LEARNING TO CARE: COLLECTIVE IDENTITY WORK IN THE TRACKING SYSTEM

When I began talking to veterinary students, I brought assumptions with me about what led them to the field and how they identified as future veterinarians. I tried to limit my biases as much as possible, but I had them nonetheless. In particular, I assumed that a desire to care for animals influenced the decision to work in veterinary medicine. My assumption echoed what research on veterinary students has found. For example, Morris (2012) points out that “students entering veterinary school most often mention the ‘desire to work with and care for animals’ when asked to define the most important reason they want to become a veterinarian” (p. 183). Thus, my assumption was correct—but only in part. The students did consistently discuss care, but when I asked them what this meant, to whom they directed care, and how it shaped their personal and professional identities, they showed me a more nuanced identity than one based solely on caring for animals. As I listened to more students, I understood that the identity they described went beyond the individual level to characterize the profession. I began to call this professionalized care occupational care work and, at first, thought it might be similar to other “caring professions” such as nursing. However, I found that veterinary medicine uniquely employed occupational care work, which reflected the boundaries within the field, and it was indeed tied to identity.

My interest in collective identity sprang from the fact that veterinary medicine, and veterinary medical education, is highly segmented. As the previous chapter showed, tracking in veterinary medical colleges separates students such that they learn to treat and view animal species in extremely different ways. I first
wanted to know whether a collective identity could exist within a profession that was so separated by specialties. To be sure, human medicine has numerous specialties, such as oncology, pediatrics, ophthalmology, and so on, but all physicians practice on the same species: human beings. Veterinary practice is divided along species lines. Nevertheless, veterinary students readily spoke of a collective identity that exists among all of them, a particular type that I call a segmented collective identity. However, they did admit that the differences across tracks made it more challenging to claim that collective identity. They described various techniques they used to maintain access to the collective identity of a caring and advocating doctor for animals. These techniques differed across the tracks due to the differing constructions of the animal patients within the tracks and what it means to care and advocate for and treat those different animals.

Veterinary medical students definitely hold to a collective identity of care. However, within tracking systems the tracks represent entirely different careers, and thus the students employ differing strategies to gain and maintain access to that collective identity. I have already established how large animal and small animal medicine constitute different practices under the umbrella title of veterinarian. Consequently, the discourses surrounding care in each domain also differ. Ethic of care theories have previously focused on human caring relationships; when nonhuman animal relationships entered the literature, studies mainly focused on the animal rights movement (e.g., Donovan & Adams, 2007). I use “ethic of care” to refer to the feminine conception of morality, which is concerned with care, relationships, and connection. It offers a more flexible and situated approach to ethics. In using the ethic of care, I build on the work originally begun by Carol Gilligan (1982), who introduced the ethic of care to understand the development of a moral self from a psychological standpoint. For Gilligan, there existed a moral orientation toward care, which required the self to be relational and to make moral decisions based on relationships with others and a sense of responsibility.

Gilligan was met with praise and criticism from feminist and gender scholars. Some praised this new notion of a feminine moral orientation of care that was equally valued to a masculine orientation of justice. Critics, however, considered the theory to essentialize gender differences and link women’s and men’s morality to biological determinism (see Tronto, 1987, 1993). By attributing gender differences to psychological developments such as morality, one might reify traditional feminine virtues, which historically have kept women in an oppressed position within the private sphere. Gilligan’s original proposal has been critiqued and refined, but the evolution of the ethic of care has maintained the
contextualization of ethics. Ecofeminists now connect the oppression of women to the oppression of animals and use the ethic of care to argue for animal rights, recognizing the diversity of animals along with their ability to feel (Donovan & Adams, 2007).

Without engaging with animal rights, veterinary medical students attempt to illustrate how they employ an ethic of care toward animals, even within a relationship that does not always involve caring behavior objectively defined. They also show how they fend off threats to this identity of care through strategies particular to their track. This addition to the ethic of care literature will grapple with the caring-killing paradox in veterinary medicine and other care work (e.g., human medicine). In doing so, this research informs how socially constructed differences shape the definition of care and thus shape caring collective identities (see also Lawrence, 1997; National Commission on Veterinary Economic Issues, 2000; Rollin, 2002).

Here, I will also introduce the concept of segmented collective identity, one that is divided because those who share it engage in very different activities. Indeed, the activities differ so dramatically that those engaged in them could truly claim separate identities. Veterinary students in the tracking system represent a group characterized by a collective identity, even though this group’s members are involved in different areas of animal medicine. This identity encompasses care as its predominant feature. The term “care,” however, does not adequately describe many of the tasks that different veterinarians perform, which holds particularly true for tasks in veterinary training. For example, Herzog et al. (1989) found that veterinary students had both “morally troublesome” and “viscerally upsetting” experiences in school (p. 183). These included procedures they considered unnecessary or cosmetic, such as tail docking or declawing, and more extreme treatment, especially in the physiology lab. Veterinary students in the study “made a distinction between the treatment of animals in the physiology labs and in the clinic, saying, ‘We used so many animals [as part of the lab] and the attitude toward them was that they were disposable items. When we got into the surgeries and clinic, the dogs and cats weren’t treated like that at all’” (p. 184). Nevertheless, veterinary students emphasize care in their narratives about their own relationships with the animals they treat, dissect, euthanize, slaughter, and possibly consume.

