

Carl R. Jessen, DVM, Ph.D.
Narrator

Dominique A. Tobbell, Ph.D.
Interviewer

**ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT**

UNIVERSITY OF MINNESOTA

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In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20th century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

Biographical Sketch

Carl Jessen was born in 1933 in Fairmont, Minnesota and raised in South Branch, Minnesota. Interested in avoiding working on an assembly line, Jessen pursued veterinary school at the prompting of his father. He completed a pre-vet program at the University of Minnesota and earned his DVM in 1956. Following his matriculation, Jessen worked in private practice from 1957 through 1963. He then decided to pursue his Ph.D. also at the University of Minnesota because he “wanted to do something a little more scientific.” Jessen completed his Ph.D. in qualitative genetics and radiology in 1969 and took a position at the College of Veterinary Medicine in the Department of Surgery and Radiology. In the late 1970s, Jessen became Associate Dean of Planning and Vet Services for twenty years and served as director of the hospital for twelve years. He continues to be a member of the faculty.

Interview Abstract

Carl Jessen begins his interview by discussing his upbringing, his interest in veterinary medicine, and his education. He follows this with his entrance into private practice and then his return to school for a Ph.D. in qualitative genetics and radiology. He then reflects on changes in the department over the period when he first entered the DVM program, to his reentrance for a Ph.D. and subsequent hiring as a faculty member, and then makes a modern comparison. Within his reflection on the school, Jessen discusses budgetary problems in the teaching hospital, the push for the faculty to get a constitution and faculty council, the relationship between the School and the legislature in terms of funding, and the growth of the profession. Within his own career, Jessen shares his philosophy on the balance of research, teaching, and clinical work. In terms of the land grant mission of the University, he also considers relationships between the Vet School and out-of-state students and between the School and the community. Reviewing the history of the school under Dean Sidney Ewing, Jessen relates the effects of changes in the structure of the school and the school’s loss of accreditation in the mid 1970s. Pursuant with these changes in the mid 1970s, he also relates changes in the profession and the school that led to an increase in the number of female students. He then speaks to relations with the University of Wisconsin, his duties as associate dean and director of the hospital, Robert Dunlop’s tenure as dean, budget problems and the hospital business model, the School’s emphasis on teaching over research, the integration of the Vet School into the AHC, the deanships of Jeff Kausner and David Thawley, and the connection between the Vet School and the legislature through animal industries. He ends the interview by again emphasizing the teaching mission of the School.

Interview with Doctor Carl R. Jessen

Interviewed by Dominique Tobbell, Oral Historian

**Interviewed for the Academic Health Center, University of Minnesota
Oral History Project**

**Interviewed at the Home of Doctor Jessen
University Grove, Falcon Heights, Minnesota**

Interviewed on August 12, 2011

Carl Jessen - CJ
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Carl Jessen. It is August 12, 2011. We're at Doctor Jessen's home in University Grove.

Thank you for meeting with me this morning.

To get us started, can you tell me a bit about your background, about where you were born and raised?

CJ: I was raised in southern Minnesota. I lived in the country. My dad and uncle ran a small grocery store in South Branch, Minnesota. I went to high school in Saint James, Minnesota. We were southeast of Saint James, about eleven miles. I grew up there, graduated in 1950 from high school. We did a lot of country things, you know, farm things. In those days, there were still a lot of horses and whatever, so it was a rural setting. It was a strong German community and everybody helping everybody else, a typical German farm community, in my opinion.

DT: What led you, then, to go into veterinary medicine?

CJ: I'm a little unsure about that, but I had decided to do that. When I was about a sophomore in high school, I had worked at Toro Lawnmower [Company] and that was one of the worst jobs I've ever had. I knew the time of day within two minutes all day long. I was so bored; I just could hardly stand it. I said whatever I do, I will not be working on an assembly line. So I started looking for things that would be of interest to me. My father had, at one time, considered being a veterinarian, so he had said to me,

“Carl, why don’t you become a veterinarian?” I said, “Well...I don’t know.” He said, “I’ll set it up with you and you can ride with the local veterinarian, Clifford Enge.” I did that and this Doctor Enge was very pleasant. I just had such a great time. So I decided right then and there that’s what I’d like to do. It made my college life and the end of my high school pretty easy because I had a goal that I wanted to be a veterinarian. That occurred, in my opinion, early on in my lifetime, I had a kind of a destiny to become a veterinarian.

DT: Why did you end up doing your education at the University of Minnesota?

CJ: I came up and went into the pre-vet program in those years. I guess it’s still at least two years. After the end of two years, I was admitted into the Veterinary College. So, then, I spent four years in Veterinary School and graduated in 1956. I thought school was stressful, but it was good. I enjoyed it. I thought I got a good education.

DT: Do you have any memorable professors that you worked with?

CJ: Oh, yes, quite a few to be very honest with you. In the Anatomy Department, we had Ralph Kitchell, who was a gross anatomist, and, then, Al [Alvin F.] Weber, who was the micro anatomist. Al Weber lives here in the Grove, at this moment. He was my professor. It’s hard to believe that he’s still there and working. He was a professor when I was a freshman in Veterinary School. I’m always astonished at that. Harvey Hoyt in the clinical years. There were many others, you know, of the old timers that were there when I was there, but those are probably the ones that are kind of outstanding in my mind.

DT: What was the curriculum like? Did you spend a lot of time doing basic science and, then, out into the clinical world?

CJ: Yes. The first year was exclusively basic science, anatomy, and some physiology. The second year was physiology and pathology mostly. The third year was getting more into the clinics, but not a lot. Then, the fourth year was clinics. In those years, we did not go to the summer sessions. We were on a quarter system, and we’d go the three quarters and, then, we were done for the break.

I didn’t have much money, so in the summertime, I’d usually have two jobs, sometimes three. In the wintertime I’d always have a job. So I was working and going to school. I worked always as much as I could because I needed the money. So my career went very good. I always tell the story that at the start of my senior year in Veterinary School, I got married. My wife [Eleanor] had an RN [Registered Nurse] degree. So she was making like four hundred dollars a month, and I had a job for two dollars and nineteen cents an hour with the University, and I thought I was making the most money I’d ever made in my life per hour. So that sounded so good. At graduation, we had money in the bank, and we were just delighted.

DT: [chuckles]

CJ: So that was a good career.

DT: When you graduated, you, then, started your own practice?

CJ: The first year, I went to Madelia, Minnesota, where I worked with a Doctor Bowen. Then, after he taught me many things that I didn't know, I started my own practice, which was in Windom, Minnesota. So I practiced in Windom, Minnesota, for eight years. I started in 1957 and worked until 1964. I actually left in December 1963. That was, again, a very delightful time. My wife and I had our three children. Everything about the community I enjoyed, the church, the business people, the practice. It was very rural, my practice was mostly swine and beef. It was along the Des Moines River. At that time, there was a lot of conversion. The dairy was fading out unless you were in rolling land. Where any farmer could produce grain, they sort of just quit their farm business and just made hay and that sort of thing. So, it was a good career. I liked cats and dogs. I liked to do as much small animal work as would be possible.

DT: What particular challenges did you face when you were in practice?

CJ: Well... [sigh] None were insurmountable. The challenges were with the business world, keeping up with new information. I was a solo practitioner. You know we all complain about getting up at one o'clock to go deliver pigs or something, deliver a calf, or something like that, emergency calls for a bloated animal. But those were still good times. I really didn't have any... In the practice, there was nothing that I really disliked. Some things are always better than others, but I never really disliked any component of it. Church was wonderful. The community was wonderful. I had great friends down there. Sometimes, I say, maybe I was crazy to quit practice.

I quit practice to come back to the University of Minnesota and get an advanced degree, because it just seemed that something was missing. There seemed to be kind of a vacuum, that I wanted something a little more, for lack of a better word, scientific. I wanted to do something a little more scientific.

DT: Before we talk more about that... In Windom, were you the only vet in town or were there others veterinary practices?

CJ: I was a solo practice, but there was another veterinary practice in town that was much bigger. They had two or three, most of the time three veterinarians. It was called the Windom Veterinary Hospital. They had an excellent practice. I and they were in business competition, which I think was healthy for both of us. I appreciated them. They were friendly.

DT: Was it ever difficult to maintain the patient base? Was it ever kind of a struggle to get enough patients?

CJ: Well, we always wished we had more. But I always felt that I was quite busy. Sometimes, you'd say, "We ought to have more money," which meant we should charge more per case. But everything was satisfactory. There was no controversy. Yes, we always wished we had a bigger clientele base, but, like I said, I was pretty busy, so I didn't want too much more.

DT: You mentioned that you decided to come back to the University to get an advanced degree. When you did that, did you anticipate going back into private practice or...?

CJ: No, I did not. When I went back, I decided that what I would like to do is to go to some university or some school... I like to teach. I wanted to do that and possibly do research, you know. I wanted to do clinical work. I did not want to become non-clinical.

