

Carl A. Osborne, 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 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 Osborne was born December 17, 1940 in Pittsburgh, Pennsylvania and moved to Richfield, Indiana when he was nine years old. His childhood relationships with animals inspired his pursuit of veterinary medicine. After completing his pre-veterinary training in 1960, he earned his D.V.M. from Purdue University in 1964. That same year, Dr. Osborne and his family moved to Minneapolis, where he took a tenure track position at the University of Minnesota in the College of Veterinary Medicine and pursued his Ph.D. researching the urinary tract. He completed his doctoral work in 1970. He also held a joint appointment with the Department of Pediatrics in the 1970s, working with the pediatric nephrology division. During his time at the University, Dr. Osborne has held several leadership positions, including Chair of Small Animal Clinical Sciences Department from 1976 to 1984 and Chair of the Companion Animals Department. He began the Minnesota Urolith Center in 1984, which continues to research the prevention of and cures for diseases of the urinary system in companion animals. Dr. Osborne has also earned many teaching and research awards over the course of his career, including the Distinguished Teacher Award, and continues to serve on the University's faculty.

Interview Abstract

Dr. Carl Osborne begins with his upbringing, educational background, and childhood relationships with animals. He earned his DVM at Purdue University and took a tenure-track position at the University of Minnesota while he pursued his Ph.D. with a research focus in the urinary tract. He discusses his early years in the College of Veterinary Medicine, including W. T. S. Thorp's tenure as dean. He also recounts the relationship of the department to the state legislature in working with large animals and the political influence of the rural population of the state. He describes the potential for retrenchment of the Vet School that occurred in 1988. In reflecting on his time as a researcher, clinician, and teacher, Dr. Osborne shares his philosophies on life, teaching, and veterinary medicine. He describes the leadership changes within and the politics of the school, exploring some of the conflicts that arose over the course of his career. In discussing changing leadership, Dr. Osborne also comments on his own leadership roles. He then describes the internal and external relationships of the vet school, in aligning itself with the Academic Health Center and establishing reciprocity with the University of Wisconsin. Dr. Osborne returns to discussions of leadership within the school in describing the tenures of deans Sidney Ewing, David Thawley, and Bob Dunlop. In returning to his role within the department as clinician, researcher, and teacher, Dr. Osborne again shares his philosophy of veterinary medicine.

Interview with Doctor Carl A. Osborne

Interviewed by Dominique Tobbell, Oral Historian

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

**Interviewed in the Office of Doctor Osborne
Veterinary Medical Center, University of Minnesota Campus**

Interviewed on October 17, 2011

Carl Osborne - CO

Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Carl Osborne. It's October 17, 2011. We're in Doctor Osborne's office in the Veterinary Medical Center.

Thank you for meeting with me today.

CO: Thank you for coming.

DT: To get us started, can you tell me a little bit about where you were born and raised?

CO: I can. I was born in Pittsburgh, Pennsylvania, December 17, 1940. I was raised in that environment until I was the age of nine. My father [Andrew Osborne] was a chief chemist for Alcoa Aluminum Company of America. Alcoa built a new factory opening up in Richmond, Indiana, which is in east central Indiana. So he moved there and, of course, since we were a family, we went with him. So from age nine to the time I left for Minnesota after I graduated from Purdue [University], I lived in Indiana. You asked me where I was born and raised.

DT: That covers it.

[chuckles]

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

CO: As I reflect on that, I can never remember wanting to do anything else. Obviously there was a time when I couldn't think, but I can't remember that either!

[chuckles]

CO: My father was very kind hearted to animals and my mother [Ella Osborne] was, too. So there was just an affinity there that developed because of their nurturing attitude.

DT: Did you have family pets growing up?

CO: Always. Always. In fact, I would bring stray dogs home. I'd let my father find them.

DT: [laughter]

CO: And of course he was very gentle with them and we'd either keep them or find a home for them. In [Richmond] Indiana, where I went to vet school, there was a large wooded area with lots of wild animals, which I would bring home.

In fact, I have a little picture here. I'll see what you think of it. Let me get it up first. [pause while Doctor Osborne retrieves and prints two photos from his computer] It kind of answers your question. Here we are. I received this by email about a year ago, very surprisingly from somebody [Richard Collins] of that time frame. [pause] This one was next to the woods. The one I'm trying to find here is a sparrow.

DT: Oh.

[pause]

CO: That looks like me, don't you think?

DT: Are you fourteen or fifteen?

CO: No, I was seven...

DT: Oh, my goodness!

CO: ...or twelve, I guess.

DT: Yes. That's great.

CO: I got this by email and a little note. I'll see if I can find them both. Sorry, I'm so slow.

DT: Oh, you're fine.

CO: There we go.

[pause]

CO: That helps a little bit. It's not very focused, is it? Is that me?

DT: I can read it fine. [chuckles]

Will it help if you print it out?

CO: That's exactly what I'm going to do.

That's when I was twelve. Anyway, that little bird, I found in these woods and I nursed him back to health. Well, I don't know if nursing him back to health gives the proper credit to our creator, but I nursed him, let's put it that way.

DT: That's wonderful

CO: I'd take him outside in the morning and he'd take off from my finger and fly away. Then he'd come back at night. All I had to do was whistle and hold my finger out and he'd come right down on it, like he is there.

DT: Oh, goodness. That's wonderful.

CO: Well, that shows you that at a young age I was into animals, at least.

DT: Yes.

CO: Let's see what else we can find here.

To complete that story, I never wanted to be anything else and including the eleven years I invested in training, I have been in it for over fifty years now. Helping others is my passion, and I don't want to change. In fact, I'm not going to retire.

DT: [chuckles] If you still enjoy it, why retire...

CO: Why retire? That's right. They're going to have to carry me out of here.

DT: You did your Doctor of Veterinary Medicine [DVM] at Purdue University?

CO: Yes, I did. Back then, you would spend two years in pre-vet training, four years vet school training, to get your degree of DVM. Internships in veterinary medicine are voluntary, as you may know. I wanted to be an intern. I didn't apply at Minnesota, but an instructor who came to Purdue, which was a very new school at that time, called, this fellow named Hoyt. I forget his first name. Terrible. Harvey, it is. Harvey Hoyt called

me and recruited me via the phone, so I came here because they showed an interest in me. That was a good choice, because with a few notable exceptions they have always showed a genuine interest in me

My advisor for my Ph.D. was a fellow by the name of Donald Low. He was a star; that's all I can say. I couldn't find enough adjectives to give him. He interested me in the urinary tract, so I specialized in urinary tract diseases and I still do that. Now, after almost fifty years at his University I'm still trying to get it right, Dominique.

DT: [laughter]

CO: I'm still searching for answers [to the causes, treatment and prevention of urinary tract diseases].

[Doctor Osborne is reading] Osborne feeds Shorty, his pet sparrow, which he has been keeping for the last two weeks. Then, it says, 528 Southwest Fifteenth Street, literally a new member of the family, Shorty. Then it goes on to say Shorty had fallen out of its nest. So it says my age was twelve: doesn't it, somewhere?

DT: I think so. I think it's up on this first main line.

[pause]

DT: Thank you.

CO: You're welcome.

So that's a little bit of history why I wanted to be a vet. Of course, when you think about veterinary medicine at that age you don't think about what it's all about. I still had a love for science.

My father was a research chemist. He was in chemical research. He knew about that. Well, he was a typical father of that era. His name was Andrew. My memories of him right now are of a very hardworking, studious man.

In fact to illustrate that... I remember the day in high school that I got an advanced geometry course. The problems were really tough, so I'd take them home, and somehow I coned my father into helping solve them. The teacher must have thought he had a really, really brainy guy, because my dad came up with solutions that the teacher had failed to see. So he gave me special attention, which I did not deserve. I didn't know much geometry, but I got a false reputation of being a scholar. And I never denied it. Take all the criticism and praise you can get.

My mother, likewise, was a very devoted mother, took care of my father in his declining days of illness, did not want him to go to a nursing home, which were not good back then, as you might think. So she took care of him. She was about five feet and he was

about six [feet] two [inches]. So that's a pretty big size difference; it says a lot right there. Her name was Ella, E-I-I-a Maria Hall, and his name was Andrew.

[The name Osborne is an Americanized form of the Danish name Isbjurnsen meaning ice bear's son.]

I have two sibs [siblings], one brother [David] in Saint Louis who is eighty, and one sister [Ruth] in Indianapolis. She's seventy-three. [I was married 48 years ago on June 6, 1964 to a very special mate, Lynn, and we have 3 children: Andy, David, and Amy. Amy and Shawn have 2 children, Eric and Anna. David and Ivette have 2 children, Zoe and Nina. Andrew James, our son, is not yet married, but has had a relationship with his soul mate, Sheri, for about 10 years.]

DT: So you were the baby of the family.

CO: I was the baby of the family—still am.

DT: [chuckles]

CO: They're still alive.

CO: Both of them are diabetic for reasons that I'm not sure...but I'm not. I've got enough have problems. What else can I say about that?

[I discovered that I had Parkinson's in August of 1995. My Minnesota math indicates that I have known that I have this progressive movement disorder for 16 years. I am able to mentally function at a very high level with the encouragement, and support of my best friend, my companion, my mentor, my loving wife, and my spiritual sister Lynn, Proverbs 31, and with the constant companionship of my assistance dog, a chocolate Labrador Retriever named "Chloe," I am able to pursue my profession each and every day. Chloe is phenomenal. She has been taught to retrieve a variety of eating and writing instruments that I have dropped on the floor. She can open automatic doors that are activated by pushing a circular button mounted on the wall. She can retrieve cloth and/or hand towels used to clean-up spilled liquids. She can retrieve my 90-pound wife from upstairs rooms, and so on.]

So I went to Purdue and developed some strong friendships with my classmates, which is pretty typical of vet schools, because when you're in vet school, you're all housed in the same spot for at least 4 years. You don't get around the campus much, because all the courses are contained in the school. Purdue has a very campus-like atmosphere, as you may know, unlike the U of M, which feels like a big city with the University buried in it. There [West Lafayette], the big item in the city is the university [Purdue]. Which is better? I don't know. It depends on the issue. [I met my wife Lynn at Purdue in the clinical pathology lab. We were married 6 days after I graduated.]

At any rate, my mother, who I was telling you about, was very kindhearted. She loved animals like I can't tell you. All the dogs we brought home, we all love them a lot.

There was one dog we brought home. We named him Whitey. Whitey was a bull terrier. At that time, bull terriers were not known to be very aggressive. But Whitey had some aggressive tendencies. I found him and brought him home. Then my father found him and we kept him, but he turned out to be the neighborhood dog. What's humorous about that is everybody would feed him. He'd make the rounds, here, there, having supper at five or six places. Then, he hit our place and that was his last meal. He'd go behind my bed and he'd groan all night because he was so full.

DT: [laughter]

CO: He was a very loving pit-bull. He did not like mailmen however. You know how they are. So that was fun.

When my father died [October, 1987], and when my mother also died [March, 2002], I gave the—what do you call it?—the funeral talk?

DT: Eulogy?

CO: Eulogy. We didn't have a minister to the family. I was the minister. I couldn't see how a minister they didn't know very well could do what was right. So I did it. I still have those comments. If you'd like to see them, you're welcome to. I'll give you a copy.

DT: That would be great.

CO: I have very fond memories of my family. I was very lucky, I must say.

Then, I moved here in 1964 for a variety of reasons. So that's a little about my background.

DT: What led you to pursue a Ph.D. when you got here?

CO: This was one of the few schools in veterinary medicine that offered the Ph.D. degree in the clinical disciplines. We were closely affiliated with the Medical School. If you wanted advanced training in veterinary medicine... At that time, there were no residencies. Internships were in their infancy. In fact, I was the first intern here. It was exclusively for small animals. There were two "all-purpose" interns ahead of me who everything, like all creatures great and small kind of deal. [They were Wade Himes and Ralph Farnsworth. There were 2 more interns in Dr. Osborne's class, John Arbaugh and Bill Quin. They were also training to handle all species.] But I just saw all creatures small.