David A. Snow and Leon Anderson (1987) wrote that identity work is the primary way that individuals craft personal identities. Their study of people experiencing homelessness focused on how this group negotiates identities of self-worth. Similarly, veterinary students negotiate personal identities of caring individuals who treat animals. Others have studied populations that work to
achieve identities that hold dignity and value for them. Erving Goffman (1963) proposed the idea of a spoiled identity in his classic text *Stigma*. He focused on socially outcast groups, such as people who are physically disabled, to illustrate how possessing an attribute discredited by one’s society can lead to a spoiled identity. Although veterinarians are not notably stigmatized in Western culture, and the profession has achieved high regard, they do experience threats to their collective identity as caregivers. Therefore, they employ defensive strategies against this threat, and these strategies vary across the different tracks within veterinary medical college.

In this chapter I explore how veterinary medical students define what I call the segmented collective identity—one that encompasses individuals performing quite different tasks. Additionally, I analyze the techniques that students use to maintain access to this collective identity. Because students perform both defensive and strategic identity work, in part, to also validate themselves as real doctors, they demonstrate that they are protecting a professional identity as well (see Freidson, 1986; Hamilton, 2007; Hamilton & Taylor, 2013). In this chapter I use data from my conversations with veterinary medical students to show how they construct a collective identity and distinguish it from others involved in working with and caring for animals. This identity operates at three levels: the personal identity level, the institutional identity level, and the professional identity level. I use the terms “collective” and “professional” interchangeably to describe the segmented identity I found among students in the tracking system. Then, I unpack the discursive techniques they use to defend their connection to that collective identity, regardless of the various tasks performed in their work. I argue that veterinary medicine, with its different definitions of caregiver shaped by its different tracks, can serve as an example of how an identity of care is accessed and maintained in an environment with dual, or even multiple, definitions of caring.

A COLLECTIVE IDENTITY WITHIN THE TRACKING SYSTEM

THE CAREGIVER IDENTITY

When I asked students to describe their role as future veterinarians, they overwhelmingly described caring for animals. Occupational care work was consistently used in their explanations of the job. Patricia, a second-year large animal student, answered my question “What is a veterinarian to you?” by saying:
Animal caretakers. I think, no matter what field you’re going into, what specialty you want to do, I think at the end of it all, at the very center of it, we all went into this because we want to help take care of animals and we want to be able to do that through medicine. That’s still the one thing that binds all of us, no matter what your views are, is that we’re in this for the animals.

In the interviews, I heard other students use caring descriptors such as “compassionate” or “empathetic” as a prerequisite for anyone entering the field. Angela, a fourth-year small animal student we met in the previous chapter, illustrated this when she stated, “If I was going to use an adjective or something [to describe veterinary students], I would say that most people are caring and empathetic.” Gayle, a first-year small animal student, took the compassion for animals a step further and claimed that veterinary students were “a group of people who are called into this profession to help animals, who are typically more compassionate towards animals maybe than people.” Stacy, a second-year mixed student, agreed about the need for compassion but added that veterinary medicine requires more. She described students as “type A highly organized time managers,” in addition to feeling compassion for animals.

In this way, the students revealed the professional identity outlined by Bernard Rollin (2002). In discussing the roles of modern veterinarians, Rollin found what he described as a “mechanic model” and a “pediatrician model.” In the mechanic model, the practice of veterinary medicine views animals as legal property in need of repair. The pediatrician model recognizes animals as patients, sentient beings with quality-of-life issues at stake. As Morris (2012) points out in her study of euthanasia, most veterinarians today adhere to both models. In a way Morris would have predicted, the students also emphasized how their professional role requires advocating on behalf of animals. For instance, after hearing the students continuously describe themselves as caregivers, I also started to use that term in my conversations with them. Some pointed out that the practice of veterinary medicine involved more than just providing care. Many students introduced the term “advocate” to the collective identity. For instance, Stacy explained:

I think advocate is a better alternative to caregiver. As an advocate, you are thinking like someone speaking on behalf of someone, and that other someone is our animals. Since they can’t vocalize or verbalize in English what they’re feeling, thinking, and wanting, I think it’s definitely a better term.
The status of animals as patients who cannot speak on their own behalf prompted veterinary students to stress advocacy as a part of their identity. Because the human clients are ultimately seeking out their services, and paying for them, the students stressed representing the animal patients as a key part of the job (see also Morris, 2012).