DT: You got your Ph.D. in...

CJ: In 1969.

DT: It was in qualitative genetics and radiology?

CJ: Yes.

DT: What led you to choose those subjects?

CJ: Well, that's an interesting question. When I came back, I was a little uncertain as to what I really wanted to do. I wasn't jelled on what it was. But I always liked radiology, because it always seemed like it was more scientific when you do the X-ray sort of thing. When I came back, I sought out my old professor, Francis Spurrell. He was willing to take me on as a Ph.D. graduate student. So the first accomplishment was getting going.

Then, I had some good fortune. The Anatomy Department provided a federal stipend. I had to use a lot of money in savings to get my Ph.D., and it took five years. So that was a stress on my family. I had three kids and my wife. Eleanor had to work while I was a student to support the family. In totality, that worked out rather well.

To get back to the main theme, Doctor Spurrell had an appointment in the College of Biological Sciences, as well as in the Veterinary School. He said, "Do you like genetics?" I said, "Yes." I did. One of my interests was genetics. He said, "Well, we could work out something in genetics if you want to go that way." I thought about it for a while and decided that maybe was a good way for me to go. I always thought that radiology—this is difficult for me to say, because I'm a radiologist and I love it—is no domain of special interest and domain of expertise. Yes, it is, but sort of a functional type. You do it and you're producing it like you're in a factory and you're producing things; whereas, in genetics to me seemed like it's a domain of importance, and you become one of the people who is going to look into these little facets of what might or might not be. I kind of wanted to have a domain of expertise which was not necessarily in radiology. What I did was to get the minor that I graduated with, and the major then

was quantitative genetics. I chose quantitative genetics because it's the one that's the most interesting. It's the one where I think it has a functional part. For instance, quantitative genetics is mainly weight gain in pigs, milk production in cattle, things like that that are quantitative. They are usually very multi gene choices. So to handle those traits was done mostly with statistics. While going through my Ph.D., I did quite a few statistical courses. I enjoyed the statistics, and I still do. I still do statistics. Quantitative genetics seemed to fit my personality very well.

I chose it partly because Doctor Spurrell had some grants to study canine hip dysplasia. He had collected a large amount of data, radiographs over the years on these, and he needed somebody who could analyze all his radiographs and radiographic data. So I became the person to do that. It was an interesting time. I thought that the opportunity was just an excellent one for me to pursue. My work in quantitative genetics was in canine hip dysplasia. What I did was to convert radiographs into numbers, if you would. I had a canine hip dysplasia index that I produced.

DT: Did that remain your major area of research through your career...hip dysplasia?

CJ: Not really. When I finished that, I was intending to go elsewhere. I didn't think that Minnesota wanted me. But I was wrong. Doctor John Arnold offered me a job and I accepted. But I had looked at several places prior to that. We weighed family things. All our relatives were here in Minnesota, basically. We said, "There's lots of time. I'd rather, well instead of trying to live some place else and then, every vacation, we'd be back here. It seems like it would be just as much fun to live here and every vacation go on a vacation wherever we want to go."

DT: [chuckles]

CJ: In those years, and even now, hunting and fishing and camping... Anyway, we decided to stay here in Minnesota, and I'm happy I did that.

DT: So your appointment was in the Department of Surgery and Radiology? Is that right?

CJ: Yes. They hired me as a radiologist in that department.

DT: What was the Veterinary School like in the 1960s when you returned?

CJ: Well, it was, I think, a little more simple than it is today. The pace was a little slower than it is today. The faculty was quite a bit smaller. The faculty, in those days, had a common lounge and changing place and a locker room. We always had coffee, would sit around, and visit. I think we did a lot of college management, if you will, over the coffee table.

That was an interesting evolution to see how, when we were just a much fewer number—I'm talking about clinical people mainly, because that's my experience—where we would

be in the locker room doing a lot of talking and visiting and discussing the problems and the things that didn't work so well yesterday and why that happened and whatever. As time went on, as you get more and more people, it seemed like it splintered it. There would be the radiologists and the surgeons and the medicine people and they started to, I think, grow apart because of the administrative end of it and because of more people. So it became more formal. Instead of being very informal like when I started, it became much more formal. You'd have special meetings just to talk about this, that, or the other thing.

DT: Did you notice those changes over the course of the 1960s or was this beyond?

CJ: The 1960s and 1970s. I think as we approached the 1980s, it became more of the teaching hospital—in those years, it was called the teaching hospital—and it became more and more of a financial worry to the dean. Teaching hospitals could either make or break a veterinary college if they went in the red very far. In those years, the faculty were only interested in having enough cases for teaching. Now, we do many, many more cases than we saw back in those years. The result, in my opinion, is that pretty soon the caseload and the worry about whether or not the teaching hospital would be solvent, be in the black at the end of the year, became a great concern of the dean and the department chairs, and also the faculty. But the faculty cared less than the administration did because they were charged with keeping the ship afloat.

DT: When you were doing your Ph.D. and, then, when you were initially appointed in the College of Veterinary Medicine, William T.S. Thorp was dean. Do you have many recollections of what he was like as a dean?

CJ: Not Doctor Thorp so much. I was an assistant professor my first couple years when Doctor Thorp was dean. I don't remember exactly, but I think he stepped down like one or two years after I went on the faculty. There was a lot of controversy in his exit, and I was kind of caught up in the controversy and didn't really understand all the problems that were going on within the college or the perceived problems, whichever they were. I didn't really feel like I spent a lot of time under Doctor Thorp.

DJ: Could you elaborate on some of those controversies that you recall?

CJ: Not accurately ...and not very good. There was the question that the faculty wanted to get a constitution and, with the constitution, they wanted to have a faculty council. They wanted formal rules and regulations for the governance. Thorp had been dean for a long time. Then, there were factions of the faculty that felt that he had somewhat abused his power and that he shouldn't. It started with promotions and tenure, personal things. You know what I'm saying. It wasn't so much that he was running the college into bad debt or something like that. That, to me, was the issue. People got worried about how they were handling other faculty members and about promotions and tenures mainly. So it became controversial and in the end, with that issue. What I didn't understand—it's always a little bit hush-hush—what I never did comprehend fully was the depth of the worries of the faculty.

Doctor Thorp did exit, and we got in the next dean. We got the constitution, and we did get a faculty council, which is what they wanted, that there would be faculty representation along with the administration. Sometimes, that just sets up an adversarial kind of clashing, a little bit. But, on the other hand, I think it's good, because it set up formal lines. What do you do when there is a problem? So the lines of solution and the lines of administration were written down, for the most part. I think, in my opinion, it was a very good thing for the faculty.

DT: In some of the things that I saw—I've been looking through the archival material—it seemed that in addition to some of the dissatisfaction among the faculty, the University Central Administration were unhappy with Thorp, too. They thought that he was asking too much, and Thorp didn't think they were being responsive to his requests.

CJ: I believe that's true, but I think that could be said about almost any dean the University ever had. Yes. In those days, you see, the college was under the administration line of Science, Literature, and Arts. It had been under Agriculture. There was a feeling, within the college, that the administrators really didn't understand veterinary medicine. We kept hearing things like, "Oh, your hospital is so expensive. Just to teach one or two students, your labs are expensive. This is expensive. Our other colleges can get along with a lot less." But you can't run a surgery lab and not have dogs and a big place and many machines, just the equipment sort of things. So there was a feeling that the administration part—I think the faculty felt that—didn't really appreciate the complexity of clinical medical work. So, finally, when we became aligned with the health sciences, that feeling that they didn't understand went away. I think we are positioned now in the right thing. I think Veterinary Medicine belongs with the rest of the health sciences. I just think it was floundering around for a while about how should the administrative line lead to the College of Veterinary Medicine.

DT: It seems from the material that I've looked at that the College of Veterinary Medicine was always in a tough financial position.

CJ: It was.

DT: Can you say anything about that, about where the college was getting its funding from? You alluded to some of the financial problems, the cost of hospitals.

CJ: [sigh] Well, let me start with something that I thought was good. I think when I became assistant professor, the state funding for the College of Veterinary Medicine ran about eighty-five percent of our budget. Today, it's less than fifteen percent. So you end up saying that in my career, we've gone from eighty-five percent... In other words, there was not a lot of money or anything else other than state support. We, the faculty, felt a strong need for our dean and, then, the president of the University to get the college more money. We wanted to be one of the better veterinary schools and realized that on the budget we were on, that wasn't going to happen. I think that's what created quite a bit of friction. We said, "How are we ever going to do this unless the administrators can get us

some money and we can enlarge our domain and do better teaching with better research?” Now, today, in contrast, the State of Minnesota provides about fifteen percent of our budget. So today, I even wonder how come the state wants to claim ownership of a college that they only invest fifteen percent in. So I’m still disappointed in the support by the state legislators, governor, whatever it is. They usually give good lip service, good talk, and talk greatly about higher education, but, for whatever reasons—I’m sure they have good reasons—they never fund it the way, in my opinion, it should be funded. That’s been an area of controversy.

