

**Victor Perman, D.V.M., Ph.D.**

Narrator

**Dominique A. Tobbell, Ph.D.**

Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

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 20<sup>th</sup> 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**

Victor Perman was born on January 28, 1926 on a dairy farm near Greenwood, Wisconsin. After graduating from high school in 1943, he enlisted in the Navy and served in the Pacific theatre during World War II. He returned to his family's farm but ultimately decided to continue his education through his G.I. Bill. He earned his bachelor's degree in 1953, his D.V.M. in 1955, and his Ph.D. in 1962, all from the University of Minnesota. He conducted his Ph.D. research at Brookhaven National Laboratory. Over the course of his career, he made significant contributions to veterinary clinical pathology, particularly through his work on hematology and cytology, and won several teaching awards. Dr. Perman also wore several administrative hats, including chair of Clinical Pathology (1983-1989), associate dean for research and graduate studies (1992-1997), and director of the Veterinary Hospital Laboratories. Dr. Perman retired from the University in 2001, but remained active at the University and in his church. He died on December 11, 2011.

## **Interview Abstract**

Dr. Victor Perman begins his interview with a reflection on where he was born and raised, his time in the Navy, and his interest in pursuing veterinary medicine. He then describes his education at the University of Minnesota's College of Veterinary Medicine, his work in the clinical pathology laboratories, his pursuit of a Ph.D., and his research at Brookhaven National Library and at the University of Minnesota. Dr. Perman then describes W.T.S. Thorp's tenure as dean; funding for the College and accreditation issues; relations between the College and Minnesota farm groups; shortages of veterinarians; veterinary medicine and public health; the creation of the new University Veterinary Hospital; and emerging medical technologies in the 1960s and 1970s.

In part two of his interview, Dr. Perman begins by discussing Sidney Ewing's tenure as dean and the reorganization of the College. He then reflects on efforts to align the College with the other health sciences, Robert Dunlop's tenure as dean and his reorganization of the College, collaborations within and outside the College, and evaluation procedures within the College.

**Interview with Doctor Victor Perman, Part 1**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed at the home of Doctor Perman  
at 1724 Skillman Avenue, Saint Paul, Minnesota**

**Interviewed on October 27, 2011**

Victor Perman                   - VP  
Dominique Tobbell           - DT

DT: This is Dominique Tobbell. I'm here with Doctor Victor Perman. It is October 27, 2011. We're at Doctor Perman's home at 1724 Skillman Avenue, Saint Paul [Minnesota].

Thank you for meeting with me today.

To get us started can you just tell me briefly where you were born and raised?

VP: Greenwood, Wisconsin, on a dairy farm.

DT: That's where you grew up, as well?

VP: Until I was seventeen. Then I left home and came back nine months later, and went on farming there for three years. No, that's not right. I had a stroke this summer, so some things get away from me.

DT: Sure.

VP: I went to San Francisco when I was seventeen and worked as a reinforcing officer in structural steel. They were putting in forts on the north side of the Golden Gate Bridge. I came home at Christmas time and all my friends were gone, essentially. So I said, "I'll enlist." Earlier in the year, when I was a senior in high school, I was accepted into the V-12 Navy College Training Program in aeronautical engineering. I failed the physical so,

rather facetiously, I said, “If the Navy won’t take me, the Merchant Marines always will,” because they were really desperately in need.

So I came to Minneapolis. I asked the naval officer who was outside of the building where the naval recruiting office was. He said, “Go down this hall. First door on the right.” Fifteen minutes later, I was in the Navy.

From there, I spent two years, quite a bit of it traipsing across the U.S. off the coastal waters and, then, ended up in the Pacific.

DT: What kind of work were you doing in the Navy?

VP: I was a quartermaster. It’s different than the Army quartermaster. It’s not supplying individuals. In the Navy, they’re assistants to the officer of the deck. I was on the bridge all the time [on the U.S.S. Pavlic, a destroyer escort].

DT: You went back to farming after that?

VP: My father was ill, so I got an early discharge in 1946, and I came back to farming for three years.

DT: What led you to pursue a career in veterinary medicine?

VP: I think there were two things, basically. My mother would have died in a year if she’d continued because she was of the type where the work ethic was work, work, work. That was one. The other was, basically, veterinarians were taking all my money. If you can’t beat them, join them. [Also, in a family video, Dr. Perman says a local teacher from whom he was taking agricultural courses encouraged him to go back to school and make use of his G.I. Bill.]

DT: Yes, I can imagine with your experience in farming that would definitely encourage you to enter veterinary medicine.

Why the University of Minnesota for your degrees?

VP: I had heard the University was having a College of Veterinary Medicine built in 1947, and it’s close. I knew nothing about any of the University’s facilities, so I came up and visited. I enjoyed what I saw. They were in the building stages. They asked me, why don’t I apply. and I ended up in pre vet and made it through. The first quarter was kind of rough because I was out of high school six years. In a small town, we didn’t have the same courses that they have in the cities. So I had to work hard. Two years later, I was in the vet med program.

When I was in the second year at Minnesota in pre vet, I worked in the field of agricultural economics, just work. I was on the microscope starting in the fall of 1951. I remember one day a professor—this is about two or three weeks after classes started—

was touring someone around, and they were talking about blood platelets. This individual that he was touring around asked if he could see some platelets. I had some on the scope at the time, so I was invited into his [Al Weber's] office a few hours later and had a job, and I had that job for four years. It essentially was a medical technologist type position. It paid well. I had to work early mornings, noons, nights.