Most of the students wanted me, and the public, too, to understand that they were not just caring for animals but that they had the technical skills and the medical knowledge to do so properly. They emphasized their training and education in being informed caregivers, which is why many of them preferred the term “advocate.” Jian, a first-year mixed student, put it this way: “I think that, given our time that we’ve spent in this field and our experience with animals, that vet students have the credentials to advocate for animal rights or animal issues.” Many students, however, differentiated between animal rights and animal welfare. The animal rights position promotes the right of animals to not be used for human purposes, such as the right to not be consumed. The animal welfare position promotes the responsibility of humans to humanely care for other animals, even in the course of using them for human purposes, such as continuing to consume animals, but ensuring that we raise them ethically. The students felt that their job was to ensure the welfare of animals and that the rights discourse was not a part of their duties as veterinarians. For instance, Denise, a fourth-year small animal student focused on exotic animals, explained:

We, as veterinarians, are advocates for animal welfare, which is different than animal rights. That’s on a lot of vet school interview questions, the difference between rights and welfare. But you know, basically welfare is that we are all in our profession striving to promote the well-being of animals. You know we’re upholding our oath. So we’re, you know, trying to prevent suffering of animals. We’re trying to promote well-being. We’re trying to educate.

This position is understandable since many of the requirements of veterinary training conflict with animal rights. This perspective also echoes an ongoing debate within veterinary medicine (Morris, 2012). Veterinary education routinely uses animals. They cannot provide consent for the use of their bodies for dissection or practicing surgery. Moreover, the production animal industry revolves around using animals for human purposes. The veterinary students seldom discussed the animal rights platform with me. Instead, they focused on animal
welfare, or caring for animals while recognizing their socially designated use by humans. When I interviewed Denise, she explained the difference:

So a caregiver is focusing on that individual animal or that herd. But an advocate would be doing more than that, in that they would be looking towards the future improvement of animal care. So that might mean being active in politics and legislation and policymaking, or again client education, so that that client can then go forward and improve the care of the animals they have at home or the animals they’ll have in the future.

Most of the students took advocacy to the level of acting as a spokesperson for animals. They felt that the general public should consult veterinarians on any issues regarding animal care. While they mostly steered away from discussing animal rights issues, they felt that veterinarians were more informed than anyone else and thus better equipped to speak on behalf of animals. Jian, for example, felt that knowing an animal’s biological makeup and how to treat them medically translates into understanding their needs better:

One of the reasons why vet students go to vet school is because they’re trying to understand the language animals live and speak in. And so, by learning their biology and all that stuff, we become closer to them and we become . . . You know, we’re different from other people because we’re able to understand better what they feel and what they want and what they need.

According to the students I interviewed, the special “knowing” that those in the profession possess makes them better advocates than even the animal’s owner, guardian, or whoever spends the most time with the animal and perhaps cares the most for them. Gayle, the small animal student, shared that she appreciated the term “advocate” for this reason:

I guess I like the idea of being an advocate slightly more because it sounds as though you understand the pet’s need maybe slightly more, and are doing what’s in their best interest. Maybe compared to a caregiver—you’re obviously providing for what they need—but maybe there’s more of the owner pressure to say, “This is what I need you to do for my pet.” So you’re maybe keeping them comfortable while they’re at the end of their life, but to be an advocate is really to say this is what is best for your pet.
Ultimately, the students agreed that tracking helped them advocate on behalf of animals. Patricia noted:

But the great thing about tracking is it allows you to focus on one area to become the best advocate you can for a certain type of animal. Because each species is sort of different in its own way. And so the great thing about tracking is it allows us to be advocates for each species and to have advocates who know a lot about one certain species.

In addition, Courtney, the first-year mixed student introduced in the previous chapter, asserted that advocacy does indeed exist across all the tracks in veterinary medical education by describing veterinarians and veterinary students as “healers, protectors of animals” and stating that “those kinds of collective feelings are there, even amongst different species at different levels.” Although most of those I interviewed agreed that all veterinary students advocate for animals in their respective fields, they also noted that they had to do so in different ways because of the different types of work they did on these differently defined animal species. I will return to the discussion of how veterinary students claimed to be advocates after I describe the other part of their collective identity: the title of “doctor.”