DT: It’s really interesting. I think it’s quite striking that, at least in the 1960s, the college was getting eighty-five percent state funding. In the School of Public Health, the state was giving barely ten percent or fifteen percent, consistently at that level. I have some ideas about why the state was funding Veterinary Medicine so much more so than the other health sciences. Do you have any kind of sense of why that may have been?

CJ: Only that I think it started out at almost one hundred percent in 1947. So it started with that. I think they started the college with \$30,000 or something. It was a very low number. I’m not sure about that, but it was a very low number, almost ridiculously low. But as soon as we got the okay and we became a college, then almost every professor that was tenure-tracked was on state money. Most all the money in salaries. That’s why the faculty, of course, felt that they didn’t have enough...

For instance, I remember very clearly I became an assistant professor, and Doctor Arnold said, “You’re going to teach this course starting this fall.” So I looked, and I came back and said, “Doctor Arnold, I need fifty dollars in order to make up slides. I need slides to teach.” His answer was, “We don’t have fifty dollars.” I said, “How am I going to teach a course? It’s all visual. If I don’t have something to... I have never taught before, and I need fifty dollars.” He said, “We don’t have fifty dollars.” It isn’t that way today. We might complain about it, budgets are not good. If you look hard, you can find fifty dollars, which in those days, you really couldn’t.

DT: Did you notice a growing influence of federal funding in the college?

CJ: We have good federal funding at the moment. Part of the reason that it’s only fifteen percent is because our federal funding has gone up enough to research. Our faculty has been quite successful. In recent years, I think they’ve been, I want to say, very successful in getting federal funding. We’ve always enjoyed some federal funding. When I was a candidate for the Ph.D., almost all my stipend was federal funding. So I feel good about that. That was one of the elements that was for me very satisfactory. Now, I think our faculty are more successful in getting federal funding than they’ve ever been.

DT: When you were doing your training, first in the 1950s and, then, when you came back in the 1960s, that was a period when there were national and state concerns about the shortage of veterinarians...

CJ: Yes.

DT: ...physicians, and dentists. Were you aware of that when you were undergoing your training?

CJ: Yes, yes. I feel very fortunate to have lived in the era that I am. We started when things were so simple, and in my lifetime, especially if I take radiology... It used to just be X-rays and now, medical imaging is MRIs [Magnetic Resonance Imaging], and magnetic resonance spectrometry, and who knows what all? Just the technical end of medical imaging has had fantastic growth, something like I was alluding to. It started with a horse doing threshing with groups and stuff. Now today, a big machine and people are going down the field at twenty miles an hour with twelve-row pickers, just a tremendous evolution from my day, my younger years.

DT: It seems that at the time when you were starting out as an assistant professor there, the federal government was providing a lot more federal funding for all of the health sciences, including veterinary, for the expansion of teaching facilities so that you could increase enrollments and could, therefore, train more veterinarians. It looks like the college really benefitted from those federal funds.

CJ: Oh, yes. Our class was forty-seven students. Now, there's ninety. On the other hand, I think Iowa is one hundred and twenty-nine or something like that. We're [Minnesota] nowhere near being near the top of the number of students. But the number of students has increased greatly since I was a student, and I think rightly so. It seems we have those who say, "We have enough veterinarians." It always seems you need more. It's an odd dilemma.

DT: When you were starting out as a professor, how was your day divided? What was the proportion of time you spent teaching, researching, and doing clinical practice?

CJ: Early on in my career, the teaching, and I'd say the clinical teaching particularly, the didactic teaching was always sort of set. In my case, fall semester quarter was the heaviest didactic teaching. But it was the clinical part that... We ran the radiology really seven days a week, but we had students five days a week. We'd hire somebody for a weekend or whatever. The students were somewhat involved but not like they are today. Like in the 1970s, my typical day, I'd probably start at seven in the morning and read films till eight o'clock and the students would come by at eight thirty. Then, we'd have students and read films with students. Then, we'd start the daily practice and make films with the patient particularly in the morning, but, also, partially in the afternoon so that the day was spent almost one hundred percent. You'd get home about, maybe, six o'clock at night. Those were somewhat long days. You'd finish up at five in the afternoon, six in the afternoon. Typically, I'd get up and be to work at seven so I could read the films, keep up with the material. Then, they had to be typed of course before they got back to the clinician. That was a typical day. In my case, we'd be on two weeks and, then, we'd be a week off. Typically, seven o'clock in the morning to six o'clock at night, and you'd have to be very, very energetic if you come back at eight and work till midnight or whatever you might do. I didn't do that. One week a month, there would be time to look

around and do your research but, by that time, you're still doing some clinical work because of those cases that—they kind of fade out—are still in the hospital. It was a stressful time to get in your research at the same time you were doing clinical work. That's always a stress on the individual.

DT: Yes, it seems like a hugely time consuming task just to manage the clinical and the clinical teaching.

CJ: Yes. The clinical part sort of dominated. It's sort of like there was a workload to do, and you were expected to do it. Most of the time, there were three radiologists. There needs to be two on at a time. We had large and small [animal] and, then, the mix. So we had two people on all the time. That's why every third week we'd have a week off. It was a great time consumer.

Then, when it got to promotion and tenure time, all of a sudden, they'd say, "Where are all your papers?" You'd say, "I didn't have any time." We'd say, "Any time," but we had very little time to do writing for grants, whatever it is. So most of the research, in my opinion, by clinical people is done in retrospective studies. You take the clinical things that you're interested in usually and try to answer a question provided by the previous patients that you had the last. We're still doing that, you know. I think the information obtained from the clinical research is part of what veterinary medicine and research is about...take the patients and cases going through and analyze those and, then, try to predict what's going on, what you should have known before but didn't, because you didn't have the real strong data to support what your suspicions were.

DT: All the films that you were looking at, were they always films from patients that were in the Veterinary Hospital or did you receive referrals from outstate, from veterinarians who didn't know how to read the films or they were a little bit...?

CJ: We did both but, percentage-wise, the hospital [cases] probably exceeded ninety percent of the caseload. Yes, we received films from practitioners, usually from close around the city because that's where most of them were, the cats and dogs. There were very few films from pigs. There were very few films from cattle. Horses, yes. So we'd get films in from Minnesota, Wisconsin, whatever it is. They'd ship them down and say, "What's your opinion of this?" We would give those priority, read them up, and frequently call them back before they got the written word and talk the case over. They appreciated that. We liked to get the cases in, because, every so often, they were very interesting cases. That's why they sent them in. Interesting means you didn't really understand fully what the medical problem was or the solution, so they provided also some good teaching material for the students, which we liked.

DT: Did you feel that there were generally good relations between the University veterinarians and the veterinarians out in the state?

CJ: Yes, I did. I absolutely did. I thought we always had very good relationships between the two. We tried to provide excellent service, and I think we were quite

successful in that. The percentage of their films was small, but when they had a particular problem, they were always good about asking for help, and we tried to provide it. I think that was very satisfactory.

DT: You mentioned a little while ago about the hospital. I have here that the Veterinary Hospital was established in 1968. Is that right or was there already a hospital in place?

CJ: There was a hospital in place I want to say by about 1950, but it was nowhere near the size... The building that the hospital used to occupy was there, and it had both large and small. The facilities were small compared to what we have today. I sort of forget the year. I was chairman of that committee, but the current hospital was built, I think, in 1980 or else 1981. I don't know for sure, but about that time. Then, of course, the facilities became much bigger and more utility-wise. It was easier to do the work.

At that time, then, we tried to increase the caseload. We had tried before, but, like I said, most professors if they didn't have enough to have a good teaching load, they thought the students were not getting enough clinical experience, then we were very eager to try to do something. Once that threshold that the professors felt that in his study area, that they had plenty, sufficient cases, not just radiology, but medicine, surgery, at that point, the pressure to get more cases was not as strong, I think, as it is today. Today, I think it's more business-wise, and we're talking more money than teaching. Now, today—I speak thinking more about the small animal group—there's an excess of cases. You don't need 30,000 cases to teach. It's nice to have those, because then you have the unusual cases that you can talk about. But you don't need 30,000 cases a year to teach.

DT: Before the new hospital complex was built in 1980 or 1981, was there a lot of collaboration with other veterinary clinics outside of the University to provide some of the teaching material and to house faculty, or was everyone still located here?

CJ: Well, the practitioners around the cities were always highly encouraged by everybody to send referrals to us. We loved referrals, because they were, and still are, some of the more interesting cases. It's baffled somebody; that's why we're getting the referral, or it's an unusual case, or it needs special expertise, some special kind of surgery or something. If an animal comes in for special surgery, radiology gets the case—at least the surgeons get the case—so a bunch of students get exposed to that animal, and that animal is probably a better example of the problems that the students will face. We always thought that the referral cases were a special group, and we tried to teach especially off of those. But the student needs routine cases, as well. They've got to see both. We thought we had a good blend.