As a result of that basically, when I graduated from vet school, I'd spent all my money, spent the G.I. Bill, bought a new car, and I was out of debt.

DT: That's pretty amazing.

Who were some of the memorable faculty that you learned from during your veterinary medicine degree?

VP: I was a little bit older than the average student. I was older than many of the faculty. I remember best that they had kind of a zeal for teaching, although they don't take any courses in education. They were remarkable in how they were able to teach.

When I was a first year veterinary student, the project I was working on was aplastic anemia in cattle. In the off hours when I was working, I was comingling with faculty. The head of pathology, at that time, was the one that was in control of the project and that's why I stayed in pathology. It was work I enjoyed, and I worked with cattle. I'd worked with cattle all my life, so that was easy enough to do.

We lived in a Quonset hut on Como Avenue. My wife [Virginia] and I got married in 1950. We had four children born in the Quonset hut, four girls [Lauri, Vicki, Joan, and Jean]. The last two are twins. [A fifth daughter, Karen, was born in 1963.]

DT: I see their photo up there. I was thinking they all look remarkably alike.

VP: That one [Vicki] is deceased.

DT: Mmmm.

VP: Killed in an automobile accident.

DT: Oh dear.

Did you ever think about going into veterinary practice or did you decide that you wanted to pursue research?

VP: At the time of graduation, I had taken the boards in Wisconsin and Minnesota, and I had passed both. My advisor at the University said, "Well, why don't you rethink this? Are you going to go out and practice with four little kids? Your wife is going to be by herself. She's going to have to be the nurse, bookkeeper." I thought the better of it, not going into a solo practice. I thought maybe a year would mature me. I was there three

weeks when the clinical pathologist resigned. I'd been working four years in the clinical pathology laboratories, so, basically, I knew everything that he knew, and they asked if I would take over. So that started the teaching.

DT: And you got your Ph.D. a few years later. Is that right?

VP: Yes, a little extended, seven years to get it.

I did my dissertation work out at Brookhaven National Laboratory [Upton, New York from 1958-1959]. That's pretty much an international community of hematologists. The department I was in was hematology. The players were from around the world. Those in particular that I worked with were interested in aplastic anemia because they'd been at Oak Ridge [National Laboratory, Oak Ridge, Tennessee], and they were at Eniwetok and Kwajalein and in the Pacific, where the test sites [for nuclear weapons] were. It was hematology, and it was only natural that I do it there. I was supposed to have gone out there two years previously, but I felt that was too early. [He also spent the summer of 1968 at Brookhaven.]

DT: Were there many other veterinarians out at Brookhaven while you were doing your Ph.D. there?

VP: No, not very many. There was one in biology. We had arrangements with Brookhaven where a veterinarian from the University would go out there every year. I spent almost a year and a half there.

DT: What were the origins of this relationship? Why was there this relationship with Brookhaven?

VP: Well, our dean, at the time, was a pathologist, not that he would admit it, and he knew the head of hematology from their stay at Washington, D.C. at the National Institutes of Health [NIH], so they were acquainted. That, basically, was it, friendships, people that knew each other.

DT: When you were doing research at Brookhaven, you were doing hematology on animals or was this human hematology?

VP: My tour at Brookhaven, half the time basically was taking care of the animals on site, checking them in, taking care of their health problems, giving advice. With the other half of my time, I could do research.

I took as my dissertation the lifespan of a dog that receives radiation of roughly 400 RADs [units of radiation]. If it gets above that, then mortality drops off rather rapidly. So I was trying to see how far it would extend the life of dogs. I could save all of them at 400 RADs, where without treatment, they'd all die. I had one dog at 600 RADs that lived for an extended period and that probably was the result of bone marrow transplantation. I had to give him blood every day to replace the platelets.

DT: That's a lot earlier than human bone marrow transplants were taking place. That's interesting.

VP: We tried some there.

I also had a chance to work on lymphocytes in the laboratory as associate. I worked with two people, one from Norway and one from Denmark. We'd have visitors in from Sweden, Norway, Boston, all over, Paris. It was just a good community. Everybody worked hard. You had a project underway and cranked out results and published them.

DT: Was it hard for you to leave the lab and come back to Minnesota?

VP: Not really. All my friends were back here. The kids were growing up. It was just natural to come back and settle down.

I had many opportunities to leave the University. I turned down three department chair jobs during the period of time.

DT: Can you say where those offers were from?

VP: [University of] Georgia, [University of] North Carolina, and Harvard [University].

DT: So your decision to stay was largely about friendships and family?

VP: I'd probably say family. When your children are young, it's hard to displace them. Although, they're easier to displace at that time than when they're older, it's still kind of hard to displace them. They were going to Brimhall [Elementary] School [Roseville, Minnesota].

DT: When you came back to Minnesota did you have much connection with the hematologists in the Medical School?

VP: I took courses from Doctor [R. Dorothy] Sundberg. I used to attend seminars there. A few years later, I did a sabbatical [1974-1975] there in the Department of Pediatric Hematology with the late Bill [William] Krivit.

DT: I've interviewed a couple of people, Paul Quie and John Kersey, who were doing work in pediatrics and in cancer and blood around this same time period, so it makes sense that you would be over there.