“DO NOT FORGET THAT WE ARE DOCTORS”

As I was trying to piece together the collective identity of veterinary medical students, I continuously invited them to help me improve my understanding. Ultimately, the collective identity emerged as having three parts: caregiver, advocate, and doctor. The final component satisfied the students who found the first two descriptors insufficient, similar to those who wanted to add advocate because they were not fully satisfied with caregiver as the sole identity. When I added doctor, the students agreed that these three elements together signified a veterinarian, distinct from any other professional. Anand, a second-year undecided student, broke down the different parts of the identity:

Because you are trying to improve somebody else’s quality of life who cannot speak, that’s where the advocate kinda comes. The caregiver is the doctor aspect of things. You are still a doctor. You’re still treating illnesses or curing illnesses and so I think—if you just use the advocate, for example, you can say somebody
in the MSPCA or ASPCA is an advocate. You just say caregiver, you can say somebody who has an orphanage for elephants or cats or something is a caregiver. ’Cause they’re offering care. They’re giving care. I think there might be a term missing. I think caregiver’s good, but doesn’t . . . I think and advocate’s good, but I think you still need a more doctor term. I think doctor is just also good. Caregiver, doctor . . . ’cause, you know, there’s a nursing aspect to being a veterinarian as well. And caregiver could be that. But I think you have to put doctor in there as well.

Anand distinguishes among caregiver, one who is taking care of the immediate needs of an animal; advocate, who is perhaps more informed and more organized with more influence to care for animals; and doctor, who has the medical training to care for an animal’s health. Using these definitions, an animal’s owner can be a caregiver who feeds them each day, and an organization such as a humane society can be an advocate who speaks for animals, but a veterinarian is one who can do both of these things and also has a medical degree that allows them to medically treat animals as patients. Anand went on to distinguish between advocates and doctors:

The humane society can do that. They’re all advocates. They speak for the patients. Or speak for the animals. But being a doctor is totally different ’cause you’re not only an advocate, you’re not only a caregiver, but you’re treating their illnesses . . . improving their health.

Cheryl, a fourth-year mixed student, also separated the work of a caregiver and a doctor:

I guess when I think of a caregiver, I think more of like hospice care, or like babysitting, or just kind of more . . . not as powerful, I guess. You know, it goes back to that whole thing of we’re not an actual doctor—like we’re taking care of all these species. We have the education. We have the knowledge. I feel like we should get a better title.

Cheryl touches on another aspect of the doctor part of the collective identity for veterinary students: their desire for legitimacy. Cathy, a fourth-year mixed student we met in the previous chapter, said, “I’d add scientist into there,” when I
asked her about the different parts of the collective identity. When the students discussed being a doctor with me, they stressed the science behind the medicine. Denise pointed out that one could be involved in the science of veterinary medicine without advocating for animals, just as one could be an advocate for animals without being a doctor:

I feel like there’s still something different in being a scientist because I feel I can do that without being an advocate for animals. You know, I could be interested in the science, and the diagnostics, and the skills and that kind of thing without wanting to be an advocate for animals.

I heard from Anand the same concerns about legitimacy that Cathy, Cheryl, and Denise had raised. As we talked in the coffee shop, he said, “One thing I’ve realized is that people lose sight that you are a doctor. So, I say veterinary physician.” I had not heard anyone else use this term and made a note of it. He continued: “You know, we have the same curriculum as a medical student, so we should be called physicians at the end of the day, but we’re veterinary physicians. We’re kind of a specialized physician.” He went on to use other terms, such as “surgical physician,” “human physician,” and “dental physician.” “We’re veterinary physicians,” he explained. Then he added, “We are definitely a doctor that’s an advocate for the patient. And I think all doctors are advocates for their patients. All doctors are caregivers for their patients, ’cause that’s more the nursing aspect I see.” He paused before continuing. Then, using the term that would ensure his professional status, he said, “But I think you have to have doctor terms in there.”

Anand’s desire for legitimacy intrigued me, and I wanted him to tell me more about it without making him feel judged, so I asked him about his experience with the application process. He recalled, “When I applied anywhere or I talk to people, I say, ‘I go to veterinary medical school.’” I stirred my coffee as I listened and tilted my head to the side, using my silence to urge him to say more. “I don’t just say veterinary school,” he said, “’cause I want people to realize that we’re not just . . .” His sentence trailed off and he stammered a bit as he added emphatically, “It’s, it’s, it’s medicine. You’re learning medicine. We’re learning surgery and we’re learning the same stuff human medical students are.” Similar to Anand, many of the students claimed to be undergoing the same training as medical students. They also wanted the same respect commanded by physicians. Indeed, some even
went on to state that they were actually more skilled in many ways. For example, when I talked with Angela, she noted, “We think of ourselves as equivalent—if not sometimes better [than physicians].”