DT: You mentioned, obviously, Dean Thorp's step down in 1971. Then, there was a search for the new dean. I understand you were on that search committee for the new dean in 1971. Do you recall?

CJ: Yes, I was on the search committee for several deans.

DT: Oh. [laughter] This was just the first.

CJ: Those were always interesting experiences, because it was the same old thing: you want the very best to lead your college. So it's a challenge.

DT: I read in some of the archival material... I saw that some of the faculty were complaining about how the search was conducted. Do you remember any of that or what their complaints were focused on?

CJ: I don't have any real recollection, but there's always some complaint about however you do a search. As I say, there's anxiety over getting the right person. Even though you ask for nominations, you ask for this, you try to run the best search you can run... They're always national. The effort is made to get the very best person.

DT: The College hired Sidney Ewing as dean, and he was dean for much of the 1970s. What was he like as dean?

CJ: I liked Doctor Ewing quite a bit. He brought in a different concept, you see. We went from like ten departments—I don't remember if that's exactly right—to two. He had said that he would like to have it as one, but we ended up with just two departments: the clinical area and the basic science area. It just seemed like there was a natural division there. Although, I agree with him completely that ten is too many... Each department was very small, because our whole faculty was not that large. Doctor Ewing brought with him a different little philosophy. He worked hard. He was a very fair man, in my opinion. He tried to promote all the things that basic science did. As you know, he was a parasitologist. He was a basic scientist himself. He tried very hard to keep the clinical end up and running and, in fact, tried to grease it, in my opinion, and make it run smoothly. I thought he was a fairly successful dean. It was at the end of his tenure, not long before he left, that he appointed me as associate dean. It was at the end of his tenure, not long before he left, he appointed me as director of the hospital and associate dean. He brought about a fair number of changes.

DT: What impact did the reorganization of the college into two departments have on the faculty?

CJ: Well, if you were in a department and your department was eliminated, you have antagonistic feelings. That's just normal, I think. You feel like, oh, I'm not appreciated as, whatever it is, you know, and your discipline didn't get the recognition that it deserved. I think that's human nature. In my opinion, just because you're not a department doesn't make it either more or less important. It seems to me you'd say, "I can have a great radiology department without having a department of radiology." I think you just run your radiology the way it should be run. Sometimes, with less administration above you, it runs smoother. I can say that having been the administrator for a long time.

DT: [chuckles]

CJ: There's some truth in both. You know what I'm saying? I think streamlining the administrative part is usually, in the long run, a little more efficient.

DT: When Dean Ewing introduced this, was this a model that was being adopted at other veterinary schools?

CJ: No, not particularly. Of course, for us, like I said, we had so many departments with a small faculty. Every department was very small. I think having gone through that, there were some benefits, even when we went back to more departments, to having been fewer departments. I think it made you say, "Well, we have to have elbow room with each other and we have to understand that the disciplines..." Not that one merits department status and one doesn't. Instead of being a discipline, then the department became like large and small animal, just clinical department. Many disciplines, in fact all of them, got belittled in this way. The same thing in the basic science area. All of the disciplines, anatomy, physiology, whatever, all got diminished. Some said, I think you want your department chair to be one of your own people, one from your own discipline. When that didn't happen, there will be disappointments. I think it still ran well. Whether that's just resilience of the faculty or whether it was... Doctor Ewing, he's the one who designed it that way, because he felt it would be more efficient and less overhead in administration, and that it could work, and I think it did work. Some say not as well as it could have, but I say I think it worked as well as any model would have worked.

DT: I imagine that it would, aside from the potential antagonism, maybe make collaboration easier.

CJ: I think it made it easier. Then, instead of going like you don't have to do this, instead of going up the chain of command, and, then, maybe jumping over people and down the chain of command... I think it was an effort to be like in the olden days where you all sat around one table, practically, and just visited. That's what you would do. It would make it much easier to say, "Hey, you've got an interest in this. Why don't we do this together?" There's no artificial barrier between the two. That was Doctor Ewing's concept, that there were too many artificial barriers and it created more problems than it solved. I sort of agree with him, that you don't need these artificial barriers, because, sometimes, they are barriers.

DT: I saw in some of the material from the 1970s that the college was having some accreditation issues in like 1974, 1975 and it temporarily lost accreditation or was placed on probation.

CJ: Yes. Most of us who were there always felt, of course, we should be accredited, because we thought we were running a good ship. But the loss of accreditation in a way is a blessing, because then you can concentrate on the weak areas. It brings to the attention of the other administrators up the line that, in fact, there is a problem with our college, that it was weak in certain areas. So it, actually, I think, is a blessing. So I think

we solved the weaknesses quicker than if they had not been drawn to the attention of the administration.

DT: What were those main weaknesses?

CJ: Well... [sigh] It had to do with teaching. It had to do with some of the disciplines. When I say teaching, I don't mean poor teaching. They just wanted to expand the domain of the teaching. I think the people that came through and evaluated us were correct, within limits. I think it produced the response that they hoped it would. Then, the administration of the University said, "We've got something going on here. It now is somewhat our responsibility to fix it;" whereas, before when it got brought to their attention in the same way, they said, "You fix it." It was meant and I think successful in drawing attention to the deficits or weaknesses that existed in the college. When you get an overview of the whole thing, I think it had good and bad effects. Obviously, people that got criticized didn't like it. Nobody likes to be criticized. But, I think in the end that meant they were going to get better support.

DT: Did that loss of accreditation result in the University administration providing the college with more funds with which to hire more faculty to fill those gaps?

CJ: Yes, but not quite one-to-one, whatever it is. It was never that good.

DT: [chuckles]

CJ: But, yes, the administration took an interest in it. In fact, I think it very clearly showed them that they had a responsibility to help the college overcome these weaknesses. When somebody comes in from the national level and says, "You have certain select weaknesses you really should correct or you will not be accredited anymore permanently," they say, "Oh, under my watch we're going to get this accreditation fixed." I viewed it as a potential help, and I think history would show that, in fact, it was. I think most of the help came from the University administration. Even within the college, you get discipline-oriented and you hardly look over to see what the second and third discipline are doing, so if they're in trouble, you sort of set them in isolation and say, "Well, that's their problem." I think when it was brought to attention saying, "If this isn't corrected, you will remain..." I think that has a very significant effect, including spreading the word even within the college that people just don't look up to see that their neighbor is maybe even more stressed out than you are. I think it had a good effect.

DT: Did the extra support that came from the University administration tie in at all with the physical expansion that was taking place in the college in the 1970s also?

CJ: Yes, I want to say that. Yes. It became a part of whatever was added... A few, not many, were structurally oriented. You ought to have a place to do this. The animal facility should be improved. Yes, it did have, and I think in fact with that last building, the teaching hospital, and added facilities... When the clinical people kind of moved into the new building that left other things, so they benefitted, too. There was more benefit

than *just* a new building. When physically people moved in and did there work there, then there was more space for other people, too. Space has always been a problem in our college as far back as I can remember. In my opinion, it's true of all colleges. I don't think the Veterinary College was any different than any other. Space is always at a premium.

DT: Yes. When I interviewed the former dean of the Medical School from the 1960s, he said the only power he had was the power to assign space.

[chuckles]

DT: That's what was premium.

CJ: Yes. So when you get new space, it's just wonderful for the people who it's built for, but there's kind of a fall, domino effect. Other people are also benefitting, because when the people that got a new space, they vacated something and you end up with more space for others.

DT: I read that the plans for the expansion were approved in 1970, but only implemented partially by 1976 and that the State Legislature failed to support the second phase of the building plan. Do you have any recollection about those delays and why there was that reluctance on the part of the Legislature?

CJ: Yes. In that first expansion, there was money set up to do it. The building committee got going and when they put it out for bids, the bids came in over the amount of money, so it had to go back and start over again. I don't know if you want to say that could have been good. I wished it had gone through the first time. On the other hand, when you have to go back and redraw and redo it, they cut out certain things. They added very few, but they made things more efficient. I think that, again, if you want to be an optimist, there were some benefits by that. Unfortunately, when they came for the second bid, then the bid was under by quite a bit, and the college actually lost some of that money. That, of course, didn't sit well with the faculty either. There's always a need for money. So to have lost a little money, which they did, in that second go-around because the bids came in... Whether that was all the architectural design that simplified it or whether it was just a better bidding climate, I never could understand. I don't know which of those two. I don't know the difference.

DT: It seemed that one of the reasons why some of the building was being done was that there was a need to accommodate the increasing numbers of female students and that there were new health and safety standards and making sure there was sufficient changing facilities.