VP: I know Kersey quite well.

DT: When Kersey, he and his colleagues, were doing bone marrow transplantation did you have any input in that given your experiences with the dogs at Brookhaven?

VP: I probably gave them some advice, but I'm not certain they took it.

DT: [chuckles]

VP: They had some unique cases coming through. One in particular was a two-year-old child, blind, anemic, and had these infections. The lesion of the body was...bone marrow was replaced with bone... The defect was the macrophages were not remodeling the bone but chelating it. Once you transplanted it with healthy macrophages, and they went to work, a perfectly normal child. They had quite a few people like that.

I worked with Bill Krivit. We had dogs that had a deficiency in their red cells. We had a colony of dogs, Basenjis, that we worked with. I worked with Jim [James] White on platelets. I often worked with those three.

DT: Did you do a lot of your research on dogs or were you also doing research on cattle as well?

VP: I was comparing it here. If it had blood, I looked at it. I would say most of my research the first fifteen years was for cattle and then dogs.

DT: In addition to doing the research that you were doing and working in the clinical pathology were you treating animals as well or was it mostly research?

VP: I didn't do as much as those on the floor. So if I'd see a patient, it was as a consultant. I would make field trips, particularly if it involved bone marrow. I took the bone marrows and looked at them. I was on quite a few big farms and dairy farms over the years. I used to get a lot of material from outside of the Veterinary School, either bone marrow samples or blood samples from practitioners who were stumped as to what was going on. I had a chance to look at them.

DT: I can imagine that you would be quite busy. You must have been one of the only veterinary pathologists in the state, so people would come to you for the difficult cases.

VP: For the first twenty years that was the case.

DT: What was W.T.S. [William] Thorp like as dean?

VP: I didn't see much of him as dean. He traveled a lot. Through his travels and influence, he helped the place grow...never heard him lecture. He had some faults. Everybody does. I got along with all of the deans, some better than others. Thorp was an imposing figure when he stood up. He was broad-shouldered, six-foot-two. You had to overlook his faults.

DT: Can you elaborate on what some of those faults were?

VP: Well, do you know anything about Malcolm Moos?

DT: I do, yes.

VP: They were drinking buddies. They seemed to be cut out of the same mold.

DT: As I understand it, the College had difficulties getting funding through the 1950s and 1960s and Thorp tried to get more money from the administration for the College. Do you have any recollection of that?

VP: I recall most everything that went on since 1950. Part of the reason was the director, at that time, when he went before the State [Legislature], they didn't ask for everything that was needed to develop the school. They said open a clinic and, oh, that's enough. That's too much. That actually prevailed while he was there. That's one of the reasons Thorp came in there, because he had to educate the legislators, the fact that you needed just as much for Veterinary Medicine as you did for Medicine. It took a number of years before we started. We were adding on piecemeal. If you're over at the building, it's four or five, six additions. That kept us back. We should have had good facilities for all the departments at the start of the College. It would have cost less, and I think it would have been easier to attract good faculty.

DT: Did the College have difficulty holding on to faculty because of the facilities and the funding issue?

VP: [pause] No, I don't think so. Once faculty were there and were involved in teaching and research, they tend to stay. I can go down... In Anatomy, there were two principals. One is still teaching today. The other left, died.

DT: Is that Alvin Weber who is still teaching?

VP: Yes.

In Physiology, they've lost some people to Cornell [University] because of salaries. In Pharmacology, one left for a tox [toxicology] position in the private sector in Cincinnati [Ohio] and the other one finished his career here. [Sounds like Are-more] was here all those years. His associate, probably he was the first individual with Alzheimer's [disease] at the University. The chief of my department was there all along, died about five years ago. We lost in the clinical areas.

This place is a little bit different than most other schools. Most other schools had names, established researchers doing the lecturing. Here, if you were an instructor, you were lecturing already or given the opportunity...good or bad. Some of it was very good; some of it was not as good. My first individual on that research project on aplastic anemia went to Purdue [University]. He was a graduate student. He got a law degree. Then, he went to Kansas [University], Florida [University], and UC-Davis [University of California-Davis] as dean, exceptionally well known.

DT: What's his name?

VP: Bill Pritchard.

DT: As I understand it—I assume this is related to the question about facilities—the College faced some accreditation challenges as well during the 1950s and 1960s.

VP: They used the argument that they didn't have the facilities. That helps when you get the AVMA [American Veterinary Medical Association] Board doing an inspection, writing a report, and saying that the facilities were inadequate in these areas, boom, boom, boom, and probably five years later, the building appears.

DT: So actually, in that way, it was beneficial to have the accreditation problems, so that Thorp could go to the Legislature.

VP: Yes. It was very helpful. We were always in good rapport with the AVMA. One of the reasons, I think, was that our graduates were well recognized around the country and that means a lot. They were a step ahead of most people.

DT: I'm curious... When Thorp had to go to the Legislature to get money for the College, did he get any support from the farmers in the community? In the rural areas of the state was there support for the college out there because of all that you could do for them?

VP: Oh, yes. The MVMA [Minnesota Veterinary Medical Association] was very much behind us and the farmers in the community. It was recognized all over.

DT: Was the College getting any funding from farm groups? As I understand it, Ben [Benjamin] Pomeroy was able to get funding from the Turkey Growers Association.