Because veterinarians do not receive the same accolades as physicians receive, the students emphasized that everyone in the profession truly wanted to be there out of love for the work, instead of for the respect. Cathy asserted:

> We have to care about this profession or we wouldn’t be in it. We are overworked, overlooked, and underappreciated by society. And it’s all the stuff that we bitch about. We aren’t going to get paid enough. Our student loans are too much. People don’t really respect us a lot. But we know that we are going to make a difference. We are going to make a difference in animals’ lives. It’s a good thing and, hey, we all know we’re smarter than human doctors, so I think that’s there. [Laughs]

The students’ jokes about not just being as educated as physicians, but being more knowledgeable, too, are not completely unwarranted. Veterinary medical students learn about more species than human medical students do, and they complete their education in roughly the same amount of time. And still, the lack of legitimacy is present. These veterinary students battle not just the discourse that they are not real doctors but also the public perception that knowledge about animal health is common knowledge available even to the layperson. For example, Patricia told this story:

> We joke there’s “Dr. Google” nowadays, that we’re all going to have to be combating against. Because people feel like, “Oh, well I can just look this up on the Internet and I can read this.” And you will come across the clients who say, “Well I read on the Internet that this treatment is better because . . .” And I think it is about advocating for the animal, that “Well, we went to four years of school to learn about this and while that argument or that article may be valid in one sense, here’s the full picture.” And letting . . . like I said, just client education about, you know, we . . . You know, “This is the science behind it and this is why I would recommend this over what you read on the Internet.”

While human physicians also have to combat Internet diagnoses in their practice, veterinarians have a more difficult time due to their already delegitimized status. The previous chapter discussed the hierarchy of knowledge and its association
with the value of animals. The hierarchy of knowledge, along with the sociozoo-
logic scale, help to explain why human medical knowledge and physicians have
a higher social value compared to veterinary knowledge and veterinary doctors;
we value human over nonhuman animals. Therefore, for these veterinary students,
being a doctor formed an essential part of their collective identity.

MAINTAINING THE COLLECTIVE IDENTITY

THE ANIMAL’S PURPOSE:
SHIFTING UNDERSTANDINGS OF CARE

A frequent technique used by the students revolved around the animal’s “purpose.”
They framed this purpose as an inherent one, and typically they acknowledged
it as socially determined and variable only when I brought up the point. Ashley,
a third-year small animal student we met in Chapter 3, spoke about an animal’s
purpose in this way when she said that animals are cared for “for their purpose.”
She stated this in such a simple and straightforward fashion that I waited to ask
a follow-up question, thinking she might elaborate more. When she did not, I
asked her to tell me what she meant by her words. She continued to explain: “Even
though they’re going to slaughter, they’re still well fed. They’re still checked up on
by vets. They’re on antibiotics if they’re sick.” I began to see that she used an ani-
mal’s purpose as a justification for what defines care for them. I asked her whether
care was then different for companion animals, who are not slaughtered. She con-
firmed: “It’s definitely different than what you would do in a small animal situa-
tion, but yeah, they’re [large animal veterinarians] still caregivers.” Ashley alluded
to a large animal’s purpose casually, as though their purpose is common knowl-
dge and mostly indisputable. She also made the argument that even though their
purpose is to eventually be slaughtered, the veterinarians working on those an-
imals are still caregivers. Angela also normalized an animal’s inherent purpose:

Well, when you’re looking at different species, you approach them differently
based on their purpose. And for instance, if you look at a population of dogs, it
wouldn’t be the same as looking at a population of deer that are rampant with
disease and affecting the whole ecosystem. You look at it . . . you can change
your perspective from being a big picture thing to a small picture thing and vice
versa, depending on what you’re working with. So . . . and that kind of allows
you to think like, oh, okay, it’s for the greater good that this specific individual
animal has to be sacrificed or whatnot, as opposed to, like, I care about this [individual] animal kind of thing.

Students justified defining both care and advocacy differently depending on an animal’s purpose. Cheryl noted, “I think there’s different degrees. You’re advocating, I guess, for different things. Companionship versus food in a general sense.” Distinguishing between the recipients of the care and advocacy that veterinarians provide was important to these students. Cheryl went on to emphasize:

Just keeping separate the fact that it is a food animal. So you can’t just think of the animal. You have to think more of, can I give this cow antibiotics now? Is it going to survive long enough? Is it financially beneficial to give this farmer’s cow antibiotics, or should we just send it down the road now?

Because there are restrictions on antibiotic use in animals that enter the food system, large animal veterinarians have to weigh the benefits and costs of treating animals with drugs when they are nearing slaughter. Students interpreted the decision to not treat the animal and send it to the slaughterhouse instead as still ethically sound, and even caring. Cathy agreed:

That’s true because no one’s going to deal with a CCL [cranial cruciate ligament] tear of a cow. That cow’s just got to walk into the slaughterhouse. But shouldn’t we be making sure that that cow’s at least comfortable before walking into the slaughterhouse? Or recommending that instead of getting that cow up to the ideal weight that you want it to go to the slaughterhouse, go ahead and do it now because she’s in pain? Versus, you know, the dog that tore its CCL and now it needs to go ahead and have that surgery because you don’t want to monitor for the next eight years your dog being in pain. But I still think it’s doing what’s best for the animal, even if it is just sending it to early slaughter.