CJ: Well, that's true. As you might know, those who follow veterinary medicine particularly in the college of veterinary medicine, our first class didn't have any women. The second class had two. The third class didn't have any. My class, 1956, had one woman. So facilities were never like an afterthought. They weren't really built for

women. So when the female component of the students became significant, space was very, very troublesome. I remember when we finally got to the point where we said, "There's so many females now, they better take the men's area." So we had the urinals in the women's bathroom. We switched because the men were becoming so small. Yes, when the original buildings were done, they were not done with a thought that there'd be fifty/fifty. Now, it's eighty/twenty.

DT: [chuckles]

CJ: A few years back, there would have been twelve males in the whole class. So it was never the design. That caused the college administration stress as to how to accommodate... They wanted to, but didn't have good facilities to do it. Then, each facility was not completely occupied or the female facility, for a while, was just stressed. It was way overdone. However, we still wanted the women. The goal was we wanted them, but, then, to accommodate them physically, the day-by-day things, it was still stressful.

DT: Do you have an explanation for why the number of female students increased so much through the 1970s?

CJ: Well, I think that the answer is only speculation. I don't think anybody really knows. But, there is the old cliché: we did great efforts to get the ladies to apply. It was Affirmative Action that did it. I don't believe that. What I do believe is that the financial reward for veterinarians is not as great as it is for some other occupations. My opinion is that the culture in those days was still where the male wanted to be the head of the household. The male was going to be the breadwinner. The male was going to keep his family. In that sense, there's a little bit of financial saying, "When I get out, maybe I won't do so well."

I think you know that it's fairly difficult to get into the Veterinary School.

DT: Yes.

CJ: A GPA [grade point average], especially in those days, in our Veterinary School was the highest at the University of Minnesota, of any graduate school, you name it, Medical School. We were the highest. To couch that, I want to say that had we taken in 100 or 200 veterinary students, we wouldn't have been able to say that...but, because our classes were small. Fortunately, those who wanted to be animal doctors, a certain percentage of them were very gifted. They have great GPAs. So we ended up getting excellent students with high GPAs. What I'm trying to point out is if you can get into the Veterinary School, you can get into the Medical school. You can get into Pharmacy. You can become a computer programmer and earn twice what a DVM [Doctor of Veterinary Medicine] would do one or two years out of school. So I think there was a cultural thing. My answer is I think it's more cultural, because what tended to happen is that the student profile of male/female ended up to be very similar to the applications.

DT: I see.

CJ: So we just didn't have men applying. They would be accepted at about the same ratio as the female, but, all of a sudden, of the group that's out there, the males are only twenty percent of our group. Well, then, you can't select much more than that. I think it was more of a cultural thing than it was certainly a positive administrative kind of...we want females. We did want females, but I think it happened more as a culture issue than a financial issue. Psychologically, I think the males just disappeared. The real answer is why did it happen? Because the male applicants disappeared.

DT: That's really interesting. Do you think that, compared to earlier periods when there were, obviously, more male applicants, the economics of becoming a veterinarian changed somewhat or going into the other health professions or other occupations that suddenly became clearer that veterinary practice was less financially rewarding than, say, others?

CJ: Well, I think it was both of those things. As I tried to explain, I think there is this financial component to it. If you can get into the Veterinary School, you can probably be whatever you want to be. I'm happy that many of them want to be veterinarians. I think the role in this cultural thing is that if wanting to be an animal doctor is more important to you than a guaranteed high income, that's wonderful. I think it's good for the doctor, and it's good for the animals, and it's good for everybody. I do think there's this strong element.

And, then, you see, I think we have another cultural thing that more females are going to college, more females doing this. Females, on average, are good students. All of sudden, you see this mushrooming up.

Then, I think we had other smaller...like microelements in culture. I know very clearly we had a lot of people that have a goal. We have students that have a goal: I want to do the best for animals. One of the things... If I have a DVM behind my name, I will carry more credulance on my mission and goal. I observed four, five per class, which I think is a fair number, and I think this is promoted some. Those were almost always females—not all, but mostly. I think that made another little bit of difference. If somebody had a mission other than clinical practice, and they want DVM behind their name, bless them; that's fine. I don't object. I just think it's one of the elements that also contributed.

DT: Yes, that all makes sense.

In terms of kind of the student body, my understanding is that Minnesota had an arrangement with Wisconsin that they would take Wisconsin students who wanted to come to Veterinary School?

CJ: Yes.

DT: What were those relations with the University of Wisconsin and how did that influence the student body here?

CJ: Wisconsin, at that time, did not have a veterinary school. So there was sort of a special...we ought to take Wisconsin students preferentially into the Minnesota school, because Wisconsin doesn't have a school. There was this discussion, "Should Wisconsin have a school or shouldn't it?" We had many, many meetings with the administrative part of the University of Wisconsin and our administrators. We had many, many meetings with them. We discussed maybe the way to go was to have the one veterinary school and that we would each share in that. They weren't that short of veterinarians. They could have a few more at one school and have, maybe, a better school with more selective professors and each had a little knowledge in his area. It would become one school producing better outcomes for students than two schools each striving to do it on their own. It looked for a while like that was going to be successful, but it turned out it was not successful. Like everything, there were several contributions to that. Some were financial and some were, the way I see it, just egos that got in the way of the people who were planning.

DT: The University also had the same kind of reciprocity with the Dakotas, as well, right?

CJ: Yes. We had before we got to the 1980s, in the late 1970s, we had basically two pools of admission. The one pool was the Minnesota students. Then, I want to enlarge. We always called them the *Minnesota* students. They were actually Minnesota, North Dakota, South Dakota and Guelph. We had a special arrangement as well. People that wanted to come from that area of Canada had the same rights to admission as did Minnesota students. It turns out hardly anybody did that, because Minnesota was more expensive. The average student then said, "Well, I can go elsewhere for less money." We had very few, but, nevertheless, it was there. Then, the minority students were also put into the same group. So we had minorities, Canadians, North Dakota, and South Dakota as one group being admitted. They were all considered equal as far as admission. That was the majority of our students. Without being accurate, about eighty percent of our admission. That's where most of the students could come from. Then, the other group was the others. We called them the non-residents and Wisconsin ended up in that group particularly after they got their school. If you want to get in, you compete with all the other states that do not have special arrangements with Minnesota.

That group, for example, today has about 1200 applicants for twelve spots. That's very competitive. One of the feathers in their hat for today is that when you have 1200 applicants, they're not only applying to Minnesota, but they're applying to probably every veterinary school. If there's a stellar student and you say, "Oh, I'll take this one," there are probably eight other veterinary schools all saying, "There's a stellar student. I'll take that one." One of the feathers in our hat is of the students that we offer to come to Minnesota, about eighty-five percent do. I think that's a very nice feather in our hat. They want to come to Minnesota because we do have an excellent program whether it's

in a public health kind of thing or whether it's in food, hygiene or whether it's in the clinical area. We're running a pretty nice school in Minnesota currently.

DT: You mentioned a little while ago that Dean Ewing promoted you to associate dean and director of the hospital. Do you know what date that was? You said it was like the late 1970s.

CJ: Yes. No, I don't know.

DT: Somewhere in that...

CJ: I don't remember. It was late 1970s.

DT: What were your responsibilities, first as associate dean and, then, as director?

CJ: As director of the hospital, of course, everything dealing with the hospital, the dog food, and space, and the facilities, and whatever it is. That was both the large and the small animal hospital. We divided them. We had a hospital committee that would run the hospital. I was a strong believer in collecting information from the people that were doing the work. If I was probably criticized it because we did it financially. We talked over most of the issues, budget issues, because, then, you've got budgets in front of you and you look at them and you say, "We're spending money here and we're spending money here." "We're doing this." "Are you getting enough?" "Who wants more?" They all want more. Anyway, it produced a format, which, I thought, was easier to manage the hospital. We'd meet monthly. That was a big component.

The other part, the larger part, was that I was in charge of what we called the Rosemount facilities and the animal research facilities. I managed that and that's probably the biggest part of my associate dean job, not as director of the hospital. The research facilities of the college, whether it be large or small, whether it was up at the college or down with the sheep and cattle down at the Rosemount facility. We were making hay and doing a little agricultural work to offset our expenses. It turned out that I, we could make better hay ourselves than we could buy. So hay management became a big part of our agricultural end of the Rosemount facility. So that occupied most of my administrative domain.

DT: How long did you hold those positions?

CJ: Associate dean for about twenty years and I was director of the hospital for twelve.

DT: Oh.

CJ: I was associate dean under four different deans. When it came to Dean [Jeffrey S.] Klausner, I told him I'd be welcome to step aside or I would stand with him, whichever way he liked it. He just liked to have me step aside, so that was fine by me. I'd been a long time in administration.

DT: Why did Sidney Ewing decide to step down as dean in 1979?

CJ: Uhhh... [sigh] Well, like every dean, the classic half-life of a dean is about three to four years. Again, there was some controversy over this. He had reduced all these department chairs. So there was a discontent that we should be heading off in a little different direction. I think he perceived that and he wanted to go back to a basic science research area. So he did that. My assessment was it was kind of a mutual agreement. He kind of wanted to step back. There was a current that we'd like a different dean, somebody else to take the helm and start us in another direction that was slightly different.