VP: From the farming community where the funding came from, the Minnesota Turkey Growers Association funded turkeys. The [Minnesota] Swine Producers, swine. Equine was not supportive. We had more horses in this state than they had in California, and they were not supportive. Cattle, they gave vocal support but not money. Dogs and cats, not much support.

DT: Why do you think, despite the number of horses, there wasn't support from equine societies?

VP: There wasn't one of any consequence in Minnesota. I think there were four people specializing in equine in the state. Numbers count. Voices have to be heard. No racetrack.

DT: As I understand it, there were national and statewide shortages of all kinds of healthcare professionals in the 1950s, 1960s, and 1970s. Was there a shortage of veterinarians, too?

VP: There was a shortage every year. There is never a year that goes by where a student can't find a job. There are so many different fields that you can get into. Normally, you think of working with animals. A lot of veterinarians are employed with laboratory animals across the country. Public health is a big field. That will continue to grow. Veterinarians probably are in the best position to help with problems with public health than any professional role.

DT: Why is that?

VP: Our training is broad. They work with five species of animals in depth. So you know the diseases of those animals. When it comes to the taking this over to other animals, it's comparative but you've got the background knowledge to work with them. A physician knows people, period. Veterinarians know five species that they can work with and branch off from there.

DT: As I understand it, zoologic diseases are some of the most prevalent affecting public health.

VP: Yes. There's value in seeing the field of microbiology through animals. They're affected a little differently than people sometimes. I think they're uniquely trained to handle problems that come up in the zoologic field.

DT: Do you think there's been an appreciation of the role for veterinarians in public health outside in the community in the public health world?

VP: Somewhat. Jim Steele [Doctor James H.] is the general out at the CDC [Centers for Disease Control and Prevention]. He's probably the most vocal individual in terms of zoonotic diseases. There are quite a few veterinarians that are in the Army or Navy. Their knowledge helps broaden that field.

DT: R.K. Anderson helped set up Veterinary Public Health at the College.

VP: R.K. Anderson, yes.

DT: That seemed to be a really important development for the College. He spoke to me about that, so I'm very interested in the One Health idea and the important role that veterinarians play in public health.

VP: Now, the emphasis pretty much is in the companion animals, the relation of the dog and cat to people and their wellbeing.

DT: Was the College able to expand enrollments of students in the 1980s to help counteract some of the shortages?

VP: My class was forty. Now, I think they're taking about ninety from the state and Wisconsin and other areas. They also are taking ten from Saint Kitts for their senior year.

DT: The College, was it not the only college of veterinary medicine in the area until the late 1970s or 1980s? Wisconsin didn't have a vet school and neither of the Dakotas. So Minnesota was crucial for training veterinarians for neighboring states, too.

VP: Yes and no. We like to think it's yes.

DT: [chuckles]

VP: They can go anywhere if they have the money. It's a costly field to enter. It's harder to get into veterinary medicine than it is in medicine.

DT: That's what I've heard. I imagine the education is as expensive.

VP: Yes, they use some of the same equipment.

DT: If I have it right, the University Veterinary Hospital was created in 1978, a new veterinary hospital. Can you talk about how that came about?

VP: It used to be a department of medicine and clinics. I think growth was the major factor. It came time to separate the department from the hospital from the standpoint of financing. That's probably the major reason.

DT: The funding for it came from the state?

VP: Very little. If we were funded from the state, it was done very poorly. The only unit that was funded from the state and continued to grow was the Diagnostic Laboratory. Farmers added pressure there.

DT: Was the Diagnostic Laboratory basically a service institution for the state that farmers could send their...or vets out in the community would send their cases to the lab?

VP: It could have been better in earlier years. There could have been more cooperation between the Diagnostic Lab and the hospital or the Diagnostic Lab and the Veterinary College. When they formed it, they hated to admit it.

DT: With the new hospital, the faculty were able to treat more animals and that would increase patient income?

VP: Yes. They needed it for the increased number of students, the nature of the equipment that was coming in. You had to have room for the equipment. Combine those two, you could see more patients. Although, during the early years, the small clinic tended to cap the number of patients they saw. They thought they could work up some in detail rather than take three or four times that number and do it superficially. Now,

they're seeing a lot more patients, except the economics of the day are terrible. They're hurting there.

DT: Do you recall what some of the new technologies were in the late 1960s and early 1970s that the new hospital was necessary for?

VP: I can speak from my field first.

DT: Yes.

VP: When I was at Brookhaven, they had an instrument called the Coulter Counter.

DT: How do you spell that?

VP: C-o-u-l-t-e-r.

All you have to do is take a sample of blood, slip it under a pipette and in a minute's time, you had your results. That technology has modified itself it seems like every year. Then, in the late 1960s or early 1970s, automated chemistries. We used to do all the chemistries by hand. If you needed a blood urea nitrogen [BUN test], it was done by hand. Now, you can take a blood sample and slip it under a pipette and get fifteen different results inside of a minute's time. Radiology, that's changed a lot. It's now imaging. Ultrasound is there. That's used extensively. Radiation therapy is there to use. There are several others. In the equine area and cattle area... I'm trying to think right now. Ultrasound, from the standpoint of examining for pregnancy, both fields. Pigs, too.

DT: Before the 1960s was ultrasound not used in pregnancy detection?

VP: It wasn't available. We, generally, were one of the first to have the new technologies. I got the Coulter Counter in 1958, 1959, somewhere in there.