By defining care and advocacy differently across the different areas of animal medicine, students claimed that each kind of veterinarian cared for these different species according to their purpose. Erin, the third-year mixed student we met in the previous chapter, broke down how numerous different specialty veterinarians are able to do this: “I think that lab animal veterinarians are some of the best at being caregivers. Those animals are giving so much and [the veterinarians] are there to make sure that they are being treated as best as they possibly can and given the utmost respect.” I found her example interesting since the
general public likely would not consider animal testing in laboratories as a caring situation for animals. I asked her if she could provide more examples like this. She replied, “Certainly. Also, the food animal veterinarians. They’re there to advocate for the animals and make sure that they’re being given a great life and a healthy life before being slaughtered.” She thought a while and then added, “Horse veterinarians. Sometimes you have to be going up against multimillion-dollar corporations to say, ‘No. This animal is hurt. You can’t do that.’ Or ‘I don’t think that we should be giving them this drug.’ Or “That’s illegal.” None of her examples challenged the roles of these animals; instead, they simply adjusted the method of care given to them.

Other students acknowledged that the different purposes of animals called for different understandings of caregiving and advocacy, and that the different specialists or trackers might not agree on the definitions. Stacy pointed out:

I think it [a collective identity] definitely is a possibility and it does exist. But it definitely does depend on how that individual person defines the word “advocate.” … And then the other aspect is, you know, like do the other sections—like if you’re a large animal—would a small animal clinician understand your definition of advocacy versus their definition of advocacy? Like can they agree, you know, like, “Okay, well your definition of advocacy is the same thing essentially as what I’m trying to say is being an advocate”?

Denise complicated this concern further by stating:

I think it’s like an interpretation of what we feel that value means to us. And yeah, and I guess you know part of interpretation I guess is you’re kind of deciding who your patient is. And how you’re advocating [for] them. So you know in a—again in a production setting—the herd is your patient, not an individual animal. So I think in that way you can still say that even though someone’s doing large animal versus small animal, you’re still striving for the health of your patient, whether that’s one animal or a group of animals. And which again—like I said—the word might mean different things for the individual animal. … And then you know we also have clients as well. So you know we have our patient; we also have our clients.

For Denise and many others, interpretation of the collective identity is flexible. If the animal’s purpose is in production, in a herd setting, the object of care is the herd. If the animal’s purpose is for companionship, within a home, then the
individual animal is the focus. The interpretations become more complex when clients, or owners, enter the scene, for they might also have differing thoughts about the animal and wishes for their treatment.

All of the students saw that one could still show care for animals in what might not appear at first glance to be caring situations—for instance, animals going to slaughter or used in animal industries (e.g., racehorses). Tracy, the fourth-year student who ultimately wants to do shelter medicine, vehemently stated, “Large animal people still would pick out things that they’re doing on a daily basis that are giving care. Absolutely.” John, a second-year large animal student, used working on a feedlot as an example. “All those animals have an expiration date,” he said. “But up until that point, you know, everyone on that feedlot is interested in them being comfortable and happy, and maybe not knowing what’s coming.” Denise brought up how small animal veterinarians are also involved in seemingly non-caring activities, which they have to reframe as still in line with their identity, by using the example of euthanasia: “By euthanizing that animal, [you are] ensuring that nothing bad is ever going to happen to it in the future because the animal’s not alive to suffer. So, I mean, that could be an argument that they are fulfilling the role of advocate as well.” Angela also brought up an animal’s purpose as justification for veterinarians claiming a caregiver role when the animals endure exploitation in some way:

I think it’s just about putting everything in the right perspective. I have several friends that are large animal or equine, and they just have to think of things as, you know, they have to figure out their own ways to justify them. And some people are more comfortable with understanding that this animal is a racehorse. And its purpose is to race. And that’s okay with them. But you know I’m small animal, so I obviously wasn’t able to do that as well. So I guess maybe the people that are large animal and food animal are more apt to adjust and be more flexible with how they feel about what determines you as a . . . makes you a caregiver per se.

Angela also admits that she thinks that students in the large animal or equine tracks have a more difficult time claiming the collective identity of care. She acknowledged that they still can access it but have to go about it in a different way than the small animal trackers do. John agreed:

I guess it’s a lot easier to see, like, the cat veterinarian as relating to that identity than the guy out on the feedlot getting his cattle ready for slaughter. So
you might have to argue for yourself a lot more, to let people understand that you really are there in favor of the animal.

Stacy agreed that large animal trackers could access the collective identity but that it is more challenging for them to do so. She told me:

I think they can, but I think it’d be a little bit more difficult. I think they would definitely—if you ever get a large animal person here—they might actually use a different term. ‘Cause I think, you know, with the whole, you know, business side [for] production animals, it’s a different end goal than it is in small animal. So I would think that they would use a different term. I don’t think they would use advocate.