DT: So, then, Robert Dunlop was hired as the new dean?

CJ: Yes.

DT: What was his tenure like? What changes did he introduce?

CJ: In my opinion, Dunlop was a great speaker, and he was rather dynamic. I thought he got along with the administration very well up to his last year or two when I think he had some controversies with his bosses. Like all deans, they do well when they start. I think it's like politicians. They have the majority of the people's support for a while and, then, something irritates them—I'm talking about faculty members now—and as time goes by, the irritations collect and become more significant in the final attitudes. I think Doctor Dunlop had a good head's up overview of long-range things and I think he tended not to micromanage. I think he tended to help somebody... You do this and, then, I'll do this. I think he thought out of the box a little more than some.

DT: Did he change the department's structure at all?

CJ: Yes, but not a great deal. Not a great deal. We went back to four departments, but not a huge change, in my opinion. Of course, I'm used to both. I'm used to ten departments and I'm used to two. The faculty, then, perceived that as an improvement, and probably correctly so. If everybody's happier working there, then that's what you should do, probably. Even if there are some of the barriers, happiness is a big deal. If you're unhappy, you don't do well.

DT: My understanding of the political and economic climate in the late 1970s, early 1980s, is that, federally and statewide, there was a lot of retrenchment. Budgets were being slashed across the board and that was a major challenge facing anyone in the health sciences.

CJ: Right.

DT: How did those retrenchments and budget cuts influence the college, do you think?

CJ: Well, of course, I'd say negatively. You know, you never want a cut. It's hard to go back. It's like in your own personal life; nobody wants to go backward. Everybody wants to stay where you are or get better. Even staying where you are creates complaints. So when the cuts occur and they've been occurring, in my opinion—I probably sound like a typical faculty member—it seems like we've been facing cuts in our college since the 1970s right up to today. We're still looking at *major* cuts today, cuts even of greater magnitude than they used to be. In the long run, as a typical faculty member, what I see typically, you fight it. You fight it every year or every two years. You're fighting it, fighting it. Finally, after a couple of decades, you say, "You know, I don't think we're going to win."

DT: [chuckles]

CJ: You think, oh, well, things will get better and things don't get better. They get worse. Finally, you say, "I think I'm getting the message. Things are not doing well." I do believe and say that nobody runs at one hundred percent efficiency. I do believe there are, probably, things that can be cut. But after cutting and cutting and cutting, you feel like—at least I do—there isn't any fat left. You envision the mission. We all want to do more. If you're a typical faculty member, you're somebody that's been successful. I'm talking about in their own lives. They have goals; they meet the goals. They do what they want to do. They're successful. They're getting ahead, ahead, ahead, ahead. Then, finally, they get to where they think they want to be and, all of a sudden, they're saying, "I'm not getting ahead. I'm not getting ahead." Those who are deep into research, you write the grants and you get ahead and you get big money and, now, you're riding on cloud nine. But for the average, especially clinical person, who doesn't tend to do this—some do, but the tendency is the majority don't—now, you've been goal setting, and achieving the goals, and now the goals are dwindling in front of you. They're kind of crumbling. Psychologically, that's hard to take. So you start looking. Maybe the grass is greener...maybe another college will fit my style better. Sometimes, that's true. Anyway, I'm trying to say that it is a phenomenon that has occurred, and I think it's continuing to occur. I think I see in some of my colleagues that have been around a long time... You finally just say, "Things just aren't so good." And you sort of pull back into your hole, which is not good for the University. It's not good for the individual, but I think, particularly, it's not good for students. You don't want to stop striving. You've got to have somebody that wants to go pulling the harness.

DT: It strikes me then that the budget cuts that were coming in the 1980s coincided with, though, the new hospital facilities and it sounded like from earlier that then with those new facilities the hospital was taking in a lot more cases beyond teaching.

CJ: Yes.

DT: So, then, did the hospital become a major way that the college got revenue?

CJ: In those years, no. In those early 1980s, up until I don't know what year, because of the budget cuts... because, as I was telling you, hospitals can break a veterinary college.

The deans of Minnesota, but, also, across the nation—they get together and talk—they fear that the hospital will sink their administration, because budgets are tough and if the hospital goes in the red, the dean is responsible. So there was, I think, a very strong...that whatever happens, don't let the hospital go in debt.

I was an administrator in those years and one of my duties was to hang onto the budget very carefully, very tightly. In those years, when I say fault myself—it's easier for me to do than to hear from the outside—is that I believed strongly in support of the faculty and the committee that ran the hospital. The input from those people, that they all had the same desire to get ahead and do right, and that there'd be give and take so that, collectively, we, the hospital, would get ahead. I believed that strongly and I have to say I'm a little disappointed in the faculty. Some, many didn't really have that. Financial solvency was not their goal. Their goal was always something else. You may say that teaching is more important or something is important. I always thought, and I started out with stars in my eyes and thought that everybody would pull together in the harness and do that. I think what I discovered was that that isn't always true. Some of the faculty said, "Well, it's the dean's problem" or "It's the associate dean's problem," whatever it is. I'm not being bitter at all. I'm just saying that I saw this.

We would discuss that one of the ways we could solve our problems is we could start a new medical emergency at night. We could do something that would bring in more money and maybe that would ease everything for everybody. Most of the professors, and the directors, heads the hospital would say, "No, we've got enough cases to teach about." I'm telling what drove that really strongly: almost everybody wants to teach [unclear]. They wanted to have enough cases to teach and after that, the financial end was not very high on their priority list. That was sort of a leveling off point.

I think today, the hospitals are being run much more like a business. In fact, back in those days, the faculty was sort of setting the prices of a procedure, surgery, whatever. We'd sit down and say, "I think we can charge this," or "I think we should charge this." Today, I think it's probably fortunate that faculty couldn't always set the charges, because they have not set them high enough. It could have made more money. In my time, we could have made more money in the hospital than we did from the public. But most of the time, the faculty said, "Oh, this is enough. We don't have to charge extra." So they didn't and that was probably a mistake.

DT: That's really interesting. I haven't interviewed many veterinary professors yet, so you're the first that I've heard the perspective on the hospital from. It strikes me as being so different to the way that a human hospital is operated and, maybe the attitudes among the clinical staff. In a human hospital, it strikes me as less about teaching and much more about getting the cases in just for the reasons that they're going to treat patients and, maybe, there is a financial element to it that is missing in the veterinarian's case.

CJ: I think there is. Back in those days, you see, the financial element was being sort of controlled by the faculty. The hospital director, today, Doctor [David] Lee, has an MBA [Masters in Business Administration] in addition to his DVM. He runs that hospital like

it was a business, which is what I think he should do. I think if there's a place to make money, I think we ought to make money is what the deal is.

I think we're very fortunate here in Minnesota. We have one of the largest caseloads, 30,000 a year. There's not another hospital that approaches that, so that's another feather in our hat, that we do have the opportunity to have many cases. Financially, we can lament that we could have milked that cow harder during my administration. But that was not the attitude of the faculty. I was not a strong enough leader to do that. As a matter of fact, you maybe can tell from the interview, I'm not sure I really believed that it was our job to go out and just make money.

DT: Right.

CJ: Our job was to *teach*. So the faculty could convince me that if we're doing a good teaching job and we're not running the hospital into the red that's our goal.

DT: That comes through very well. It's really striking again. In the rest of the health sciences, it seems by virtue of the way that the academic credentialing is and the power structure is that the teaching is emphasized far less than, say, the research and in the case of the clinical faculty for clinical practice, the teaching drops out as a priority. Sometimes, I guess, it's a personal choice but it seems to be much more institutional. It's refreshing to see that in the College of Veterinary Medicine, the teacher was emphasized and that was a priority. It came from the faculty, but it was also supported by college administrators. I think that's quite refreshing.

CJ: Yes. Again, in my domain that was a satisfactory model and it worked well. [unclear] we did keep the teaching hospital solvent and I think we did have sufficient teaching material. That was our goal, and we met that goal, and I think we were all pretty happy about that.

DT: You mentioned a little while ago about the move of the college from I guess it wouldn't have been Science and Letters, because the names change, but the college became incorporated into the Academic Health Center in 1985.

CJ: Yes.

DT: Can you elaborate more on that process? I know that it was being discussed through the 1970s about whether or not the college should be part of the health sciences.