[chuckles]

CO: I didn't think you could master the husbandry, treatment, and health prevention techniques of that many animals and contribute. As you know, if you're in a university

setting, you have to teach. You have to raise new dollars and keep the school alive. If you don't meet the standards of your peers, well you're advised to leave. So what led me to a Ph.D. was that after my internship, they were looking for somebody, so they asked me to stay. I said, "I'm not going to do any Ph.D. Don't think you're going to collar me into that." My advisor Low said, "Well, why don't you go for a master's degree. That's pretty easy. I'll help you." I said, "Okay." Then, I got through that. It was really fun, so I did change to a Ph.D. degree. I was lucky because I had a very empathetic advisor who helped me a lot, made it fun for me instead of a grind. Then, I just stayed. They had a tenure-track position open up and here I am.

DT: Was that pretty standard then at Minnesota for the faculty to go on and get Ph.D.s?

CO: Most of them had Ph.D.s. Now, that's not the case. In the past fifty years times have changed. Residencies are available. There are a lot of veterinarians in private practice that now offer the same diagnostics as we [the universities] do and pay their employees a lot more. Well, I never was in it for the money, so I never considered that. For some, that's important; for me, it wasn't. I went into veterinary medicine as a service profession, not a profit profession.

I think if you look at a profession, the criteria that you find is you must have a defined body of knowledge. Right? Then, you have what they call a collegial attitude towards that, preserving knowledge. Then, you have a service rather than a profit orientation [unlike Sears, Target, Wal-Mart, etc]. I don't like the big animals vet medicine because, often, that paradigm seems to just revolve around economic values. To me, all life is precious and I'm not going to choose between an ugly pig and a beautiful dog. They're all precious. In fact, if somebody asked me, and they often do, what species do you like best? I say, "I'm not a species racist."

[chuckles]

CO: I like them all the same. I'm not going to choose, which I think is right. My kids are that way, too. I just found out that my two granddaughters got two guinea pigs last week. They have a houseful of dogs and they're going to have a houseful of guinea pigs, because their [the guinea pigs] gestation period is really short, about forty-one days...or so.

I don't remember exactly. You can get a house full of guinea pigs quickly.

DT: When you focused on small animal medicine, that was in the mid 1960s. Was that a trend that was happening in veterinary medicine at that time?

CO: Yes, I think...specialization. When I went through there, it was common to see the veterinary curriculum specialized according to species but I specialized according to organs and systems. Mine was the urinary tract, upper and lower. Some people specialized according to species; that is a companion species, which includes horses.

Others chose specialization encompassing all the zoo and exotic animals, but not wildlife, as a rule. It takes advanced training to do that.

Back then in the 1960s, there were no... [specialty boards in internal medicine]. Now, there's the American College of Veterinary Internal Medicine. I'm a charter diplomat of that and a founding father. No! What would you call it? Not founding, but...what's the word when you become a member but not by examination, you're a what?

DT: Ohhh... Not fellow, is it?

CO: No. It indicates that you're one of the early guys. You got in [unclear] by not taking an exam. It's washed out because as time goes...

DT: You're grandfathered in.

CO: There it is! Grandfathered. Who knows them now? Nobody. That's the way we did that.

So, yes, it was a trend. It really became strong in the 1970s where in our group it went dermatology, cardiology, ophthalmology, etcetera, as we could find faculty. Mine was internal medicine with an emphasis on urinary tract diseases. That was because of my advisor in the project.

Don't you agree...you tend to like or love knowledge according to what you know and understand?

DT: Sure.

CO: It's true of most things in life, right?

DT: Yes.

CO: Golf, or baseball, or football...when you understand it, you're drawn to it. So I understood the urinary system more and more and more. So I really loved it.

DT: What were some of the major challenges in the urinary tract that you were dealing with and doing research on?

CO: Good question. Hope I can give a good answer.

DT: [laughter]

CO: The question is, what challenges did we encounter at that time? We did not have the technology or the numbers of investigators that we have today. So I was looking for *in vivo* biomarkers of disease. Does that make sense?

DT: Yes.

CO: ...an *in vivo* model that I could, where I could develop some diagnostic markers. The first thing I studied—in fact, it was my doctor’s thesis—was percutaneous biopsy of the kidney. This diagnostic technique allowed us to evaluate and compare the morphology of early stages of renal disease. So that was definitely an *in vivo* kind of technique for a marker. The other thing we did is we looked at the various constituents of blood. So, first, you have to establish normal parameters and, then, you have to see how they fit. Since we’re a profession that encompasses all species except humans, we’re still trying to establish those normal values. We still don’t have them all. You can imagine collecting a blood sample from a rhinoceros.

[chuckles]

CO: Well, it’s a challenge, right?

DT: Yes.

CO: So that was a challenge, just finding the right model, learning the scientific method of defining problems, collecting data and defining problems, proving your hypotheses, and seeing if they consistently work in real life. That’s what we still do. When patients comes in to see us, we’re not going to harm them, but we’re still doing kind of a mini research project. The thought process is the same. It’s no different. That’s a challenge, right? Of course, you get to work with students a lot, and they keep you young. You can say “Hi” to them all, joke around with them a little bit. They love it. That’s the way it is. [The other part of the equation is manpower and resources, especially funds. With few exceptions, there were no granting agencies. We had to rely on animal models of human diseases of interest to our physician colleagues, and philanthropy to properly fund our projects.]

DT: What was the Vet Med School like when you arrived here in the 1960s?

CO: There were bricks and brains, right?

DT: [chuckles]

CO: And the bricks were quite different from now. This large office [C-306A] that we are in right now did not exist in 1964. This is so called Building 371. It was an ad-on between the state diagnostic lab and the original university veterinary teaching hospital. The hallway outside my door connects here through the Diagnostic Laboratory [D-Lab] at that end. That came in 1972, I think. Then, after that came the current hospital. The hospital opened in 1982. When I arrived here [1964], we had what was called a fairly good hospital, certainly not the best, because of a lack of sufficient state appropriations. What were the conditions like? The conditions for the bricks... This place has expanded tremendously. There’s all these hallways and there’s just no rhyme or reason to them.

They're just add-ons, right? But you can learn your way around pretty quick. When you see them at first, you say, "Wow, now I'm lost."

DT: Like me earlier. [chuckles]

CO: Yes, like all of us. That's likely because I didn't give you good directions. But you found us.

The clinical faculty back then were recruited from everywhere, private practice, Ph.D. degrees, those from industry, those with experience from governmental agencies, and all in between.

You probably have learned from a variety of people, if you've talked to them, that the Post World War II veterans were responsible for getting the Legislature to approve a college of vet medicine. You know that pretty well, don't you?

DT: Yes. I heard that from...

CO: [Alvin] Weber?

DT: Yes, Weber, and I think also from Carl Jessen, too.

CO: Yes. He would be a good one.

I remember the faculty here then as being very sincere, very fun-loving, and very hardworking. That's the way I see it now. They were a breed of gentlemen that you don't see anymore. They were very proper. They all wore ties. I don't wear a tie because of my Parkinson's disease. I tried to put one on this morning, and I just gave up.

[chuckles]

CO: I hope you don't mind.

DT: Oh, it's fine.

CO: I could show up without a tie or not show up. I said, "I think I'll not wear a tie and show up."

DT: That was a good choice.

CO: What's fascinating is that the brains, not the bricks, are the most important thing and we had a lot of creative brains that not only created new knowledge, but took it upon themselves to create scholars. I've been here for almost fifty years. My goal is to train the teachers of the future. When you have graduate students, definitely, I want to see that in their application. They may not always have that expectation, but when they do, that means they're going to work further and harder and look for answers. We've got some

tremendous answers by doing this that I can think of. I can tell you later, if you want to hear about them...but some really fantastic stuff. Can I say “stuff?”

DT: Yes, you can say stuff. [chuckles]

CO: *Neat stuff.*

DT: That’s the good thing about an interview; it’s much more relaxed than having to write and find formal words for everything.

CO: Yes, for sure.

DT: What was W.T.S. Thorp like as dean? He was dean when you arrived.

CO: Yes, I helped him make it. [laughter] W.T.S. Thorp was a typical backroom-cigar-filled-room politician. That’s my view. That may not be right. I was a latecomer in his tenure as dean. He did a lot of good for the school early on, because he was able to work with legislators and persuaded them to put up the necessary funds to have a good Vet School. This Vet School owes him a lot for that reason. Most people never heard of him, but they should have if they looked back. Thorp was kind of a king. What he said was law. He got himself in trouble with a department chair, whose name was Larry Stowe, S-t-o-w-e, who was a pharmacologist, a very good pharmacologist, I might add. Stowe denied Grace Grey tenure, and he did not use the proper process, so a big riff started between them and it spread throughout the school for some reason. So there were those for-Thorp people and those against him. My advisor Low was not in favor of this action, not that he didn’t like the dean and wouldn’t follow his direction, but this is one he couldn’t, because he didn’t think it was right. Grace Grey had been improperly denied tenure. You know what that means. That means you’re out.

DT: Yes.

CO: Thorp had a hernia repaired and, quite incidentally, just as this all was coming to a head. I remember going over to the hospital where Thorp was recovering and Low and the rest of the faculty were there. I was a non-tenured faculty member at that time, but in tenure-track position. So Thorp sees everybody. He said, “Here are my supporters.” Low says, “Just a minute now. I’m not here in support of you.” Thorp’s jaw dropped down like you would expect. That was tough for him, when you look back at it. [If we reflect on this situation after more than four decades, it is easy to empathize with Grace Gray and those who were willing to risk reprimands by openly confronting Dr. Thorp.] But the University kept him as Dean for about a year and a half after that. That was quite destructive. Central Administration should have made some kind of change, because he was in a position to hurt a lot of people, and they knew it.

So W.T.S. Thorp smoked a lot of cigars. I think he got metastatic lip cancer or esophageal cancer, one of those. I think he was living in South America or maybe Central America, somewhere down in that area, when he died, which is sad.

It was a time of change. I think it must have been about 1970 or 1971 when that occurred, and that was a time I reflect back on when deans in Veterinary Schools in the United States were a dying breed. Boy, everybody was thrown out right and left, because they had this attitude of, “You do it my way or you get out,” and the faculty said, “No, we won’t.” When enough people said, “No, we won’t,” they win, right? So that’s what happened to Bill Thorp—that I remember.

DT: It’s interesting. I’ve been curious, because I’ve seen in archival material that by the end of his tenure here, members of the faculty were saying he was divisive.

CO: Did they?

DT: And there was a lot of discontent, but of the people I’ve interviewed so far, you’re the first to actually provide that side of it, so I’m glad to hear it.

CO: Yes, you won’t hear it from many, because I don’t think there were any other assistant professors in there. They were all tenure-track, and they were either for him or against him at that time. A person who would know more about it, who was very supportive of Bill Thorp all the way, is Dale Sorensen.

DT: I’ve been trying to contact him.

CO: I’m going to see him this Wednesday.

DT: Oh, can you mention to him...?

CO: Yes.

DT: I wrote him a letter and left him a voicemail.

CO: He’s a very good guy. I have a very great admiration for him. He was a former department head. Now, he’s been retired for some years. He has a very good memory. He can remember all these names of all these people. He was very good at patching things up, you might say, riding the fence.

DT: [laughter] R.K. Anderson also urged me to talk to Dr. Sorensen.

CO: R.K. is the same. He was a very strong supporter of Bill Thorp, as I remember. He always had nothing but good to say about him.

This morning, I hope our discussion will reflect the fact that my comments aren’t intended to be good or bad. They’re just the facts as I can recall them.

DT: Yes. That’s what you observed. That’s why I say I’m glad to have it. I knew that there was a story there, but not everyone either remembers or has the same perspective.