I told Stacy that the large animal students I had spoken with did indeed use the same language of advocate and caregiver when they talked about their work. She admitted that she was unfamiliar with what they actually did by saying, “It’s not like I go out to the horse barns. I really have no idea what the production animal vets are doing to actually be an advocate. I haven’t witnessed it myself with my own eyes. I’m sure it does happen.” Stacy, and many other students, had little to no experience with large animals, unless they intended to work on them in their careers. This reflects the emphasis on small animal knowledge in their curriculum, discussed in the previous chapter. The lack of understanding around large animal medicine helps to explain why large animal and equine trackers struggle more with claiming the collective identity.

THE DISCOURSE STRATEGY OF THE HIGHER PURPOSE

Although large animal and equine trackers find it more difficult to claim the collective identity of care, they can draw on a particular discourse to do so. They told me how large animal medicine has a “higher” purpose: public health and the security of our food system. Tracy claimed that small animal students were thankful for large animal practitioners. “Even though you have someone whose day-to-day job may only involve small animals,” she said, “compared to someone who’s working with food producing animals, even the dog or cat vet is often glad that someone out there is doing the food production job.” I asked her why, and she replied, “Even though they chose not to do that path, they know someone should be doing it, and someone with this education level and skill set that they shared at one point before diverging, should be doing this job. And so I think that brings them
together.” She reflected for a moment and continued: “The food animal people have this higher goal, whereas the small animal people are sort of taking care of animals that people love. I don’t know if food animal feels that same sense of camaraderie. But I feel most small animal practitioners do feel that.” As someone more interested in working with small animals, Tracy acknowledged that small animal students respect large animal students because their work centers on a higher purpose. She noted that large animal students may not feel the same sense of respect for small animal students but pointed out that as a small animal student herself, she has that respect for large animal students. This respect bonds them together in the profession and allows a collective identity to exist. Others acknowledged the complexity of treating different types of animals and claimed that every role is important, even though they are so different from one another. John described it as “an intricate system. We can’t all just be the same. There’s too many little niches that need to be filled,” he said, “but we can all advocate for the animals and we can all be working in the interest of the animal.”

Another way students allowed for large animal and equine students to claim the collective identity involved breaking up the identity into its component parts of caregiver, advocate, and doctor and to state that different aspects of the identity are stronger at different times, while the other parts are less emphasized. This is how one can be a veterinarian and still participate in activities such as euthanasia or slaughter. Angela explained:

I think that no matter what track you’re on, those terms still apply for the most part. But the people that work with the large animals and the horses, they do have to adjust to a more industry-driven profession and kind of let that . . . the compassion and caregivingness kind of drop aside a little bit more, and the doctor part rise up a little higher. They have to gauge what they’re dealing with, who they’re working with, what the purpose of the animal is, and whatnot.

Courtney also brought up the phenomenon of accentuating some parts of the identity while downplaying other parts:

And regardless of if you’re in a public health role via the taking care of puppies, you are gonna be a protector and advocate—what was the third one—a doctor. And your medical skills will be very different if you’re treating diarrhea in a puppy versus health in cows for slaughter, but it’s a very important medical and ethical role ‘cause the vet can be a key person in keeping cows happy
up until slaughter, and the dogs happy here, and reptiles, birds, everything in an individual’s home, or in a herd health kind of relation. And I think it’s easy to fulfill that role and goal in any of those. Some are different aspects [and] are maybe stronger at different times in your career. Very few people will be in the exact same position throughout their whole career. There will be some bouncing back and forth between one of those three versus the other.

Ultimately, by citing the animal’s purpose, all students across the different tracks in veterinary medical education could validate their identity of a caring, advocating doctor for animals. They admitted that although different students might struggle more with doing this, everyone had access to the collective identity through the usage of this purpose discourse.

**TRANSFERENCE OF CARE**

Another major technique used by veterinary students to claim the collective identity involved what I call *transference of care*. They would transfer their discourse of care toward something or someone other than their animal patients. This technique allowed the students to avoid defending the animal’s purpose as an explanation for the type of care they give to them, but instead to discuss the object of care as something else entirely. For example, veterinary students spoke of caring for the human clients in lieu of always performing what is best for the animal patients.