CJ: I can't elaborate very well, but the faculty and administrators in the College of Veterinary Medicine were always disappointed in our administrators, their bosses. It's like a cultural attitude toward the College of Veterinary Medicine. We were considered *so* expensive. I've been to meetings where they've said, "You ought to cut out those surgery labs. They're too expensive." I said, "You can't *be* a veterinarian if he doesn't have a surgery lab." What I'm telling you is these suggestions that you'd hear were so mal-directed that you got... They don't understand. I don't think anybody truly wanted

to sink the College of Veterinary Medicine. I don't think anybody really wanted us to graduate students that were not well prepared. I don't believe that; but I do believe that the appreciation of what it takes to produce a good practitioner, a good well-rounded domain of their DVM education—it's rather large, some go into public health or whatever—to do that is an expensive job to teach somebody, to provide all of the facilities for them. I think it was just poorly understood, especially when the academic was over in the social sciences area. Even in the agricultural area, I think they always felt it's just an expensive arm down there in Veterinary Medicine, a big expense to us. It takes our budget.

But when we got to health sciences, I had the feeling we were accepted and we had, also, a feeling that they knew it cost a lot of money to run a hospital and that it cost a lot to produce clinical experiences. So it was a feeling of we don't have to bridge this gap of somebody understanding what's going on in this medical setting. I think that the administrators were beginning to appreciate Veterinary Medicine instead of the previous administrators who seemed to resent. To the contrary, in health sciences they said, "Oh, we didn't know this." "We didn't know this." "I'm impressed. I didn't know this was going on." So it's like they wanted to learn and they wanted us to be topnotch and they wanted us to be a partner with them. That takes on a very positive attitude and most of the people just really appreciated it that we did find, I think, a better niche. We have a few things in common, you know, with nursing and with pharmacy and public health. Obviously, public health closely ties in, but even medicine and surgery.

I can say in my career back in the 1960s, I spent three months in the hospital, just going through their radiation therapy component and with their imaging. They invited us in to sit out back. You felt like a fifth wheel, but the experience was excellent. They invited you in for that experience, so I thought that was a nice part of my education, to see how the Medical School ran, so when you come back to see how should it be done in our school, you had some foundation for some of the problems. The example of my experience in the Medical School was excellent.

DT: It seems from the archives that there was a lot of faculty support for transferring the college into the health sciences sooner, but President [C. Peter] Magrath had opposed the move and others in the University administration had opposed the move. Do you know what their rationale was?

CJ: I don't know other than status quo was fine. I always had the feeling that they didn't say, "You shouldn't be there." They just sort of said, "Why should we move you?" When you say, "Well, because we don't just feel completely appreciated," that's not much of an argument. [chuckles] It was more than that, you know, but I'm trying to make an illustration here. I think that's what caused the delay, if you will, in getting us to where I think we truly belonged in the health sciences. I think it wasn't appreciation that we do turn out the practitioners who do cats or something, or do dogs or just horses. I think statistics say we have graduated more masters of public health than any other school in the U.S.A. So things like that...it's a strong point, and I think it should be. I think in the veterinary part of the masters in public health our graduates have done very

well and I think it speaks well for both the Veterinary School and the School of Public Health that those graduates go out and do excellent work. I think the U.S.A, the states, have benefitted greatly from that. It's like that part was never quite appreciated by the others. Of course, now, they, obviously, have an appreciation for public health and they learn that we have an association with them. We've got the dual degree program. In addition to that, even before the dual degree program, quite a few of our students wanted to get a public health degree and work in a health profession outside of veterinary medicine, particularly.

DT: You mentioned in the 1960s that you had some experience spending time in the human University Hospital. Did the college have any other types of collaboration with either the Medical School, Nursing, or Pharmacy in those days, in the 1960s?

CJ: Well, I think most of the crossover that I'm talking about in the years that I was there occurred with like I was being a resident in veterinary medicine and, then, because of our faculty having some intermingling with the other faculties and got along well with them—in our case the radiation therapy, and the diagnostic stuff, and nuclear medicine part—and those professors over there knew our professors, so when they would say to them, “We have this resident. Can we find a way to get him over to your place for three months or something like that? While he's there, you can schedule where he can go through this and this and this?” They would say, “Oh, sure.” Whether I had stayed in Minnesota or had gone... I almost went to the University of Ohio at one time. Whether I was here or at Ohio, I think it benefitted me as an individual. I would also say that it benefitted the College of Veterinary Medicine, because you get to see how a big unit is working and how they overcome some of their interfaces with their neighbors, disciplines. So I think it was a positive experience for me. I think it came about mainly because it was one-on-one with our professors and their professors. And I think being part of the health sciences now facilitates that. I think that the collaborative research, some by design and some just by professors getting along, do benefit by having it. I think it's been a good thing. I think it's where the college should be and, hopefully, will remain for many years.

DT: When the health sciences were reorganized in 1970 and the Academic Health Center was created, there was a significant change within the medical, nursing, and School of Public Health. There was significant change in their administrative structure and, then, Lyle French was appointed as the vice president for all those health sciences. Did the college experience...?

[break in the interview]

DT: Did it change your interaction with these other health science schools?

CJ: [sigh] Well...I want to say no. It didn't change our attitude towards the health sciences. I think that most people felt that this was probably going to be a good thing and I think there were those who were...well, we'll see attitude. As things went on, the we'll see attitude became, oh, this is fine. Changes in administration in the health sciences

didn't seem to have a bad effect on us. As you go through the leaders that were there, most of the ones that were a crescendo, they seemed to take more and more interest in the College of Veterinary Medicine. So I think we've seen an improved interest over the years. I think our college and our college administrators have been very happy with our relationship between us and the health sciences.

DT: I still have a couple more questions. When did Dean Dunlop step down and whom was he replaced by?

CJ: Oooh... I don't think I remember the year. [pause] I can't answer that. I can't remember the year. I should.

DT: [chuckles] I should know it, but I haven't been able to find it yet.

CJ: Anyway, I think I alluded to fact that Dean Dunlop left with a little bit of bitterness. I think he felt that the health sciences administration didn't quite appreciate him as an individual. I think he believed they appreciated the college, but I think he felt he was not appreciated as much as he should be. Now, everybody with a big ego has that problem. So I don't know where the real truth was, but I know he was fairly disappointed and that he was going to have a change. I don't think that was a fault. Whether it was a good thing or a bad thing...that was not necessarily that the college was not being appreciated by the health sciences administration.

DT: Who was he replaced by?

CJ: Uhhh... [pause] Jeff [Jeffrey S.] Klausner. Again, I think Jeff was highly appreciated by health sciences. I think he did a lot of good building up the college image. I think Jeff was a good administrator. I think Jeff pulled the college along quite well. I think the college was quite a bit better off during Doctor Klausner's administration as dean than when he got it. I think our image became better. I think we became better both around the community—that is with the local veterinarians—and also he did some good building with the...

Oh! I think David Thawley was the next, not Jeff. David Thawley was the next. Correction there.

DT: Okay.

CJ: What I said I think was also true, that the administration of the health sciences thought that David Thawley was an excellent person. He integrated with them in a very meek manner. He was highly appreciated as well as our college. He did a good job. He, also, I think improved—the same thing that I just said about Doctor Klausner—the vision we had around the state. I thought that Doctor Thawley was very much appreciated by the people outside of the University. He ended up in kind of a controversy also before he left. Inside the college, I think he was appreciated as much as he was outside the college.

DT: So why did he have such a positive impact on the attitudes of veterinarians throughout the state?

CJ: I think it was his PR [public relations]. I think he just tried hard. Doctor Dunlop tried very hard. I will say the effort was there. But it seemed like Doctor Dunlop was a little more formal as compared to David Thawley, who was a little more informal. I think that part went over better. But they both tried very hard. They knew that in the college, we have to respect and appreciate *all* the components, whether I'm talking about the pork industry, beef industry, poultry industry, all of those parts in industrial veterinary medicine. All of those parts play a part in veterinary medicine and I think we have to culture that and keep that. I think those components have to look to us to help them. I think it's been a good relationship. Every dean that I've been under has tried hard to do that. They all recognize that that's important.

DT: What kind of contact does the dean have with the State Legislature and did the positive relations out in the state have a positive influence on kind of how the Legislature feels about the college?

CJ: I think absolutely, without question. The Veterinary College needs the support of the dairy industry and the beef group and the pork group and the turkey group. I think that for the most part we do, without question. Support from those outside groups is essential to our budget. As you know, it's every college dream that they will have a line item right to the legislature so that their college can be brought in. Of course, you know that's not the way it works. It works that the University has a budget, so the college has to work hard so that we are a component of the budget and the administrators whether or not they're in the health sciences, but the president of the University has to recognize when it gets strong support from the outside industrial and business organizations that means we're having influence out there. I think we feel like the College of Veterinary Medicine is integrated with the state and we do have a positive effect on all kinds of parts in the state whether it's just from the practitioners but also from the industry that we influence. Support from these groups is very important to our budgets as well as to the [unclear]. You accomplish both when you get a good mission. Our mission—I think is obvious—should be very similar to industry's own mission. The two missions should be running parallel and should integrate and, for the most part, they do.

DT: Have those industry groups also directly funded the college, at any point?