CO: The acting dean then after Thorp left was Dale Sorensen in 1971. Then, it was Sidney Ewing. In my opinion, Sidney Ewing was the best dean that I saw in the school. Why? Because he was open, honest, truthful. He was just a good guy. Now, not everybody felt that way about him. He'd call a spade a spade and if you were wrong, he told you, and if you were right, he told you. He was such a moral guy that he couldn't take it anymore, and he left and went back to Oklahoma where he established an outstanding career as an academician. He's still alive, but up in years now. I liked him a lot. I liked that style where people are honest. There were no favorites.

By the way, I wrote an article on followership and leadership if you'd like to have it.

DT: That will be great.

CO: I'll give it to you.

DT: Yes, that would be great.

One of the other things I had read about Thorp was... There was a lot of trouble getting sufficient funding for the college in the 1960s...

CO: Exactly.

DT: ...and the accreditation issues that the college was having. Do you remember much about that period?

CO: No. I remember that we were constantly being faced with retrenchment, it seems to me, as I think back about it. They were transpositions. The College of Veterinary Medicine looked like the Cinderella of the University. But we didn't have staunch support from the Medical School. We *did* have staunch support for large animals from the Legislature. Most vet schools in that era were very heavily staffed with large animal support. This place was not any exception. They built all these horse wards and cattle wards. No way did they keep them filled. Maybe you've seen the Equine Center. I don't know how that's going to survive. They don't get enough funds. The horses are out in their homes now and the ambulatory vets go to them. Why would you bring large animals in here unless you really had something serious? They get these very serious cases and they try to subsidize the cost, but it's still not enough I don't think, which is not good or bad. I think it's an important piece...

DT: I'm assuming that the reason there was so much support for large animals is because this is a rural state, and there's the agricultural industry here.

CO: Yes. We were first in turkeys. You're probably heard about Ben [Benjamin] Pomeroy and all his escapades?

DT: You can tell me more, because I only have a few things about it. I know he had good relations with the Minnesota Turkey [Growers] Association.

CO: He had good relations with the Legislature. He lived down there when they were in session. They all knew Ben Pomeroy, you know. When Ben walked in, people put their head up and listened to Ben. He was a staunch Republican, as I recall. He would kid around about that. He was much more fun loving and kidding after he retired. He was the acting dean between Ewing and [Robert] Dunlop.

Dunlop was an English gentleman, as you may know. I'll have to tell you more about that later, but I have a very high regard for Dunlop, as well. He was a good dean. His problem was he wouldn't listen. He was a visionary. His greatest strength was being a visionary. But if you walked in, he wouldn't listen to you. You'd start to talk and he would hit bottom, right? He was a reactive listener rather than an empathic listener. To me, an empathic listener listens with the intent to understand much like you're doing right now. A reactive listener listens with the intent to reply. Most veterinarians are trained to be reply to questions asked by clients.

[chuckles]

CO: So they fall heavily in the reply group.

Anyway, Pomeroy, you were asking about... He was a poultry guy, department head with the avian diseases. He and his colleagues did a lot of things with infectious diseases that were a great concern to the turkey farmers. Somehow, this must be a great climate for turkeys...although you wonder, because number two in turkey production was Georgia. I think the climate between the two states are fairly different.

DT: Yes.

CO: Yes. If you go over to the Pomeroy [Student/Alumni Learning] Center, in one of the rooms, there's Ben sitting with all those turkeys in his heyday, right? Well, the Legislature made it possible to have that building, the old Dairy Barn, we called it, remodeled. That's about the time Ben died and they all missed him, so they thought, well, we'll remodel the dairy barn in his honor.

Our small animal hospital is named after [Senator Robert] Bob Lewis. That story has the same type of political background.... He never spent any time here. Most people didn't know him. I remember writing something up about him and my last comment was, "Most people say a dog is man's best friend, but my opinion is that man's best friend ought to be man." It's true isn't it?

DT: Yes.

CO: Yes, I think so. I forget now a lot of the things. I remember that.

Another great quote, just for fun... You must consider things in terms of the opportunity of a lifetime, but don't forget that the opportunity of a lifetime, must be seized within the lifetime of the opportunity. It's not there forever. So, if the phone is ringing, be sure they don't get a busy signal because you may miss out, right?

DT: Yes.

CO: So Ben was a good guy. He was very active in the MVMA, Minnesota Veterinary Medical Association. He was down there a lot in his retirement. When Ben retired, he didn't retire. He kept working till about two or three months before he died of heart failure. I think he was in his nineties, wasn't he?

DT: I think he was...

CO: If you talked to Al, Al Weber was right in that vintage. Boy, they were peas in a pod. Al Weber was a German. He was of German decent, as you could tell by his name. So when I was going through my Ph.D. program, I had to take his courses. I wanted a new course on the kidney. I wanted him to teach me the anatomy and the histology of the kidney from a researcher's perspective. So Al said he would do that. So I recruited Low and another colleague there named [Delmar R.] Finco. The three of us went over to Al to hear his course on kidneys. Al decided we needed to study the comparative histology of everything.

DT: [chuckles]

CO: Cows' rumens and this and that. So I didn't like that very well. So, one day, I brought it up to him. "I didn't sign up for all of this. Why are you doing this to us?" Al gave me some answer. But, later, he gave me five histology books for the final, and I had to outline five books. [laughter] I thought I got what he meant. Peons are not supposed to question the Herr Professors. When I tried to solicit the help of my advisor, he said, "Just shut up and do it"

[laughter]

[In the mid to late 1960's, we didn't have computers with word processors to produce reports, digital typescripts. I had to write every thing by hand, manuscripts.]

DT: That's funny.

CO: Excuse me. Do you have the video of the Pomeroy [Student/Alumni Learning Center] dedication?

DT: I don't.

CO: I've got one just for you.

DT: Excellent.

CO: I'll have to find it.

DT: Sure.

CO: I've got an extra one. I'll give you a copy.

DT: Great. That will be great.

CO: It's good. It has Dr. Glen Nelson, a World War II Tank Commander assigned to General [George S.] Patton [Junior]. He talked about the role of WWII veterans in establishing the college. I was the master of ceremonies, so to speak. However, I'm not sure I was master.

DT: [chuckles]

CO: Let me tell you this little anecdote, if I could.

DT: Sure.

CO: Oh, by the way, I'm writing a book I call *Quotes, Notes, and Anecdotes*. The main title of the book is *CAO*, that's my initials. It stands for Caring about Others. That's what I'm calling it.

DT: That's great.

CO: So what was I going to tell you about before that?

DT: I was interested in how much state support the college got because of it's...

CO: Because of Bill?

DT: Because of Ben Pomeroy and...

CO: And Ben, sure!

DT: ...and because there are so many farmers in the state that that are influential.

CO: You've heard about the threatened closure of the school?

DT: Vaguely, but can you...?

CO: Oh, I remember it well.

DT: Then, tell me.

CO: In about 1988, the University thought they would float a balloon. The Legislature wanted them to retrench. The University somehow decided to retrench Dentistry, this College of Veterinary Medicine, and another one [nursing]. I don't know what upper administration did, but we got the message that they were going to close us. So we mounted this massive offense back. We wrote letters to the [*Minnesota*] *Daily*. I wrote one, and I have a copy somewhere. I'll tell you about an embarrassing error the Minnesota Daily staff made. Well, I'll tell you right out while I'm thinking about it. I wrote in there something about..." They [the university administration] shot an error [about the vet college] into the air. It fell upon a ready ear somewhere. Though I've often tried to retract, some still call my error fact." I thought that fit, you know. Here we are trying to save the college. Well, the editors changed my "error fact" to "arrow fact". [Moral of the experience: do not let newspaper editors tell your story. Often only half of what you read may be correct—be sure you get the correct half.]

[chuckles]

Back to the closure deal. We all fought. In three weeks, we had that fire out because of the strong support from the MVMA and the farmers in the State of Minnesota. They stopped that fast, because they called their legislators with such volume that they got the message. It never left the school. It never officially hit the Legislature. Is that what you heard?

DT: Yes, that was. It just goes to show even in the late 1980s when other industries that were in Minnesota at that time that still farmers had so much political influence.

CO: And it protected us for at least ten years. The farmers remembered that. The politicians are out to get votes, and there's *a lot* of rural farmers that didn't like central administration's sneak attack.

DT: Yes. The College of Veterinary Medicine... I think in the 1950s, a couple of people told me that the college was a hundred percent funded by the state...

CO: Exactly.

DT: ...and continued to have high state funding, which is a far greater per cent of state funding than any other colleges on campus.

CO: But not anymore.

DT: But not anymore. Okay.

CO: No. [Dean Trevor] Ames would have up-to-date figures on that. It's declining every year. So we're relying more and more on tuition, grants and benevolence and things like that. They're building prisons and all that stuff, instead of trying to improve education, which is sad, isn't it?

DT: Yes.

CO: Really sad. Our educational institutions are not as favored as they used to be.

DT: Yes, it's disturbing.

CO: But we go on.

Do you see that target right there?

DT: Oh, yes.

CO: Have you seen that before?

DT: No.

CO: That's a very interesting target. That shows our areas of concern. What's that outside ring say?

DT: Concern.

CO: All right. There are a lot of things you and I can be concerned about. We're concerned about the weather. We're concerned about Afghanistan. We're concerned about the Vikings. We're concerned about this and that. That's our sphere of concern.

Now, the next ring you look on there, light gray, what does it say?

DT: Influence.

CO: Okay, that's influence. Of all the areas of concern, there's only so many I can influence. So if I spread myself too thin, I will be totally ineffective.

What's the center one say?

DT: Focus.

CO: I can't do them all, so I better focus on the important issues... So that's your sphere of influence. That's a good guide when you're trying to prioritize your activities.

DT: Yes.

CO: That's what I show my graduate students.

DT: You keep it there to remind yourself, too.

CO: Yes, I do. I look at it all the time. [Now that I have been forced to endure Parkinson's disease I try to remember that it takes just as much energy to pursue unimportant problems as important ones. In this context, a well-defined problem is half solved.]

Do you see that bat up there?

DT: Yes.

CO: That is the energy vampire. Now, I wrote something on that. If you care to have that, I'll give it to you. Do see that bat up there that says, "Do not feed?"

DT: Yes.

CO: That's the energy vampire. Now, the way he exists...he only exists in this office. The energy vampire represents that I'm being robbed of my energy and my creativity, because I choose to be upset. Nobody can make me upset except if I let them. If I'm strong enough, I won't let them, but I'm not that strong, so I need reminders constantly. So the energy vampire can be malnourished, out of business, if you don't feed him. I look at that a lot more, I'll tell you that.

DT: [chuckles]

CO: We all get caught up in this...whatever.

DT: Those are good reminders.

CO: See that starfish up there?

DT: Yes.

CO: Have you heard the starfish story?

DT: No.

CO: Oh, you'll love this story. It's a *great* story about a lady who flew to California for a break. She worked for a busy law firm as a paralegal. She was very tired, so her boss sent her out there for a week. The night she got there, there was a terrific storm in the Pacific, and she could hear the wind blowing and the surf pounding in her ocean front hotel room. Well, she got up before dawn and went out to see the beach. As far as she could see in the dark, and then in the light as dawn broke, were all these starfish, thousands, maybe millions, I don't know, but there were a lot of starfish. As she walked along the beach, she saw in the distance a figure doing something. She focused on that. She could see that that figure was throwing starfish back over the breakwater into the ocean, very rapidly but very gently, kind of like you do a Frisbee. She walked up there and watched her. The lady throwing the starfish was so intent, she didn't even notice

anything but just to work on the starfish. Pretty soon the lady who had come for a rest walked up to her and said, “Excuse me.” “Oh, I didn’t see you.” “What are you doing?” “Can’t you see? I’m throwing starfish back into the ocean. What a silly question.” She said, “Well, maybe it’s a silly question. How long have you been doing this?” “Ever since the storm died down, I’ve been out here throwing starfish.” “Why?” “Because they can only walk with these little suction cups on their feet and if we don’t get them back into the ocean before the sun rises, they all cook out here and die.” The lady looked up and down and said, “But there are *millions* of starfish out here.” She said, “I know. Would you like to help me?” The lady said, “What difference does it make?” She picked up a starfish. “It makes a difference to this starfish.”

