non-native, but have been around as wild birds a very long time.

The diagnosis of bromethalin poisoning caught us in a vulnerable spot - having found the problem, we could not abandon the birds. So here we are. We need to own the situation, put our values and objectives into the equation, and then identify necessary decisions. History has brought us here and we need to bring the best available information into our decisions.

I don't want this discussion to be lost in the chaos of day-to-day life. I also believe we would benefit by an occasional group conversation. Once you get an idea of what the other nonprofits are saying vis-a-vis these birds, Sarah, perhaps you could set up a zoom meeting?

Michelle