CJ: Yes and no. I think if you wanted to pick one, the turkey group [Minnesota Turkey Association] has funded more research in our college than any other group. They've been very, very good supporters. I think one of the reasons for that is that they have, in their slaughter deal, a check off for research. I don't know what it is...a half of a penny or something goes to them collectively; that is, every turkey producer has a check off, so the turkey group gains money from the business end of it. So they have this money to spend. The turkey group said, "We selectively want to fund whatever disease that's there." Then, our Doctor Ben Pomeroy, who is a very big name in our history, was one of the great collaborators. The turkey group has funded Ben and his residents and

professors rather well over many years. They have solved several significant problems for our state, so it is an example of what an industry can do when they want to come in and say, “We’re willing to give grants to solve a certain problem in the turkeys...” whatever it is. It varies, of course, over time. They solved and eliminated a couple different diseases, which is great for the college and for them.

DT: You mentioned a moment ago about some controversy surrounding David Thawley when he was dean. Can you elaborate on that?

CJ: [sigh] Well, not very well. Doctor Thawley was, perhaps, a little more thin-skinned than he should have been. When we got criticism, he would not take it well. He had specific controversies with several individuals in the college. You know that whenever there’s a problem, there are two sides to the story. He had difficult challenges and in fixing or handling those challenges, he ruffled a number of feathers. When you upset one faculty member, you probably upset his friends, too. So we had these little components of faculty that became quite disillusioned with Doctor Thawley and were upset about his method, his performance. But, as I mentioned, I think administration just loved Doctor Thawley. I think Dave did an excellent job of managing the college. He had some tough decisions to go through.

DT: One other question I wanted to ask about was... In 1981, the Center to Study Human [-Animal] Relationships and Environments, CENSHARE, was established. As associate dean, were you at all involved in that decision to establish CENSHARE or do you have any kind of reflections on that Center?

CJ: My personal attitude was I enjoyed CENSHARE and believed that its mission was worthy and that it should get as much support from the college as it could get. That part was simple, straightforward. I think CENSHARE was a good thing for the college.

DT: Finally, once the college was aligned with and became part of the health sciences, it sounds like from your comments earlier that that was, obviously, very, very positive, but were there ever any instances where there were challenges because of that relationship?

CJ: I don’t think of any significant challenges because of that relationship, no. I think that the clinical end of the faculty tended to say, “Well, medicine is medicine. Surgery is surgery.” You could say, “There’s bacteriology here and there’s bacteriology there.” But in the basic sciences, you can be a bacteriologist without having medical school. There wasn’t the one-on-one relationship. I’m a radiologist, so they said, “You don’t get radiology anyplace but the medical school, basically.” Do you see what I’m saying?

DT: Yes.

CJ: You don’t get any kind of medical imaging. If you want MRI, you have to go to medical school. Any of the clinical specialties are obviously going to be very much... That’s true whether we’re in horses or not. We don’t have any horses in the medical school. But what I’m trying to say is they might work on dogs and gerbils and whatever.

The basic sciences, again... Take a basic science like anatomy... Anatomy, they wanted to be in the health sciences. But there's no compelling reason why anatomy should want to be, particularly. There's anatomy in other places, too. You've got the zoology kind of thing. In fact, we've had some faculty members whose interest and hobby was more in the zoological end of it. But there's nothing particularly—what am I trying to say?—advantageous to some of the basic science things that say, “You *really* ought to be in the health sciences because some...the physiologists are.” I'm trying to tell you there wasn't this compelling reason as, I think, the clinical factor. I think the merger that happened was more supported by the clinical group than it was the basic science group, on the average. You have exceptions, obviously. My knowledge base is that, in the end now, I think everybody is not unhappy at least.

DT: It strikes me that the basic scientist might have more or as much reason to be aligned with the College of Biological Sciences.

CJ: Yes, they could be. We like them in our school...

DT: [chuckles]

CJ: ...because they have to teach. What draws us together in our college is the teaching program. I think there's controversy over the... My version... I'll just suggest something. Somebody says, “I don't really have to teach.” My version is, “If you're in veterinary college, you have to teach because we don't have enough money to have somebody just do research. In other words, we have to fill our teaching positions. That's what I think drove the college and its origin. My priority is that you have to teach. Then, once you teach, if you want to do research on the universe of a snail, that's fine. I don't care what you do the research on. But you've got to be productive; you've got to do something, and I would *hope* that it would be something that would be practical and something useful, something that veterinary medicine could be proud of and say, “We discovered this,” and “We discovered that and this is very useful to the State of Minnesota.” But I don't feel that you *have* to pick something to do your research on...but on the other hand, I do believe that you have to teach veterinary medicine and that the teaching part is what holds the basic science and the clinical sciences together. We're trying to produce this *whole* veterinarian, somebody that knows the good and the bad and the basics and whatever it is. To do that, that's where the teaching holds our college together and why we need and appreciate the basic science people. They're the only ones that can do it.

DT: That makes sense.

CJ: Yes.

DT: Is there anyone else that you would suggest that I interview for this project from the college?

CJ: Have you considered Dale Sorenson?

DT: I've been trying to reach him. R.K. Anderson just gave me his telephone number. I was using the email address on the museum [Minnesota Veterinary Historical Museum] website and, finally, heard back from this guy in Japan who said I had the wrong email address. It was a different email address than the one I'd emailed. [chuckles]

CJ: Yes, I'm aware of that error. I sent...now, I can't remember what I did. They're both Dale Sorenson's. I could maybe give you the correct one.

DT: Yes.

CJ: It's a dot or a slash or something. It's almost the same. Somebody dropped whatever it is that our Dale Sorenson needs in order for him to get that. But I can get you either his phone number and/or...

DT: I have his phone number. I always prefer to do something less intrusive first so that someone has a chance to actually think about whether they want to be interviewed. So his email or mailing address would be fine.

CJ: If you wish to, we'll just go down to the basement right now and I can get it for you.

DT: That would be great. Thank you.

CJ: So when we're done, I'll do that.

DT: Yes, he's definitely on my list. Is there anyone else?

CJ: You talked to R.K. already?

DT: Yes.

CJ: Have you talked with Al Weber?

DT: No, but I wrote him down.

CJ: He's over here in 1666 [Coffman Street]. Al is ninety-four, I think.

DT: Yes, he sounds like someone I should talk to.

CJ: Yes. Al is vivacious. You'll be impressed with Al. He's a good guy.

Has anybody given you the name Carl Osborne?

DT: Yes, I've actually met Doctor Osborne a couple years ago.

CJ: Carl is having his own problems with Parkinson's. I think you know that.

DT: Yes.

CJ: In fact, I haven't seen Carl now for several months. I know he's, unfortunately, slowly deteriorating as those with Parkinson's do.

I'm trying to think of other... Have you been given the name Vic [Victor] Perman?

DT: No.

CJ: Vic is maybe somebody you should do. Doctor Perman is a buddy of mine. He called yesterday. You won't repeat this...

DT: I can turn this off.

CJ: I'll tell you this, just so he...

DT: Yes.

CJ: Vic's kind of blunt and he said, "I just feel horseshit today." Vic is diabetic. He's been on dialysis for let's say three years. He recently had a stroke—I hope minor. He has some equilibrium problems and he hasn't been feeling well recently, so there's a case where... In fact, if I get time today, I might run over and see him.

Doctor Perman had a long career. He graduated in 1955, went on the faculty that same year, just stayed right on. He was a psychologist and pathologist but in the specialty of clinical slides and tissues and fluids and other things. He had a long career. He's had a lot of admirers from in and out of the state. He's been responsible for producing a lot of quality people in our department. He's been department chair. He's run the labs, the clinical labs in the hospital for many years. So Vic has had a long career here, both in and out of administration. He was also a very successful researcher writing grants. His last grant was a million and a half or something like that, very respectable. So Vic could be one of the people you would want to talk to. He'd have a researcher's perspective. Well, like I tell you, he's a clinical pathologist, so he'd be the clinical end, too... He was head of the basic science department. He had a couple terms there. He's a little blunt. He's short and blunt.

DT: [chuckles]

CJ: But he's a good guy...a heart of gold. He's a very nice guy. That might be somebody...

DT: Yes, it sounds like it.

CJ: ...particularly, if he's feeling well. I hope he's getting over this problem. I hope he is. He's been having a little problem. He was on vacation about two, three weeks ago

and had this problem start. They wanted to take him to Saint Cloud, and Saint Cloud didn't have a kidney...so, then, they better bring him down here. Then, he went into [Saint Paul-] Ramsey [Hospital] for about a week, ten days. He's just recently gotten out. I'm just hoping he's on his way to getting better.

I'm not thinking about anybody else.

DT: If you think of any, in the meantime...

CJ: Shall I just let you know?

DT: Yes, just let me know.

CJ: Sure, I'll be glad to do that.

DT: Thank you for your time.

CJ: Oh, sure.

DT: This has been really, really useful.

[End of the Interview]

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