DT: Mmmm.

CO: So how do we apply that? We apply that to what we see everyday. We can’t feed the starving population in Eritrea and those areas by eating our lunch or kids eating their Brussels sprouts, whatever they eat, but we can take care of people we encounter. That’s our sphere of influence and focus. As a veterinarian, we can’t save all the dying animals; but we can save some. So I made a policy for myself—not to impose on others—not to destroy life unless it’s absolutely necessary. I don’t hunt. I’m not opposed to people who do hunt. I choose not to. I find it quite ironic when somebody asks me to hunt when I’ve trained all my life to save animals.

DT: Right.

CO: I won’t do it. One time, I shot a sparrow. It died. I felt so horrible about that I buried it. I vowed to myself, I’ll never do that again. So I’ve been saving sparrows ever since.

DT: [chuckles]

CO: That makes a difference to that sparrow, right?

DT: Yes.

CO: That person who is starving that you see on the streets of Hennepin Avenue [in Minneapolis] will ask you for a dime for a cup of coffee. “No, I don’t have a dime, but I’ll be glad to buy you a cup. Come on in.”

I guess I have one more story for you.

DT: Absolutely. Yes.

CO: I got that dog, named Jake. Let me give you Jake’s background and you’ll understand this a little better. Jake was a Dalmatian. We have something here [at the University of Minnesota] we call the Minnesota Urolith Center. Urinary urolith, stone...

It's a stone-analyzing lab. So we invite people from around the world to submit a stone, and they do so to the tune of about 75,000 stones a year, which we analyze, and we send the results back to them. It doesn't cost them anything, except knowledge. We want to have certain information from them. Well, Jake came out of that culture. We had learned how to dissolve stones, but prior to that discovery, the stones were removed surgically. Nobody thought they could be dissolved. Urinary stones were compared to the Rock of Gibraltar; it never changes. We had Jake on a program to dissolve urate stones, which are quite prevalent in the Dalmatian breed. So I saw Jake coming into the lab down the hall here with an IV [intravenous] drip in his cephalic vein hooked up to a syringe with the very noticeable blue juice or purple juice, which is euthanasia solution. I asked the tech, "What's going on here?" "The owners want to euthanize this dog, and we're waiting for your okay." "Ha! I'm not going to okay that. This dog has nothing wrong, except for some stones which we're controlling. I'll go out and talk to the lady." She said, "Well, I'm here because Jake bit my husband." "Why did he do that?" "They never have gotten along. My husband hit Jake and, now, Jake doesn't like him. So they have this feud going on. Last night, my husband said, 'It's either this dog or me. Which do you want?'" I said to her, "Why don't you let us find him a home?" "Well, he wouldn't be happy." I said, "You'd be surprised. Let's try." I told her, "I have seen plenty of animals adapt to a new environment."

I got Jake, and I tried to find a home for him. He was ten years old and had a history of nipping or biting people, depending on how threatened he felt. When I saw that nobody wanted him, because they didn't have time or were afraid, I called the Dalmatian Rescue League. With a history like that they said, "You'll have to put him to sleep, because he bites, and we don't want that insurance liability." So I adopted him. I said, "Okay, I'll adopt him." I kept Jake for three years and then he developed an irreversible and progressive disease of his spinal cord, and he couldn't walk. For a while, I could help him, but then this Parkinson's Disease prevented me from helping Jake. I couldn't support the whole backend of him anymore. So we had to humanely put him to sleep. It was very hard. I cried for what seemed to be a week.

Not long after that, somebody came up to me and said, "I'm sorry to hear about Jake, that he died. But why did you adopt a ten-year-old dog when you knew this was going to happen?" I just said, "Well, I didn't adopt him for me. It wasn't for the convenience of me. It was for Jake. Jake was my starfish." Right?

DT: Yes, absolutely.

CO: I still have deep feelings about that. Dalmatians have a history of being one person's dog and they are. They even follow you to the bathroom!

DT: [laughter]

CO: He was a neat dog. After him, I adopted a bloodhound named Sadie. She just died three weeks ago.

DT: Ohhh.

CO: Something called gastric dilatation volvulus. It was the same deal. Sadie had been beat up by a lot of dogs. She had a big chomp out of her ear, and [unclear], a big scar from a leg hold trap on her leg. It's the same story. That fits with the starfish.

DT: Yes, absolutely. I am a dog person.

CO: Good.

DT: If I had a favorite species, it would be dogs. Others come a close second.

CO: They're all important.

DT: Yes. I would want to adopt all of them if...

CO: Why don't you?

[chuckles]

CO: Do you have any dogs or cats?

DT: I've got two cats that I rescued. I've had them since they were about so big [size of a hand] and then I have a German Shepherd.

CO: Good.

DT: He also follows me to the bathroom, follows me everywhere.

CO: Yes, that's funny, isn't it? They just want to be with you to be sure you're okay?

DT: Yes.

CO: We've had all kinds of dogs at our house with diseases. What's unique about that is that is you can learn the perspective of a client. If I ask you to do this and I can't do it, how can I expect you to do it? So it helps out like that.

We have a lot of women... People used to say that women were more empathic than men. That's not true. Others say so, but I don't think that's true.

[chuckles]

CO: It's nice to see them.

Where were we?

DT: In terms of the funding difficulties that the college was having at the end of the 1960s and around Thorp's departure, I saw some material in the Archives where it said the University administrators were fed up with Thorp because he kept demanding more and more from Central Administration, and Central Administration was saying, "We've given you all we can for the Vet School."

CO: They moved him on.

DT: Yes. So he was not as well appreciated among the Central Administration maybe.

CO: Isn't that often the case? You appreciate the efforts of somebody you didn't like initially, and later and you revise your opinion. I'd say he fits in that category. But when he died, there were very few here that remembered him. I can't even remember if they sent a notice around.

DT: When Sidney Ewing was appointed, I also saw in the Archives that some of the faculty were frustrated with how the search process was run. Do you have any recollection of that?

CO: I do. My recollection of that is that it was a time in Veterinary Medicine, as it was throughout the nation, when the younger people were taking control and everything ruled by committee, no respect for relative authority. They didn't see it that way. The young whippersnappers thought they had as much right to everything as anybody; although, they may not have had the right perspective, but that's the way it was here, too. In that period, this was not unique to Minnesota. I can't remember all the schools, but at least half of them lost their deans in a very short interval. It's just the way things were. I was one of the guys that helped them go.

[laughter]

DT: This was really a generational shift.

CO: Yes, it was. Now, when everything goes well, people like benevolent dictators. They don't want to be bothered with the time and effort it takes to organize, steer, and direct a college. So as long as it's going well, fine. When something happens they don't like, not fine. Then, they organize and that's what happens. There were groups of people on either side of Ewing. There was the Thorp group and a non-Thorp group which were for or against Ewing. When he came in and reorganized the college, he only had two departments: Basic Science and Clinical Science. That means a lot of administrators bit the dust. They had their empires, right? That's a bygone era now, but everybody had their empire and they didn't want anybody to touch it. They wanted their money, but Ewing thought differently and he acted on it. He had the right to act on it; although, in retrospect this unrest was a contributing factor causing him to leave. But he tried hard to help the college.

So I know a lot about Ewing, because I was going to leave. [I was being recruited by about ten colleges in North America.] He gave me a choice between the University of Florida and here. The University of Florida essentially offered me carte blanche fiscal resources to develop the whole clinical sciences department. Minnesota offered me the resources to develop strong specialties, including my own. Well, that seemed pretty good. I think I'll take Minnesota. [chuckles] That's what I want to do. I did not want to be a career administrator. So, after that, there was a lot of dean stuff and I just said, "No, thanks. I'm not going to do that." So I got to know Ewing well, because he appointed me as department chair of a newly created Companion Animals Department. So, I've seen it all, since that date very closely, all of this stuff you have mentioned.

DT: I'm glad you brought up the reorganization, because that's one of the questions I have. I understand, as you say, it kind of did away with a lot of the empires that had been built when there were more departments.

CO: Yes.

DT: Once people got over that, how else did it influence the way the school was operated? Were there any other consequences of that reorganization?

CO: I don't know if this is the answer to your question, but I look at it back then as it takes so many people to run and organize this system. You can call them anything you want, call them any sphere you want, but it takes about the same amount of manpower at the end of the day, when you take all the time to reorganize and reestablish all the rules and blah, blah, blah, blah, blah. That's when people say, "Well, here we go again." Whether here we go again works or not depends on whether the followers are willing to follow. Most schools make it on the basis of what leaders do and followers do.

Have you ever heard of the word "followership?"

DT: No.

CO: Let me try explaining that.

What's the opposite of lead?

DT: Follow.

CO: What's the opposite of *leader*?

DT: Follower.

CO: What's the opposite of *leadership*?

DT: Followership? [chuckles]

CO: Is there such a word?

DT: No.

CO: Yes, there is.

DT: Oh, there is?

CO: I can pull that dictionary off the...

DT: Oh, really?

CO: Yes...and prove to you that it does.

DT: I believe you, then.

CO: Do you know what the definition of followership is?

DT: No.

CO: The ability to follow a leader. Well, if you look at that then, the terms leader and follower do not apply to people. It applies to the roles they play.

DT: Yes.

CO: You can be a follower and a leader many times in the same day. Deans follow the president, right? You can see that really quickly.

Well, we had some followers here that kicked up their heels, because—excuse my French—they got pissed off. [chuckles] They let the system know. The consequences of that kind of thing is that this school went from an autocratic leadership to a totally elected—I can't think of the word—but opposite of autocratic...democratic leadership.

In history, would you say it's right or wrong? If it weren't for you, it would just fade into history. Now, people can look at it and if they want to learn, they can. You must have a fascinating job.

DT: Yes, I get to speak with fascinating people with very interesting stories, such as yourself. It is. I do history in the hope that when people study that history, they can learn things that are valuable for now.

CO: Do you put discovery point, and here's the description, here's key points or the summary points, something like that?

DT: I haven't done so far. I leave it to the reader to interpret.

CO: I couldn't do what you're doing, because I don't think I'd leave it to the reader to interpret.

[chuckles]

DT: When I do my own research work and, then, write research articles, then I do. I have a major point, and I say what the relevance is and what I think the key point is. But for these interviews, I let them stand and speak for themselves as best I can.

CO: What paper do you think is your most important?

DT: [chuckles] I've written a book that will be out soon on the pharmaceutical industry that looks at the history of the relationship between drug companies, academic researchers, and physicians since World War II. I'm explaining how those groups became so entangled in their relationships and what the implications have been for today in terms of prescription drug policy and regulation.

CO: Fascinating. So who's publishing this?

DT: University of California Press.

CO: So can I order one through them?

DT: Yes. It should be out in the next couple months, so I'll let you know.

CO: Let me know, and I'll get one.

DT: And you can tell me whether I'm making an important point or not. [chuckles]

CO: I can give you a book [Carl A. Osborne and Jerry B. Stevens, *Urinalysis: A Clinical Guide to Compassionate Patient Care* (Bayer Corporation, 1999)] before you leave here today on urinalysis with a little philosophy in it. Let me call my secretary.

DT: Sure.

CO: [pause while Doctor Osborne makes a telephone call]

It's not every day that we get somebody so interested that they'll listen.

DT: [chuckles]

CO: A book. How many hours did you spend on that?

DT: Oh, a number of years. It is based on my dissertation research.

CO: Really?

DT: Yes. It took a while. It took a couple years of research.

CO: Tell me what you concluded.