DT: Before that, were you just using...

VP: Hand counter

DT: Okay.

VP: Old man [Wallace] Coulter used to come to Brookhaven and test his instruments out there. That's where I got introduced to automation. When I came back, I started saying we needed a Coulter Counter.

DT: Was that fairly typical, that the national labs would get the new technologies first and, then, it would be the academic centers catching up?

VP: In most cases that's right. It's the place that had the money. When you're talking about Coulter Counters when they first started out, they were \$100,000. Now, the chemistry instruments are \$250,000. It takes money to generate money.

DT: Of course, if you've got automation, then you can do more testing, you can do more analysis.

VP: You can do more.

DT: You can get more patients seen.

VP: What happens in the human field? I'm on dialysis, so I get to see the reports come by. The chemistry machine will run fifteen different analyses. They charge individually forty-some dollars a pop.

DT: Even though it's a single sample of blood run simultaneously on the same machine.

VP: In veterinary medicine, they may run a panel.

Actually, it's a waste of money. The hospitals throughout the country know how to milk Medicare and they do it.

DT: Comparing that to veterinary medicine, it's not so easy for veterinary hospitals to do the same as human hospitals, because you don't have that...

VP: Third party.

DT: ...third party, yes.

VP: That's true. I would have to say, though, that they will order specific tests, and they will charge for them. But if you look at the comparison between human medicine and veterinary medicine, in vet medicine the same procedures amount to ten percent of what is in the human field and using the same instruments, same reagents.

DT: Is it then, do you think, that veterinarians are paid that much less than human physicians?

VP: Yes.

DT: And that, in part, could account... If you're using the same machinery, the same equipment, but you're charging so much more that that difference goes into salaries?

VP: That's pretty much third party.

DT: Now, we've been talking for almost an hour. Do you want to wrap it up for today?

VP: Good.

DT: Will I be able to come back and talk to you again? That would be great. This is great material for the early part of your career but we have many more decades to cover it seems. [chuckles]

VP: Have you been over to the Vet Museum?

DT: I have. I haven't spent as much time in it as I want to. I was interviewing Carl Osborne last week, so I stopped in the Museum.

VP: Who did you see?

DT: Carl Osborne.

VP: Carl Osborne.

DT: Well, thank you for your time today.

VP: Yes.

**Interview with Doctor Victor Perman, Part 2**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed at the home of Doctor Perman  
at 1724 Skillman Avenue, Saint Paul, Minnesota**

**Interviewed on November 3, 2011**

DT: This is Dominique Tobbell here with Doctor Victor Perman for round two. It's November 3, 2011.

So thank you, again.

We covered some valuable ground last week. I wanted to start today by asking you about Sidney Ewing's time as dean.

VP: He came in under unusual circumstances when Thorp left. The College faculty was split. Some were supporting him and some were not. So that's hard for him. He ended up doing this reorganization. It was a tough time for him to get going. He was a good dean, fair, intelligent, active, but he couldn't accomplish as much as he should have.

DT: As I understand it, there was some controversy over the hiring process even to begin with, that some of the faculty weren't happy with how the search for the new dean was being conducted.

VP: Well, I was on the search committee. The process we started out with was fair. As I said, there was half the faculty that had no love for Ewing.

DT: What was the impetus behind Ewing reorganizing the College?

VP: In part, if there was a clique, he wanted to break it up. That's what I see that happened. He tried to make a fairer regime out of a bad apple.

DT: What was his leadership style like?

VP: He was low key, very low key. He was fair. He didn't criticize anybody. But when you get half the people there not wanting him there, anything that he said would be taken the wrong way.

DT: What were the objections of that half of the faculty that didn't want him there?

VP: First, they were very strong for Thorp and his regime. Ewing was a parasitologist in the basic sciences. He wasn't a clinician. Most of the opposition, I guess, came more from the clinical sciences. It was just a matter of, if they wanted to find something, they'd find something. That's not hard to do.

DT: How did you feel about the reorganization of the College into departments...? How do you think that affected the running of the College?

VP: Well, it's different. You go from a college that had eight or nine, at one time, departments, down to five, and he divided it into two. Since it was divided into two, he had to have some leadership in those areas, which were many department heads, some of them with no administrative experience at all. Some were very vocal in the process of getting rid of Thorp. Everett Short was one of them. He had to have a clinician on there to develop this. Dale Sorenson was the other. If they made up their mind, I think they could get by with any type of organization. They just didn't want to do it. If it had been for Thorp they would.

DT: That must have been a frustrating time. It must have been frustrating for Ewing, but I imagine for those of you who were supportive of him, it must have been a frustrating time.

VP: Well, it was. It carried on beyond just the College. Usually there's a social pulling around the dean. In this case, no. The social people were all in the clinical sciences. He was left riding alone. His wife was the Ph.D. zoologist. She was not received well. If you looked, you could find something. I had no problems with Ewing. He gave me all the opportunity I needed. I wasn't in a department leadership role. I did have his ear if I wanted it. That's about it.

DT: Do you feel he had the support of the state when he went before the Legislature?

VP: Well, this is for you—I'm walking on grounds I'm not familiar with, although, I can imagine. The people that supported Thorp were also problems with the Legislature. Glen [H.] Nelson was one of these, probably the most significant one. People like Glen had the ear of the Legislature. I'm not certain that the Legislature itself didn't support Ewing. Generally, when you get a new administration in, they'll support it... But if you don't have internal support, dissension, that makes it tough.