DT: I concluded that the reason that pharmaceutical industry is as powerful as it is now is not because they're an evil empire of any kind, but the way that the healthcare systems and the way that higher education is set up in the U.S. has facilitated the entanglement of the relationships. Medical schools after World War II increasingly relied on federal research funding and didn't get money for a lot of the educational work that it was doing. Drug companies in part stepped in to help support some of that educational work. The Federal Government in creating new drug regulations didn't give enough funding to the FDA [Federal Drug Administration] to carry out those new regulatory responsibilities, so the FDA and other government agencies increasingly relied on academic researchers and industry researchers to help guide them on setting pharmaceutical policy. So the situation we face today and any crisis that we have in drug development or regulation is a product of these historical relationships and the kind of political economy of drug development and higher education.

CO: I saw that coming, yes. What's the solution? Say you're the drug czar.

DT: [chuckles] Eliminate direct to consumer advertizing. Look at patent reform on prescription drugs so that companies are getting a suitable return on their investment, but not an excessive return by extending patents on drugs needlessly. The Federal Government should be able to negotiate the price of drugs. There should be a certain amount of profit that drug companies should certainly be able to make, but beyond a certain level when it goes beyond their need to reinvest in research, there should be some kind of limit on that so the consumer isn't left with paying really high drug prices.

CO: Yes. Let me ask you another question.

[chuckles]

CO: I work for a magazine that comes out every month called *DVM* [*Newsmagazine*]. How would you like to co-write, you, the senior author, and me, the junior author, a little piece, maybe three or four pages on this subject?

DT: Sure, we can do that.

CO: Let's do it.

DT: Okay.

CO: It's done.

DT: It's written. [chuckles]

CO: We have our date choices. I have to do it every month, but that doesn't mean we can't find anything to do. The one we're working on right now is drug scarcity.

DT: Ahhh.

CO: I just took that up because it interested me of why are drugs so scarce and what impact is the monetary effect on this. So I ask the question, veterinary related, "What would you do if you suddenly find yourself without the proper therapy for one of your patients that has a life threatening condition? What would you do?" I left it that way. See next part. So then we have stuff in the *Minneapolis Star & Tribune* and there's a PharmD here who can write that.

You're certainly willing to join us and if you want to be a senior author on some of this stuff with us, I think you could adapt that to veterinary medicine quite well.

DT: Yes.

CO: I encourage you to do it. It would be really good.

DT: Some of the research I did...some of the sources I used did talk about development of veterinary drugs, so it would be actually nice to focus a bit more on what the veterinary side of it is.

CO: Right now, the big debate is whether schools should allow commercial firms to bring in their products. My opinion is yes. Then, I qualify it. Why shouldn't they? The way it's written right now—people want to banish it all—says to me that students have no judgment. They're like blind sheep. They'll read it and believe it. I don't believe that for a second. Secondly, for vet students, education is very expensive and they're never going to get it back monetarily. So these students are not enrolled to become rich monetarily. Rich in experience, yes. Rich in saving lives, yes. But not monetarily. It's fascinating.

[knock at the door – Doctor Osborne's secretary brings in the books he requested]

DT: It's interesting. I taught a class on the history of urinalysis...

CO: Oh, you have?

DT: ...from the early Twentieth Century in human hospitals. So I'll be interested to see your take on urinalysis now.

CO: The preface might address that a little bit.

I was fascinated with the uroscopist, boy are they flash, predicting disease to the point where it got from the urine being evaluated by the physician, while the patient stayed

home. Then, they had all these charlatans come in. In the UK [United Kingdom], they [parliament] started governing it [because it became such a problem]. That's another mighty example how urine has influenced the development of medicine, diagnostic medicine.

[chuckles]

DT: When my students read that paper...reading about urine analysis? Because I teach a class on the history of medical technologies.

CO: You do?

DT: They think, oh, this isn't very technological. But, of course, urinalysis is a technology.

CO: It is! It is.

DT: It's such a routine, mundane technology now that...

CO: We take it for granted.

DT: Yes. To see why it was used in the first place and, yes, its diagnostic value is pretty fun for the students, I think.

CO: You make it fun, right?

DT: I try. [laughter]

CO: My wife [Lynn] is a med tech. So when do you teach your course? Every year?

DT: Someone else is teaching it for me in the spring. I'll probably teach it in a couple years' time.

CO: If I'm around here, let me know, will you?

DT: Yes.

CO: I want to hear it.

DT: Certainly.

CO: Fascinating! Fascinating.

DT: Well, we better stop talking about me. We're talking about you.

CO: No, no. No, no, we can talk about me all day.

DT: [laughter]

CO: Go ahead, though.

DT: You mentioned, I think, earlier, the Diagnostic Laboratory. I'm curious whether the Diagnostic Lab was really a service unit for the state...

CO: Yes.

DT: ...that anyone out in the state could send their diagnostic material to?

CO: And it was subsidized. I think you hit the nail on the head summarizing what the Diagnostic Lab was and is. Most of the researchers, heavy duty researchers who were in the D-Lab, in molecular biology, I think they moved out of the D-Lab and into Basic Science. When they were in that lab, they didn't get the support from the leaders who were very service-oriented. Really, my experience was from the faculty members doing research. How myopic can you be? But that's the way they did it. So it's like saying do you want to practice forty years of veterinary medicine or one year forty times? They were doing one year forty times. But they performed a very important service to the state. There were a lot of samples coming in, so that was a tug on their time. They need both. There's not one better or worse than the other.

DT: Does it function as a bit of a surveillance system, too?

CO: It can. Now, it is with all the interest in bioterrorism. I haven't kept up with it. It's one of the big centers that's receiving funding from whoever is funding that now. I don't know who, some governmental agency. But, since we're in Companion Animal Medicine, I don't hear much about that. I just pick it up. Jim [James] Collins is the director, so I think if you talk to him, you'd see he is very service-oriented. He's good at it. He's good at being service-oriented. So the Diagnostic Lab is directly funded through the Legislature, not through the University to the D-Lab. My understanding is it's a line item through the Legislature.

DT: It just strikes me as a very important state function.

CO: It used to be separate. The building was sitting down there but now it's all connected. It was wrapped up in the college, I think, arguably, because it would take less administration. That's not true.

[chuckles]

CO: If you've had something around for fifteen or twenty years, it takes a certain structure to run it. You can fool around with the parts, but it's usually going to come out with the same cost. It just makes a difference as to who makes the most money.

DT: You were appointed department chair...

CO: In 1976.

DT: ...in 1976 of Small Animal Clinical Sciences. So what were your responsibilities in that role?

CO: To develop a progressive department emphasizing the development of specialties and recruiting faculty and aiding them in getting research dollars. I served two four-year terms. To be quite honest with you, I was not appointed to a third term, but I wanted it. There was another political guy around here named Al Lipowitz. Al Lipowitz is no longer here, but he wanted that job very badly. So at that time, Dunlop was the dean and he told me that I would have to go out and do what Al did, start politicking a little bit for this job. I said, "No." I would not do that. "I'm here to help you. If you don't want my help, I've got plenty of other things to do." Well, it turned out he didn't want my help. That really hurt, because I spent a lot of time building this department, trying to recruit good faculty. To get kicked in the teeth that way by some...—I won't say what I was going to say—that hurt.

But it was the best thing that could have happened to me. When I left, Dunlop said, "Build a center." So we have the Urolith Center. It runs on half a million dollars a year, all of which came from grants and donations for each year. We're getting all kinds of knowledge and information out of that. Thank you, Doctor Dunlop.

DT: [laughter]

CO: If I'd been in administration, who knows what would have happened. I think it's fair to say, I hope I'm not blowing my own horn but I think we're internationally known. If you were to say "Urolith Center" in Japan or whatever, they'd say, "Ah, yes." We get stones from all over the world.

DT: That's incredible.

CO: It is. It started with my sending stones to Houston, Texas, to a surgeon down there who had started a center in Baylor's College of Medicine. I can get some of that stuff out for you.

DT: Sure.

CO: So we cannot talk about me. We'll talk about what you want to do.

DT: No. It's all about you. [chuckles]

What were the challenges would you say you faced as department chairman?

CO: First off, developing my skills as a leader, my skills at listening instead of reacting. I worked about eighty hours a week to keep my research going and functioning as an administrator. That was a challenge, but I did it. A lot of administrators when they accept this position aren't able to do that. I was able to do that, because of sacrificing time that I could have been with my family. I'll tell you how I overcame that later. We have three kids now living around us so that's good. Anyway, challenges... The challenges were to recruit people. Some were being asked to leave their private practices. Other challenges were we recruited some real lemons—or I did. [chuckles] Wow! They were really off the wall. How do you deal with that? So we did that, and I learned that. Going to meetings, how to organize meetings was a challenge so you don't just sit there and beat your drum, same problems over and over and over. No. You've got to have a focus. We would put our energy and efforts to that focus. How are you going to sustain the department?

[extraneous conversation with Mary Lisa Berg]

CO: Is Dominique a real common name in Britain?

DT: No. My parents just liked French names.

CO: *Parlez-vous français?*

DT: No, sadly.

CO: *¿Habla usted español?*

DT: No.

CO: *Sprechen Sie Deutsch?*

DT: [laughter] That's even worse. I did high school French, so I...

CO: You can recognize the words.

DT: Yes. I knew what you were asking; I'll put it that way.

CO: That's about it for Carl's repertoire.

DT: Okay. I might know a little bit more than that but not much. [chuckles]

I don't have too many more questions actually. We've covered a lot of ground.

I noticed on the CV [curriculum vitae] they have for you in the Archives that you had a joint appointment in the Department of Pediatrics in 1974.

CO: Yes.

DT: Can you talk about that?

CO: Sure. In 1970, just at the time I finished my Ph.D., I was interested in working over in the Medical School in the Department of Pediatrics, because they had pediatric nephrology. The faculty over there were the best known in world. They were world-class physicians, very nice to work with, very accommodating, very motivated. Bob Venier and Al Michaels... Bob Venier retired a number of years ago and went to Texas. Al Michaels was the dean of the Medical School. You must have met him.

DT: I haven't, but he's on my list of people to meet.

CO: Yes. When you see him say, "Hi," to him from me. He was just such a *dynamic* guy, I think even after being a dean, he was back in the lab, you know, all excited with the fellows, just that kind of guy, so that motivated me to want to stay in academia all the more.

Then, the joint appointment came in 1974 or 1975, somewhere in there. They appointed me to this position really as temporary for a number of years. Two or three years, they appointed me that way. I could get extra grant-related money that way.

DT: Okay.

CO: So that was the reason, basically, for the joint appointment, to help me with funding. Ultimately, I turned away from that type of funding. The funding is still... The money trail would lead this way.

See that stone up there?

DT: Yes.

CO: That's a silica stone from a dog.

DT: Oh, wow.

CO: With few exceptions, that's the only species that forms that kind of stone that I know of and I don't know why. They call that a "jack-stone."

DT: What were relationships like, generally, between the Vet School and the Medical School?

CO: They were as good as the people working in them wanted them to be. It's like God feeds the sparrows, but He doesn't throw the feed in the nest. If you sat over here and expected them to come over and throw all the stuff in your nest, you're going to sit here a long time. If you went over there and stayed with them and showed that you could help them, a lot of good relationships would develop. That's how and why. When they

started the vet school in 1947, I don't recall who all the administrators were, but essentially they wanted faculty with DVM/Ph.D.s. Many of the faculty like George Mather, for example... He came from practice. He didn't have any advanced degree. Well, they pushed him through a Ph.D. program. Don Low was the same way, my advisor. Who else? Harvey Hoyt. They all got their advanced training... What was his name? Al Weber. They all came here without advanced degrees and then they all got them. That's why it motivated me to do that.

I can send you a more current CV that explains that a little better. Would that help?

DT: Yes.

CO: How about if I email it to you?

DT: Yes, that would be great. The CV I had ended in about 1974, 1975.

CO: Okay, I have one that I think ends in 1976.

[laughter]

CO: No. I have a current one.

DT: Okay. Excellent. That will be great.

One of the things I saw in the Archives was that the college here had reciprocity with the University of Wisconsin, because Wisconsin didn't have a vet school. There were plans that there might be a regional vet school?

CO: Exactly.

DT: But it didn't happen. Can you talk about that at all?

CO: Sure, I can. They decided they wanted to have a regional vet school between Wisconsin and Minnesota. That's when they were building this Phase 1, they called it, building. Phase 1 was designed to accommodate 120 students, because of Wisconsin needing a school. But the only thing is the legislators of Wisconsin and Minnesota found that the money doesn't flow across state lines so easily. So what was deemed to be a very good idea in the academic community was deemed a very poor idea in the political community. That killed it. So we had this kind of long-term history of an albatross. Now, they're filling it up, because they want the high tuition from the students, living in states other than Minnesota. In the ideal world, you wouldn't do that, but this is not an ideal world. So they do it for money. They're also admitting veterinarians from these offshore veterinary schools like those on the island of St. Kitts [Ross University]. Those kids are smart. Just because they didn't train here [in the United States] doesn't mean they're not smart.

Remember this fellow I introduced you to briefly from Turkey?

DT: Yes.

CO: He's a smart guy. He just didn't have the same opportunity and knowledge when he came here. We were on different planes, because of where he was... So, now, that he's trained here, he's going back to Turkey.

DT: Okay.

CO: We'll see what happens.

DT: Yes.

CO: That's a good thing that comes out of this.

DT: Yes.

CO: It's good for the animals; it's good for Turkey; it's good for us.

DT: It seems like there's been an increase in foreign veterinary students then?

CO: Yes, especially graduate students, which is too bad, but that's the way it is, so we work with what we have. The thing about the Asian graduate students is, boy, do they work hard. The disadvantage is they're not very creative. [chuckles] They tend not to be trained that way. They're bowing down to their master's. You know what I mean.

DT: Is it a product of the undergraduate situation?

CO: That's right. This Turkish guy, he tells me that he addressed everybody as, "Professor Doctor." Wow!

[laughter]

DT: That's redundant.

CO: Well, it's heavy. I said, "Please, don't call me, 'Professor Doctor.'" I don't want to be called such things.

DT: During the late 1960s and early 1970s, the health sciences on the Minneapolis campus were reorganized and the College of Medical Sciences disbanded and recreated into the academic health center. Now, Vet Med was affiliated but wasn't formally a part of the health sciences through the 1970s?

CO: No, they weren't. They were in Agriculture.

DT: Then, they were formally aligned in 1985. Can you talk about why it took as long as it did for Vet Med to be integrated within the health sciences?

CO: Because of the strong influence of agriculture and the strong influence of faculty, who were affiliated with that field. They didn't want to go to over there, so given the odds... Here's where you run into, if there's that many people who want to be here, and people that want to be there, if there's more people in this group, that's where you want to stay. By that time in the mid 1980s the feeling was that the vet school had more in common than in agriculture. So it was just not the same; therefore, the decision was made to align with the Medical School. Well, it turned out that Vet Med was not very well understood by anybody...

[chuckles]

CO: ...not by the Medical School and not by Agriculture, so we just kind of dangled, and it depended on the creativity of our deans to persuade the administration of how good we are. That's finally happening, because we have some very, very highly trained faculty. They're like nose-ologists. All they look at is the nose.

DT: [chuckles]

CO: When they look at you, they look at your nose. The kidney specialists tend to focus on specific types of kidneys not your right 'ney, not your left 'ney, nor your high 'ney, nor your wee 'ney, but your kidneys. So that is the way I see it. What do you think?

DT: I don't...

CO: Does that sound logical? [Some folks define "specialists" as doctors who know more and more about less and less until they know everything about nothing. In contrast, "generalists" knows less and less about more and more until finally they know nothing about everything.]

DT: It does make sense, because especially if so much emphasis is placed on specialization and increasingly specialists' realms of knowledge. If you have that much expertise, then it has currency.

CO: Exactly. What we have to do is get our faculty to grow up to show people we can do this stuff. We know molecular biology as well and we can work with them. Animal models, as long as they're cared for and helped and have a specific purpose, great.

DT: That's the thing, because in a lot of human medical research, there's a lot that happens first in animal models.

CO: They do, and, now, with the ever-rising concern about the welfare of animals, they need veterinarians there to help them through those things, because physicians don't know that much about it—not from the Med School anyway.

I took two years of Med School as a part of my Ph.D. training.

DT: Oh, interesting.

CO: I was going to go on, but I didn't, because I couldn't stand to memorize that stuff. It was memory after memory after memory. If you don't use that, what good is it? It's a waste of time. So I decided not to waste my time that way. Otherwise, maybe...

Tell me, Dominique, where did you go to school?

DT: I did my undergraduate at the University of Manchester in England in biochemistry.

CO: Really?

DT: Then, I got my Ph.D. in history and sociology of science at the University of Pennsylvania.

CO: That seems like a big switch there.

DT: It was. [laughter]

CO: What happened?

DT: I love science. I love science, but I don't like lab work.

CO: Do you mean chemistry and stuff like that?

DT: Yes, and in biochemistry and microbiology running gels, doing protein analysis.

CO: I'm with you. I wouldn't like that either. Let somebody else do that.

DT: Yes. I figured if I could just jump straight from undergraduate to PI [principle investigator], I would be fine, because I'd have other people to do it, but going through the lab work, it just wasn't interesting to me. I realized if I studied the history of science, the recent history, then I could still be engaged with scientific knowledge looking at the interactions between science and politics and policy. So it kind of fit this other need, too.

CO: Would you do it again?

DT: I would. I always thought about going to medical school, but, actually, for the same reason that you decided not to continue with medical school, I realized it was a lot of memorization, and I wanted to do a lot of thinking.

CO: Yes.

DT: I know that, obviously, once you get through that memorization part, you do a lot of thinking. I like what I do.

CO: Well, you're good at it. That's why you like it.

DT: I like it as long as the work that I do has some relevance to contemporary practice, then I'm engaged.

CO: It's a good thing you're doing it, because if you didn't do it, nobody else would. They might have had their own little niche, but they wouldn't be doing this.

I'm writing my own book now. I already told you. First, I invented the title when I had nothing. Now, I have a little in the first part and a little in the second. So I think this will be a four-volume book.

DT: [laughter]

[dog is barking]

DT: You have a dog barking in your office; that's my dream job, being with animals.

CO: Well, we'll get you over here.

DT: Yes. Actually, the first thing I wanted to do as a kid was be a vet. I don't know why I changed my mind.

CO: Somebody didn't encourage you at the right spot; that's what happened. Right?

DT: I think it was also the fact that I find it too sad being around sick animals.

CO: That's true. I had the same feeling. In fact, we've done a lot of research in the past that I wouldn't do again. But having said that, we had some beagles that had urinary bladder implants. Some developed renal failure and had to be humanely euthanized. The technicians that I hired said, "I can do everything except euthanize a dog." I said, "Let's look at it this way. You work with these dogs for a year or two. They're your friends, right?" "Oh, yes. We love them all." "Let's say you were one of those dogs now, and somebody's coming to euthanize you, how would you like it? Would you like to go to somebody you didn't know that was rough with you and all that, or would you prefer to be with the humans that you've spent all that quality time with? Now, as a human, how would you handle that?" Well... They *wanted* to be there if that is what had to happen. Subsequently, I quit that. I can't stand the thought of it. But in vet school, we were not taught to be so sensitive to animals. We were given the line, which is true, that animal research supports human life—but it doesn't always do that. And I don't have to do that. So I'm not going to do it. Let somebody else do it.

DT: Yes.

CO: I just couldn't do it anymore. I did the surgery on cadavers and things like that.

DT: Do you have a little bit more time to finish?

CO: I have all day.

DT: Okay.

[break in the interview]

[extraneous conversation]

CO: Is this what I'm supposed sign?

DT: Yes.

CO: Are you sure?

DT: Yes. Up here.

CO: I can try to do that right now. I'll put my X there. There's one.

DT: Then, the other one.

CO: I have to date it, right?

DT: Yes.

CO: What's the date?

DT: It is the 17th.

CO: All day?

DT: Yes, all day. [chuckles]

CO: October 17.

DT: That's right.

[pause]

DT: Thank you.

CO: You're welcome. Thank you.

DT: Continuing on the question of the College of Veterinary Medicine's integration with the health sciences, one of the things I've seen from the Archives is that there was certainly some faculty in the College that were supportive of the alignment with the health sciences during Sidney Ewing's time as dean, but that Ewing himself seemed to be less interested in encouraging that integration or maybe it was also that the University president wasn't particularly interested in moving forward with that.

CO: I don't know. That part is a blank to me. If you had asked me the question if Sidney Ewing was or was not interested, I would have said he was.

DT: Okay.

CO: But I don't know. Just the nature of the man and what he does now and what he did before he came here makes me believe he'd want to be there. Now, it could be that he had some relationship with one of his administrators that made him stay with them. That could be. But I don't know about it.

DT: It's always interesting, because I can try and interpret from the archival materials, but, then, hearing other people's perspective from actually knowing Ewing and seeing what he said can shed a different light on it.

CO: Yes. Maybe it's not an all or none. Maybe sixty/forty. I don't know. I would say if you asked me what I thought, I'd say "you bet." Now, it didn't turn out perfect because some of the physicians were a little uppity and others had a lot of work. The visionary ones went for it, and certainly Bob Dunlop did.

DT: Yes. It seems like once Bob Dunlop was dean that the integration...

CO: Yes, he pushed it. He lives in south somewhere. He used to live in Oregon.

DT: Oh, I thought he still lived in Oregon. No?

CO: No, he moved.

DT: Okay.

CO: I'll have to write him a little letter. I'll tell you if he knows this story. He's English. You know that, don't you?

DT: Yes.

CO: He's a wonderful guy. He likes to tell these stories, you know. I said before he wasn't a good listener. He reminds me of... Who was your prime minister during the war? Winston...

DT: Winston Churchill.

CO: He reminds exactly of him. Yes. He didn't smoke a cigar and he didn't make a face like that, but his voice and his comments... Carry on, you know. All that tommy rot.

[laughter]

CO: That's who he reminds me of.

DT: I'll hope I get a chance to interview him.

CO: He often comes by here.

DT: Oh, he does? I do also travel to interview people depending on where they are.

CO: I'll try to find out for you.

DT: Yes, that would be great. When I thought he was in Oregon, I was probably going to go to Oregon to do research anyway, so I thought I'd combine it. But, if he's not in Oregon anymore, I should definitely...

CO: When he moved to Oregon, he had a nice place. I don't know why he moved, but maybe something to do with his kids. It wouldn't surprise me a bit if that was the motivation. However, I'll have to ask him.

DT: I would appreciate that.

Did you have any interaction with Lyle French?

CO: I know the name and that he was the dean of the Medical School, right?

DT: He was the vice president for health sciences in the 1970s.

CO: Oh, that's right. Ewing would have interacted with him?

DT: Yes.

CO: Maybe that's why. No, I didn't. You can tell why I'm asking you.

DT: [chuckles] It's always interesting to know how much influence or how much visibility the vice president for health sciences had for the faculty who were working in the departments and just going about their business and not involved in the administration so much.

CO: Yes. Well, I think Lyle French is still living, isn't he?

DT: No, he passed away, sadly.

CO: Didn't [Carl] Jessen know a lot about him?

DT: We talked about him some, yes.

CO: I think he was the neighbor of Lyle French, somehow.

DT: Okay.

CO: It's possible. Jessen was a talker, wasn't he?

DT: Yes, I got some good stories from him and some good information.

CO: Good.

DT: He was, I guess, in the dean's office for some time.

CO: He [referring to Doctor Jessen] was director of the VTH [Veterinary Teaching Hospital]. That's where he was. As a matter of fact when I was chair of the department, I recommended him for promotion from associate to full professor. He helped me with the statistical design and analysis of my Ph.D. thesis. [laughter] It's crazy, isn't it? Yes, I knew him really well. Now, he's at the [Minnesota Veterinary] Historical Museum.