DT: In 1970, as Ewing was replacing Thorp, the other health science schools were reorganizing into the health sciences. The College of Medical Sciences was disbanded and Lyle French was appointed as the vice president for health sciences. Did that reorganization on the other campus have any influence on what was going on in the College?

VP: It could have, because Lyle French was a very big supporter of Thorp. We had the hangover. Fortunately, we didn't have too much contact. As far as that coming down on our side to the faculty in Vet Med, I can't say that it did.

DT: I saw in the Archives that, later in the 1970s, there was some discussion from some of the faculty in Vet Med, and I guess at the level of the deans, about aligning the College of Veterinary Medicine within the health sciences. Do you remember any of that at all?

VP: That had surfaced several times and eventually came to pass. Again, the people that were for it very strongly were the clinical sciences. It got batted around and discussed, anything to keep the flame alive.

DT: What were the main benefits that were seen to aligning with the other health sciences then?

VP: Well, the health sciences were always getting money. They had good leadership. I'm not certain. If you keep the pot boiling, something is going to happen. If it keeps boiling higher and higher, it will happen. There wasn't an opportunity for the State Legislature to realize how good a faculty was in Vet Med. In general, they're just as capable as those in Medicine, but never had a chance to prove it.

I had several meetings in which Lyle French was there talking with the president. When you get the vice president and the president all aligned... this was when Jerry [William G.] Shepherd was still there. They couldn't do anything with Ewing as dean. I think they'd have liked to see him get out of there, but they couldn't. It's so fuzzy right now.

DT: Was Ewing then opposed to the alignment?

VP: No, he was very open. He had all kinds of input. I think he was doing what he felt was best. If you've got a big domineering, six-foot-two running cat against a little five-foot-eight, slightly built mouse, what's going to happen? The cat's going to eat the mouse at every turn.

DT: So Ewing was the mouse in this situation?

VP: He could hold his own in a fair fight, but this wasn't a fair fight.

DT: What led him to finally leave in 1979?

VP: I think he was tired of the fact that he couldn't progress as fast as he wanted to do. He was tired of the reception his wife [Margaret S. Ewing] was getting in Veterinary Medicine and in the departments he was teaching in. He knew he wasn't making headway with people like Glen Nelson. [Dale] Sorenson was a big opponent of Ewing. He had him as the department head, so what are you going to do? Sorenson's way of talking with the faculty and putting things out in front of the faculty...not always the best.

I think basically, he saw that he couldn't cut it in this environment. He's a southern gentleman and that's different.

DT: Was Sorenson assistant or associate dean at some point?

VP: He was acting dean.

DT: Why were some of the faculty so opposed to Ewing's wife?

VP: Well, number one, she came in with him with no search. There should be a search. She was not socially connected with some of the faculty in Vet Med. She was more outspoken than Sid [Sidney Ewing]. If she had something to say, she did. That was basically it.

DT: Robert Dunlop was the next dean. How was he received by the faculty?

VP: Well, I think he was kind of chosen by the majority to be dean. He's a basic scientist, a physiologist...intelligent. If he would sit in a conference with you, everything you said, he'd write down. He strongly sided with the clinical sciences. I don't think he had quite the same rapport with the basic sciences.

DT: He reorganized the College again and expanded the number of departments.

VP: That's the first thing he did. He had to do something. He had to pacify the people that he wanted as his supporters. Department heads that he took were, in the main, okay. I can't remember all the department heads he had. I think they were all good. He had Sorenson in there. That, in itself, was the best, because he's the individual that knows everything in the past and he had the right answers.

DT: [chuckles]

VP: He was intelligent, but you couldn't trust him. I couldn't. I was a good friend of his, but I couldn't trust him.

DT: Why did the faculty in the clinical sciences... It sounds like they had a good amount of power within the College. What explains that?

VP: Well, they had legislative contacts for one. As a clinician, you have contact with the public, more so than if you're in the basic sciences. So that weighed in our favor. Not everybody was happy with the clinicians, but it was like that for quite a few years. And then you could get the same type yet again. I always said, the old guard never left. They had to retire. Then it improved. We never had a chance trying to get up and over the hurdles of the past. Right now, I'm not certain if there are any vestiges of the old guard. There are one or two individuals that are in leadership roles: the present dean [Trevor Ames]... He was in the clinical sciences. I think with this present dean, there's

essentially a broom that has been swept. It's not the same faculty. Some of the philosophy is. It's hard for me to analyze it. Now, I'm too far away from it.

I was in a position where I could go across. I was accepted in either camp—not at their meetings, but in terms of discussions, I was accepted. You'd have to look at how the faculty are funded, who's getting the money, getting paid the dollars. I'd like to think that it was the strongest faculty who were getting the top dollar. I can't say that that's true. It took many years for what has happened in the past to kind of just quiet down. I don't see any of that at the present time. There have been quite a few deaths in the faculty and retirements. A lot of those were in the clinical sciences. That makes a difference. Some of the faculty were, I thought, in my opinion, weak sisters but did very well if they were in certain roles. I think if we'd had a dean that would have come in and looked at the review process carefully and if the ax had to fall at any time, he'd do it. He'd just about have to whip some of the faculty into shape. You can't just let them wander around, doing what they were doing. On the other hand, our students are well accepted, so something's right. Sorenson and Nelson... I'm trying to think of some of the others. [Unclear] he was kind of neutral. But it was awful. He left. That's all changed now. We can start pulling academic strengths, pulling the faculty that you have.