It's a neat museum.

DT: Yes. I actually walked past it when I was trying to find your office. I've looked at it online, on the website that it has. I'll try and stop in there when I leave today.

CO: Oh, good.

DT: One of the things I'm curious about... You, clearly, were doing clinical work at the same time as the research and the teaching and the administration that you were doing here. What balance...how much clinical work were you doing, say, compared to the research and the teaching?

CO: My clinical exposure and research were one and the same. So I did a lot of my research by following clinical trials for diagnostic, for therapeutics and I spent a lot of time at it. I had to raise my own money. It was harder for me to use department money when I was the chair than after. But I could show auditors the [account] book and say, "Here you are." I never had to worry about being dishonest, which I think is very important, being honest... People will forgive you for making a mistake. They're less likely to forgive you for trying to cover it up. Making a mistake and making a cover up have a different intent.

DT: As I understand it, there were limits on how much the faculty could engage in private practice.

CO: That was [David] Thawley. I don't have anything good to say about Thawley, except that I wish him no ill harm and I also wish never to see him again.

DT: He was dean after Bob Dunlop? Is that right?

CO: Yes. He was appointed. [Prior to that time, he was the department chair of the large animal clinical sciences.]

DT: Earlier, you mentioned that you had some more things to tell me about Bob Dunlop. Can you talk a little bit about what he was like as dean?

CO: Sure I can.

[extraneous conversation]

CO: Bob Dunlop-came in about 1980, I think. He served as Dean for maybe eight or nine years, as I recall. I was in my second year appointment as chair of a four-year term.

By the way, they don't have that anymore. That was the example of the faculty back in the 1970s imposing their will on the administration. Deanship for three years; chairs for four.

I got along with him very well, except when he didn't reappointment me... I think he was a chicken about that. I told him. I found out by mail in my mailbox the same time everybody else did. After working for that job five or six years, whatever, four years, I didn't think that was very nice. So I stopped and told him that. "Bob, I don't think that's the way you should handle faculty." I think he was afraid to see what I would do. Anyway, I still like him. He told me that I should build a strong center as long as I had the funds. So I did. I think he supported me. The keen part about him is...

When David Thawley was dean, he was trying to get me fired. That was because he was a tyrant, a bully, first-class. [sigh] He came after me because I started sticking up for people he was bullying, like Shirley Johnston, who was his associate dean for Academic Affairs. She could tell you all about that and the suit that was brought against him by Patty [Patricia] Olson, but that's just for future discussion.

Back to Bob... Bob helped me. I started the center and by the time Thawley came along, it was well established. So Thawley thought I was handling money inappropriately all the way around. So if you look at my file upstairs, I understand that there's two or three lateral drawers full of stuff against me, which I'd like to look at—but I don't care. Whoever wants to get it out, let them waste their time on it. Why spend my time on it? Thawley didn't like what I was doing.

For example, why didn't he like me? One reason is because there was a faculty member here [Harry Momount] who John Fetrow—who at that time was chairman—recommended that he be denied tenure. He's now a tenured professor at [University of] Wisconsin. Shirley Johntson was the advocate that stood up for him during the tenure hearing with a bunch of peers. I was chairman of the Faculty Council, which is the key committee that advises the dean. While I was sitting in one of the meetings of the Administrative Council, Thawley clearly stated how he felt so bad for John Fetrow, because Fetrow had decided to recommend that this guy not be tenured. Right there, that was a clear violation of the tenure code, because the dean is not supposed to have an opinion until he gets all the faculty recommendations in. He may have an opinion, but he has to keep it to himself, so as not to influence anyone else. I thought that was a clear violation. So what do I do? I didn't know what to do. I went to my buddy, Tom Fletcher... Do you know him? Don't let me leave without telling you about him. You need to talk to him. He was associate dean for research in this era. He's a swell guy, really top-notch, a Mac [computer] guy, too.

DT: [chuckles]

CO: At any rate, I went to him. He said, "What I would do if I were you, I would write a letter clearly documenting what you've seen and put it in Harry's [Momount] file. Put it in his file, and leave it there. If Harry wants to file a grievance, and he wants to search his own file, he'll find your letter and that trail will lead..." Well, wouldn't you know? They denied him tenure. Harry found my letter and went to the dean, so the dean thought I was a traitor for writing that. I should have done it a different way. I didn't think that was honest. If you want to be in the headlines, I'd rather be in the headlines and shot for being right than being wrong.

Shirley Johnson—another example—was appointed by Thawley as associate dean for Education. Finally, he fired her. All he had to do was not reappoint her, but he fired her. This was linked somehow to Patty Olson. Patty Olson was a candidate for the chair of our department. She wasn't chosen. Jeff [Jeffrey S.] Klausner was. She thought she was clearly a better candidate. The two of them [Olson and Johnson] filed a grievance against...no, sued in civil court. They lost, because they didn't have a jury supporting them. They had some high-powered lawyers from Minneapolis. It cost them a lot. They lost.

So this gave Thawley license to come after me. What he tried to do... A lot of people gave us donations. I didn't even request them. They gave fifteen, twenty, fifty dollars just to support us. In addition, there was a company, much like you said [earlier about the pharmaceutical industry] who filled the gap of lack of resources doing investigating diseases with the intent that you would apply nutrition to the problem. That was Hill's [Pet Nutrition Company]. They were funding all the master's residents at the time, not because they intended to fund them, but because I steered the dollars in there as chairman. I'll send you the letter; you can see. He accused me of violating state and federal law and mismanaging my funds *and* not keeping the administration informed of what I was doing *and* a bunch of other stuff.

[chuckles]

CO: So I just decided, well, I've told the truth. I'll stand on the truth. I'm not going to hire a lawyer. I'm just going to get the truth out. The truth was that Thawley was blatantly dishonest and he lost and he left. My opinion is that they asked him to leave. Interestingly enough, he went to an animal science college at the University of Nevada in Reno. He went through the same stuff out there: faculty filing grievances against him, etcetera. My opinion is that he was just a bully. You were either for him or against him. If you were against him, watch out. When the faculty saw me go through this, they all became quite frightened. But, our center is still here, still funded. I'm still getting funds. We're doing just what we should be doing, I think, and he's in Reno causing trouble.

[chuckles]

DT: Do you remember how long he was here for? It can't have been for too many years.

CO: Ninety-eighty eight to 1996 or 1997. He was here too long. Any amount of time was too long.

DT: [chuckles] One of the stories that was in the Archives about you—none of this [referring to the Thawley story] was in there—a news story about you treating Zsa Zsa Gabor's dog.

CO: Yes.

DT: My research assistant who found it was fascinated and insisted that I ask you about Zsa Zsa Gabor's dog.

CO: She used to call me, "Doctor *Dahling*."

DT: [laughter]

CO: She's still alive, I think.

DT: Yes, I think so.

CO: A little demented, maybe.

We had a graduate here named [Richard N.] Dick Gebhart. Dick Gebhart was a very entrepreneurial veterinarian. He went to California and he built a hospital called the West Los Angeles Veterinary Medical Group, as I recall. So he saw Zsa Zsa's dog. It was sick. He said, "I want you to go to Minnesota. They've got good staff there." So he referred the dog to me. I looked at it. I have a picture of it somewhere. I'll try to find it right now. I saw her dog and did a liver biopsy, which was a little scary when you have a celebrity's dog, because there's always the possibility that you could cause damage to

internal organs. It went perfect. It was determined that her dog was sick because it was drinking chlorinated swimming pool water.

DT: Oh, goodness!

CO: It is just a little dog, cute little dog, cute little lap dog. We fixed it all up. She stayed at the Holiday Inn in Roseville. On the marquee as she left, it said, "Goodbye, Zsa Zsa Gabor." Right up there! She never got that kind of publicity in California. She felt like a real celebrity. Back then, she was a pretty good-looking chick, even for her age.

DT: [chuckles]

CO: I'll show you if I can find it. I think I can, if I just think about it. [pause as Doctor Osborne looks for the photo on his computer] This is one picture right here.

DT: Oh, wow.

CO: This is the little dog. There's Zsa Zsa. Guess who this is.

DT: Is that you?

CO: Yes.

DT: That's great.

CO: That's yours truly.

DT: That's a great photo. Is the dog a lhaso apso?

CO: Yes, lhaso apso. Sure. Lets see if I can get the other one up. There she is.

DT: She is beautiful.

CO: She is.

DT: So it was, basically, your student...because he was in West L.A., he was able to refer her. It wasn't like you had a celebrity clientele usually?

CO: No. She just came here. She had to fly over a lot of veterinarians to get here, though. That was back in the era when those procedures were only done in colleges of veterinary medicine.

[pause]

CO: If you want any of these pictures, just let me know.

DT: The one of you and Zsa Zsa would be great.

CO: Okay. Make a little list of whatever it is and I will help you.

DT: Sure. Excellent.

CO: I'll give you some pictures of Zsa Zsa. I'm going to give you an editorial on followership and leadership. I'll give you an editorial on the energy vampire. I'm going to give you Bob Dunlop's email address. I'm going to give you Tom Fletcher's phone number. He's from New York. He was born in Queen's I think, but he still has a typical accent... He says, "Vet-uh-rear-uh-en" and "diarrher," and "aorter."

DT: [chuckles]

CO: They don't pronounce their a's. He's a wonderful guy, though.

DT: Yes, that would be great to talk to him.

CO: In fact, if you look here right now, he and I have been here longer than any other faculty member living.

DT: Oh, really?

CO: Even the [unclear] didn't serve as long. I'm going into my forty-eighth year. You'll have to ask him, but I think he's at forty-nine, something like that. But we try to keep a low profile.

DT: [laughter] I couldn't believe that Al Weber still comes into his office.

CO: Yes, he's driven to discover. If there was ever a guy driven to discover, Al's the one. He's a very nice gentleman.

DT: Yes, he was lovely. He was really nice.

I just have a couple more questions.

CO: All right.

DT: The Center to Study Human Animal Relationships and Environments [CENSHARE] was established in 1981. Given that you worked with companion animals, I wonder, did you have any involvement with CENSHARE?

CO: No. Pretty much R.K. Anderson led the way. I think Shirley Johnston did. I had some involvement as the department chair, but I don't recall it very clearly anymore. Somehow, it wasn't something that impressed me, not because it wasn't important. It was because R.K. was doing a good job and I didn't have to worry about it.

[chuckles]

CO: You know he developed the Gentle Leader[®] [Headcollar].

DT: Yes. He told me about that.

CO: He's very proud of it.

DT: Yes.

CO: He ought to be. It's used on a worldwide basis. Good for him. It's funny, because before becoming interested in that, he was, to me, a champion of large animal medicine.

DT: Oh, really?

CO: He was an associate dean for Research and Education under Thorp, as I recall. I would have projected that he would have been just a large animal proponent, but that's not the case.

The dean...what's his name, the dean at Washington State? [Dr. Leo K. Bustad, Dean of the Washington State University College of Veterinary Medicine Award]. They have an award named after him that R.K. Anderson received. This award is quite an honor to receive, because it shows you have a lot of compassion. Did he tell you that?

DT: Yes.

CO: What was the name of the award?

DT: I'll be able to look it up.

CO: I think I have two of them. If I do, I'll send you one.

DT: Yes. I know that he's won several awards certainly.

Given your long career in veterinary medicine, I assume you've observed many changes in veterinary practice, research, and even the culture of veterinary medicine. I wonder if you could spend a few minutes talking about what you think some of the major changes have been.

CO: Sure, I'd be glad to. The major changes have occurred in diagnostics, specialty practice, and a gender change. I've addressed several people and myself of why more women than men now have been admitted to veterinary schools. I don't know the answer. It's an observation to me that is unexplained. Specialty practice developed as the result of a development of boards, regular board examination, meaning examination of subject material. I'll tell you, they're really tough. So, when you pass your boards, it

more or less gives you a very, very good bargaining chip if you want to work in a certain practice.