DT: Why do you think you were able to be accepted by the clinicians as well as the basic scientists?

VP: I was considered a basic scientist but I spent all my time in clinical pathology, and I operated the clinic. I had lots of contact with them. We always had to rely on the laboratory for certain help, and we got it. It didn't do them any good to tick me off.

DT: [chuckles] You were head of the Veterinary Patho-Biology Department during 1983 to 1989?

VP: Yes.

DT: What were your responsibilities in that role?

VP: I was head of Clinical Pathology. Periodically, I had some leadership in graduate studies, not that much. I was a clinician on the other side. That's where our work was. Yet, I was in the department. Some of the people in the department, particularly the department head, Ken Johnson, I don't think, had any love for me. He didn't like the position I took on various issues.

I think if anybody can sift through all the things that happened, they have to have more information than I do right now.

DT: That's why I'm trying to talk to as many people as possible to try and piece everything together, because there aren't so many documents for the later period.

You were appointed associate dean of Veterinary Research in the 1990s. Is that right?

VP: Yes. I've forgotten who appointed me. Who was dean?

DT: I can't remember who was dean then. [David Thawley]

VP: In some ways, it was a matter that they needed someone. They wanted a round peg that would fit in a round hole. I had contacts in the University. In the health sciences, I worked with some of the people over the years, so I was known. In Biochemistry, my minor was in biochemistry, I was known there. I was known on the ag [agriculture] campus for a variety of reasons. So they were looking for someone that could do the work and, yet, still bridge it.

DT: It seems like you really did, as you say, have these connections with the different health sciences on multiple campuses. Were there others like you in the College who had those kinds of connections?

VP: Yes, to some extent. There aren't too many that had connections with animal sciences. Some clinical faculty, surgeons, had good connections with the Medical School. You could find individuals you'd be able to contact, but to do it in a number of departments... In the research I was in, I was not afraid to enter into communication with other people in other colleges. Many of the grants I worked with in combination with animal scientists, several of them in the Medical School. I did my sabbatical in the Medical School. I think from the standpoint of being acquainted, I knew the players in Extension, the players in the Medical School, the players in Animal Science. I could talk to them and they were not threatened by anything I had to say.

DT: It seems like from the very beginning in your career when you were working at Brookhaven, you were always collaborating with different types of people, human clinicians and basic scientists.

VP: That's right. [unclear] Sorenson, R.K. Anderson, he's another one of those [unclear]. If you got into the basic sciences, many times were doing their own research, they weren't going to consult anyone from any other area. As soon as you cross over the line... you had opportunity to.

DT: It seems more likely that the basic scientists would have more overlap with other basic scientists on campus, but, obviously, that wasn't the case.

VP: There was a group in Anatomy. They were neuroanatomists. They had contact with neuroscientists. Microbiologists, there was one that had contact. The others... a lot in the poultry field and did not make any contact. We're the weakest group of parasitologists from the standpoint of research. They had the most time and were the least productive. The anatomists, in general, had very little effort to cross lines. Tom Fletcher did. Some people are weak sister. It took twenty-five, thirty years to develop the weak sisters into respectable faculty.

One other pathologist... Ken Johnson was department head a long time, brilliant, affiliated with someone from Sweden, did very well. Pat [Patrick] O'Leary had a big mouth. He could talk. He never even published his dissertation research. Pathologists always were saying that they were overworked. They had to do necropsies. That's a lot of work. That has to be done there. For a long time, there was a suggestion that the pathologists should organize and go with the diagnostic people, which they finally did. [unclear] They were good people. If they were teaching, they did it well. If they were doing research, then something gave. There are some that are weak. Take Pat O'Leary, brilliant. He's got command of the literature. He could tackle a lot of different problems, writes exceptionally well, never did anything. How do you turn that kind of machinery on? That's true of quite a few faculty. They all have their strengths, but how do you get that expressed?

DT: Do you feel that responsibility lies somewhat with the dean and having a dean that can motivate people effectively?

VP: I think it lies, first, with the department head, and, then, the dean indicating what needs to be done. I don't know if the dean could do it or not. Some of these people just ignore him. There are a lot of faculty that always have criticism of the administration because of the salary they are getting. They have to produce. I got evaluated each year. All about what they're teaching. Patrick O'Leary taught necropsy, did a good job, but it wasn't a heavy load. He did five or six lectures in histology. In comparison to someone like myself, [unclear]. I was in clinics all morning, seven days a week. I taught clinical pathology by myself for a number of years. So if you counted the lectures that I gave, all the lab time I had, I had the heaviest load in the department and was not rewarded nearly for it all. Pat O'Leary, in contrast, if he had twenty percent of the load that I carried, he'd be swamped.

DT: [chuckles]

So that evaluation process, even though there's those inequities would presumably show up on the evaluations; people still stayed on the faculty.

VP: We were evaluated by our college and our department and if you stand alone, then you are standing alone. There were two people when I was department chair. The dean called me one day and said, "I think it's time for you... I had two people come in this week..." And he said all I could do was bricks and mortar. That's the least of what I did. I did the bricks and mortar because it had to be done. I did far more than that. I think to summarize it, it's a matter of an environment that'd been there so long, so permeated with various types of people that you couldn't change. That was the difficult part. On the other hand, Pat O'Leary, excellent teacher, students liked him, he had the best notes that you could ever put out, but he should. He's only got three lectures. Russ [Russell] Bey was in the Medical School teaching some basic microbiology. Did some research, could have done more. Sam [Samuel] Maheswaran was involved in research, lectured in microbiology. He was active. He was good. There were three microbiologists over in...

What did they call it? They worked with turkeys and chickens [Avian Health], did very little lecturing around the College. They had time for research.

Then, from the standpoint of funding their research, the Experiment Station rents carried over. You could rewrite a grant, and they had grant money right away. Everybody else had to work for theirs. So they had that in grantsmanship. There were some in the clinical sciences the same way. They tried to break that down a little bit, make it more equitable. It's a tough spot, finding money. Some of that is a matter of administration. They should have just clamped down at the very beginning and said, "There's this much available for grantsmanship this year. The call for grants is... may the best man win." That didn't happen. Just little things like that, you know, kind of pits one against another. There was a fair amount of money in Extension and our people could see what the Animal Science people were doing. If you were funded in Animal Science on Extension, you got half of your salary paid and a block for research. That's an edge. This meant if you were an avian pathologist, you had an in in terms of your salary being paid and research funding. There were five positions like that. Most everybody else had to scrounge...NIH, NSF [National Science Foundation], wherever the funding was. When it comes to the end of the year and you evaluate and see the productivity of people, their salary, and research money that's given to them, and what they're doing, it doesn't match up.

DT: Do you think Minnesota is unique in this regard or do you get the sense that this also has happened to other schools of veterinary medicine?

VP: In some regard yes, it's all over. Everyone has an extension [department]. They may have it by a different name, but they're all getting some extension funding.

I would have liked to have gotten twenty percent of my salary in terms of Extension funding. I could have made use of it all the way [unclear]. As a veterinarian in clinical path [pathology], I'd see everything coming through the hospital labs, see new problems coming through. You could be writing day and night on new problems. But, all in all, I think the quality of research was reasonable. There were some strong people there.

DT: What did you have to do in order to qualify for money from Extension?

VP: Well, you had to be in health sciences where you had contacts. The positions in Extension came from the Legislature. They'd fund two positions each year. They would outline it broadly. So faculty were appointed. Sometimes, they were searching on the outside, sometimes inside. That's the way it went. They didn't take the best faculty on staff to do the research. Some of them were good.

Mary [Walser] was the first woman that I had any contact with. She was an avian pathologist. She was supposed to take care of bones. She probably knew something but I never really understood what she knew. Her lectures were all right. She didn't have many to give. She taught a few courses in pathobiology, but not many. She had over half of her time available for research. That's not an accomplishment.

I think anybody that has come from the outside has done that when they came in and has had the guts to do this review of the faculty each year to see what they're doing, see where they're funded, make the necessary adjustments...

The best lecture I heard one time was when I was in North Dakota from a speech pathologist. He took the department workload in terms of lecturing, of teaching, clinically, broke the whole thing down into how many people he needed to carry out this mission. Then, he took the faculty and asked them to buy into that particular program. In other words, if he needed fifteen people for clinical study, he didn't care how you broke that up. It could be twenty people. Then, he'd take a smaller amount. But you take your fair share of your load. If you did that, what amounts to the fair share, and look at the way our faculty was handled, that was not fair. There were great discrepancies between what you were paid and what you were doing. I tried to resurrect that program from North Dakota when I was a member of the faculty and was department chair. It wouldn't fly. People like Pat O'Leary were vocal. They were in their own little margins. Of course, they don't want to take a full load.

I know that my lectures were easy to assemble because I was working in the general area, so each lecture I had to put together, I'd pull the slides together in at most twenty minutes. Pat would probably spend seven hours on one lecture. It was easy in the clinical field because they're working with cases, and they had all the information for lecture developed in the case, so if they had to use cases to teach from it was all there. I would leave clinics and have to go lecture. I just went and pulled the slides and never any preparation. People in large animal medicine were similar to that. They used a lot of case material that was normally used for teaching in Extension but teaching in the private sector, in my case also. I had about fifteen carousels of slides that I could take and build lectures. Some lectures were to practitioners, and I'd come right back and lecture to some students. Change it up a little bit but covering the same material in an advanced area. Basic sciences people would say, everything we have to teach from is new, and we have to pick it up from the literature. That didn't seem true. I didn't see it to be true.

Is there anything else we can touch on?

DT: I think we've covered great ground. If you have something else that you want to share about the history then, go ahead.

VP: I don't want to come across as being negative.

DT: [chuckles]

VP: But, on the other hand, if the shoe fits, you have to put the shoe out there and let people know.

DT: From my perspective, the more candid one is the more valuable the information, because, you know, there's going to be other people who are not going to talk so much

about some of the challenges. So I think it's very valuable to have your perspective as candid as you have been.

VP: Well, I had a great forty-five years on the faculty. Nobody ever told me what to do, just that this is your area. I knew, basically, if there were lectures to be given that I was the judge of what was important and what wasn't.

Right now, I'm just drying up.

DT: Thank you for all of the information you've given me. As I say, it's incredibly useful.

VP: You're welcome.

[End of the Interview]

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