If you ask a veterinarian, “How’s your practice doing?” most of them respond in terms of dollars and cents. If you ask me what they *should* say, they should be counting how many animals they saved, what diseases they’re seeing. That, to me, is success. The monetary stuff... They may not get into it with the intent of monetary gain. They were very idealistic and altruistic, but something changes them. You might say, well, the reality of the world is how expensive...but it’s more than that. I think the preoccupation with money changes a lot of people. That is sad, but I can’t change it, can I? It’s in my sphere of concern but I can’t influence it, except that I tell the students many of the things I’ve mentioned to you today: how important it is to be compassionate, what it means to be compassionate. Let me try something on you: What’s the difference between sympathy and empathy?

DT: Empathy is when you try to put yourself in someone else’s position to understand what they’re going through. Sympathy is where you don’t put yourself in that position, but you feel sorry for their situation.

CO: But you’ve never been in it.

DT: Yes.

CO: I could never express myself in terms of childbirth, because I never had one. So I can be sympathetic, but not empathetic.

DT: Yes.

CO: Is there a difference between compassion and empathy?

DT: You don’t have to have the experience in order to be compassionate.

CO: What do you have to have?

DT: Kindness, I would think.

CO: What else?

DT: Well, sympathy. [chuckles]

CO: The key component to compassion is an empathetic awareness of the feelings of sorrow, something like that, *and* the willingness to help. That’s key.

DT: Yes.

CO: How many people are empathetic and not compassionate? Too many. So I ask my students, “Do you think veterinarians should be compassionate?” “Yes.” “What is that?” “Well...” They’re not quite sure.

[chuckles]

CO: Then, I ask them to write an autobiography. I have this year’s set if you ever want to read them. They’re fun to read.

DT: I bet, yes.

CO: Would you like those?

DT: Sure. Absolutely.

CO: Put that on the list.

DT: It’s getting to be quite a long list.

The vet that my animals see was a student here [University of Minnesota College of Veterinary Medicine]. One of the things, I think you might appreciate is my cat was diabetic, but recovered from diabetes. He had an immune mediated anemia a couple of years ago. They couldn’t figure out what caused the severe anemia.

CO: Was he on steroids?

DT: Yes, he was on steroids for about a year, and, then, he developed diabetes after that.

CO: Sure.

DT: He was able to come off the insulin a few months ago. In large part, I credit the vet that we have.

CO: Good. That’s a success story, isn’t it?

DT: Yes.

CO: Cats develop diabetes, as you imagine, probably. Steroids are a well-known as diabetogenic. So if you take them off the diabetogenic agents and you feed them properly with food, they will often recover to the point of not requiring insulin.

DT: Yes. So far, he’s living, which is amazing.

CO: Is he a domestic shorthaired cat?

DT: Yes, he is, and he's pretty young. He's only four at the moment. He was two when he had the severe anemia. The fact that he was so young as well...

CO: They call that IMHA, immune mediated hemolytic anemia, right?

DT: Yes.

CO: Some people claim that the body attacks itself. I don't buy that. I don't think that's ever been proven—not to say they can't be treated the same. When I took the pathology course when I was in graduate school, the names of diseases that were still called autoimmune were in multiples of ten. Now, as they discovered the causes, the list is substantially shorter.

What other questions do you have, Dominique?

DT: I'm wondering if you have any other final thoughts that you'd like to share with me about the College of Veterinary Medicine and about your career here.

CO: I'll tell you what... Maybe I can invite you, if you want to come, to a December 9 special award ceremony. This special award ceremony is generated by my decision not to retire. When you retire, typically, everybody says what a great job and what a great guy you were. I'm going to skip that.

DT: [chuckles]

CO: I'm going to tell them what a great job they have given me. I'm sending out about eighty invitations.

DT: Oh, great.

CO: I don't know how many will come, but I'm trying, and, now, I'm inviting you.

DT: That would be great. I know I'm traveling at some point in December, but I should be around then, so I'd love to receive an invitation.

CO: Oh, it will be fun. It's very different in that rather than trying to put myself as the center of attention, I'll put everybody else...

DT: I think that's a nice idea.

CO: Yes, I like it. I'm excited about it, in fact.

I'll give you a couple other thoughts.

DT: Yes.

CO: This college is as good or bad as its administrators, you know, and as good or bad as its faculty. I think that the Veterinary Teaching Hospital is going in the wrong direction, because they're overemphasizing *dollars* to the point where they're euthanizing animals that don't need it. The intensive care unit, in my opinion, is becoming an intensive cost unit. It really costs a lot. People can run up a \$2,000 or \$3,000 bill very quickly, and, then, simply run out of money to take care of the animal. My opinion is that after you put that kind of money into caring for, your patients, and then euthanize them because the client can't afford the expense claiming that's the only choice, this premise is fundamentally wrong.

I'm not saying other people should do this, but there's lots of times when I've personally paid for the animal's life to return the patient to the owner than euthanize it. I would do that again, as long as my resources hold out and that means I have enough money to educate my kids and keep my wife supported and also pay the help that works for me.

My opinion is that I'm going to treat my employees like my own children, and I want to be paid in the same way. They're entitled to a decent income according to what we're doing.

This College has had a lot of attention, has a lot of good people who are internationally known for their contributions to medicine, but they still have not solved evolution versus creation. Now, I'm going to give you a couple of "what ifs" and, then, have you guess where I come down on this issue. Okay?

DT: Okay.

CO: Are you aware of [Louis] Pasteur?

DT: Yes, definitely.

CO: Pasteur...one of the things he was famous for is proving that life could not originate from inanimate stuff. Right?

DT: Right.

CO: And he did that elegantly through wine producers by using flasks with curved necks versus flasks with straight necks. Is that correct?

It was some germ theory or something that he proved. He lived about 1830 to about 1890.

Are you familiar with [Charles] Darwin?

DT: Yes.

CO: Okay. Well, what did Darwin say? [After observing some differences in the structure of finch beaks...] He said, "Life evolved. The survival of the fittest," and so on and so forth.

So I would like to know why these two contemporaries, one who lived a little longer than the other... Darwin who said life evolved, and who was well-respected, and quoted widely. Pasteur said life cannot originate spontaneously from inanimate objects, well-respected, etcetera, etcetera. How can that be that they aren't thinking of it?

Now, another situation... If you take a look at hemoglobin, the molecule, you'll see that hemoglobin contains four tetrapyrrole rings and in the middle is iron. If you look at chlorophyll, chlorophyll is composed of tetrapyrrole rings and in the center magnesium. One takes up CO₂ and gives off O₂. The other is just the opposite. Both are energy dependent for life. How did that happen? Pretty amazing to think about, isn't it?

A month ago, one of our faculty was giving grand rounds, and he led off his discussion by a theory of evolution and he stated, "Anybody that disputes this ought not to be teaching veterinary students." I was listening to that. I about jumped up and said, "I challenge you," but I didn't. It would make a big dispute, something, which I didn't want to do in that setting. How can people think that monkeys evolved into humans? If that's the case, why are there still monkeys? I mean, if it was such a great thing to grow to be a man, why are there still monkeys?

Why are there still single-celled organisms?

The reason I'm telling you this is that these thought processes prompted me to rethink the Darwinian theory of evolution. As I started to think about it, it became more and more obvious to me. These thought processes guide my treatment and diagnosis, because if the animals were created by a Creator, they were created for a reason. And although they didn't evolve, we have an obligation to treat them well. That means that we can't just ignore them. As a veterinarian, my charge is *all* creatures great and small, right? That wraps up my whole thought of why I'm doing what I'm doing and why I'm so satisfied with it. I don't happen to be one of those scientists that says life evolved. I say, "Darwin was wrong." I think that modern technology is proving it.

What do you think? I told you what I think. You can tell that I don't buy the theory evolution.

So what are you going to do now?

DT: [laughter]

CO: You'll at least think about it, won't you?

DT: I will think about it, yes.

CO: If you think about it, Dominique, harder and harder, you're going to find out that... I'll have to send you something from Homer Smith. Homer Smith was a very renowned physiologist. He was a great evolutionist. I'll send you one of his chapters.

DT: Great.

CO: It's supposedly why he was such a great scientist. I say it's a pile of crap.

DT: [chuckles]

CO: When you read it, it comes like they always do... If we have a margin of error of a tenth of a milligram that may be too big to draw a conclusion. But they can draw conclusions by saying, "Fifty or a hundred million years ago..." uhhhhh. Isn't that amazing?

They believe evolutionary theory because they've never studied it, and if they would study it and reason upon it instead of accepting it as a fact that's just been handed down, they would find something a lot different. This might make them take better care of themselves and better care of others.

So the last thing you could do for me...

DT: Yes.

CO: How about joining the 51-Percent Club?

DT: What's that one?

CO: The 51-Percent Club

DT: Yes.

CO: The 51-Percent Club... To be a member you have to treat others more than half way. That's 51 percent. The second part of being a member is you have to recruit others. Now, if somehow we could just get everybody to join the 51-Percent Club...think of that. There would be no wars. There would be no problems with men assaulting women and vice versa. There would be no arms to control.

Do you want to be a member?

DT: I'll be a member. It's like you're selfish if you just work on one person at a time and...

CO: Exactly. Pass it around. Get people talking it up. I tried to convince the *Minneapolis Star/Trib* once, and they didn't like it. I haven't given up.

In fact, do you remember hearing about the president...? What was his name? It started with a Y, I think.

DT: Do you mean an American president?

CO: No.

DT: Oh, a president here.

CO: Yes. [Doctor Osborne is referring to President Mark Yudolf]

DT: Oh.

CO: Just write down "editorial president" here. I'll give you a piece of paper to write on. I wrote two editorials they didn't accept. I gave ten criteria that if he would follow, he would succeed. Well, they didn't publish it but you can read it and be the judge. Let's put it that way.

DT: Okay.

CO: You can make my list for me.

DT: Okay.

CO: Transfer that list to this piece of paper.

DT: Oh, okay. Yes, sure. Will you be able to read my handwriting?

CO: Sure. If not, I'll call you.

[laughter]

CO: Put your email address and your phone number on it, so I'll have it all in one location.

DT: Sure.

CO: Then, I'll ask your opinion of something.

DT: [chuckles]

[pause]

DT: I'm trying to do it in my best handwriting.

CO: Good.

DT: I don't have the best.

CO: My handwriting when it gets all said and done is terrible.

Well, this has been fun. I haven't had such a good time in a long time.

DT: Yes, this had been great. Thank you. You've given me lots of good information.

CO: Also, we're going to write something for the *DVM Newsmagazine* if you want to add that in there.

DT: Yes.

CO: When you win the Nobel Prize, remember talking to me.

DT: [laughter] I think that's everything. That's everything that I have on my list.

CO: What you'll receive if you're able to come December 9th is something of my own creation. See how it works and see what you think.

DT: Okay.

CO: I got a bunch of bricks from the old anatomy [Veterinary Anatomy Building]? Do you remember old anatomy? It no longer exists.

DT: Yes.

CO: I've got a bunch of bricks from that building.

DT: That's great.

CO: I'm going to put a plate on them with everybody's name and mention somehow caring about others. I haven't quite figured that out yet. On the back, I was thinking of putting their pictures. In order to do that, I have to have your picture.

DT: Right. [laughter]

CO: So, if you have a picture I can use... You know the size of a brick.

DT: Yes.

CO: It will be on the rear face. The front face is some kind of a plaque, and the back will be a picture.

DT: That sounds great.

CO: Yes.

DT: For an historian to get a brick of an old building, that's always good.

CO: You like the idea, right?

DT: Yes. Exactly.

CO: You validated my idea. Now, I've got to do it.

Well, this has been fun, Dominique.

DT: Yes. Thank you.

CO: I hope you can come back often.

DT: I definitely will.

[End of the Interview]

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