Veterinary medicine differs from human medicine in that it involves a three-part relationship, as opposed to the doctor-patient relationship that physicians deal with in their work. Veterinary medicine shares this characteristic with pediatric medicine. Veterinarians, like pediatricians, treat patients who are not fully autonomous citizens in society and therefore have representatives—the human clients or parents—who speak on their behalf. The Veterinarian’s Oath actually includes humans and public health among the professional obligations. Veterinarians swear to use their knowledge and skills *for the benefit of society and the promotion of public health* (AVMA, n.d.). This promise to serve people along with animals poses challenges for veterinarians as they attempt to care and advocate for their patients because their professional recommendations might conflict with the client’s wishes. For example, in Morris’s (2012) study of euthanasia, she found that veterinarians experience tension and moral dilemmas over ending—or prolonging—the lives of their patients. However, this three-part
Part 2. The Stories

relationship can also help veterinarians and veterinary students with claiming the collective identity. Because they can pass the buck to the client, they can engage in seemingly noncaring treatment of animal patients and still identify as caring, advocating doctors. Gayle reminded me that people are a huge part of a veterinarian’s work when she stated:

I think a lot of people, when you’re like, “I want to be a vet,” it’s a lot of times ’cause I want to work with the animal and you forget that the person comes attached to the animal, that you can’t treat them without dealing with the person. Or I have a lot of people who hate people. And so I don’t know why they’re going into this field thinking that they’re never going to interact with people. But I think because that’s the impulse: I want to be helping animals. And so I think maybe by the time you realize, really, what a veterinarian is, hopefully you understand the human component of that, too.

Because human clients form an integral part of veterinary care, veterinarians can transfer their care from the animal patient to the client and still claim the collective identity of care. Erin described how small animal students can comfort clients when they are concerned for their pets, how large animal students are helping clients by protecting public health, and how exotic students can educate clients to preserve the diversity of ecosystems through the preservation of exotic species. She told me that she heard her small animal classmates regularly claim, “I really got into it for the people. I love going into the room with them when they’re so worried about their hamster or whatever and just calm them down and help explain.” She then said that other classmates, who were interested in public health, wanted to “help people in general.” I asked about her goals as an exotic student, and she replied:

And then, certainly with me and some of my other exotic people, we want to educate people about these exotic animals, and why they’re so important, and why we need to preserve their ecosystem so that our whole world cannot collapse into some, you know, monoculture sort of system.

Some students felt that the transference of care to the client was more prevalent in large animal medicine. Anand explained: “So, cattle people tend to listen more to what the client wants and advocate more in terms of what the client wants to do to the animal. And then, the small animal folks, they advocate for the
pet and they communicate that to the client.” I asked him to clarify whom the large animal veterinarian serves. He replied that large animal practice is “more how to please the client, while small animals, I feel like, you’re doing more for the patient than the client.” However, small animal students argued that they also are ultimately adhering to the client’s wishes as well. Stacy described:

I feel like that’s a part of our job description, being an advocate for the animals and making the owner understand and see that point of view. For example, if a dog broke its arm, and the owner’s like, “Oh, it’s just a limp. I don’t want to do x-rays or I don’t want to see what’s causing the limp,” you need to be there and stick up for their animal and be like, “Hey, this can turn out to be something really bad. I highly recommend that we take radiographs just to see what’s going on. And then from there we can talk about option plans and then you decide.” We have to say what we need to say, and let them know everything that’s going on, and give them all the options. And then, as an owner, they can finally choose.

While the students voiced their frustration at times with having to go through clients to care for their patients, they could also affirm their identity as caring advocates for the animals since they do their best at trying to speak on their behalf to the clients as informed doctors. For instance, Ashley simply stated, “I think just making sure they [clients] understand where you’re coming from, why you want to do it, gives them all the tools they need to make that decision, but it’s ultimately their decision.” Further, small and large animal students alike reported having to navigate this triangular relationship in their practice.

The herd constitutes another object of care to which students could transfer their attention. The herd health discourse allowed students to draw attention from individual animals in large animal medicine. By treating the herd as opposed to individual animals, they successfully accessed the collective identity of care. “I feel like you’re still an advocate even [though] it may be an advocate of a herd versus an individual,” Ashley told me, “but you’re still their advocate for what’s best for them, whether it’s culling the one sick cow. That’s best for that herd, and you’re the advocate for that.” She went on to admit: “Advocate for a herd is very different than advocate for someone’s pet cat or pet dog. But I feel like you may have to be a little bit more flexible in how you fill that role, but I still feel like it’s a role that all areas [of animal medicine can do].” Cheryl also added herd health to her explanation of what they are caring for. She first described caring for the
client but recognized that in order to care for a large animal producer, one had to care for the herd:

A small animal vet or companion animal vet, you’re speaking for that individual, or maybe that household, depending on what it’s coming in for. But then, the food animal vet, you want the best for that herd because you want to see your client succeed. And, at most, you would like to give your client the skills—kind of not to need you in a way.

When students transferred their care to the client or the herd, they usually framed it as a financial consideration for their clients, particularly large animal producers. Ashley referenced these financial constraints:

You may not always be able to do what you want to do for a case. You know, financial constraints, client decisions, or whatever. And I think you just have to remind yourself, like, you offered the best. Like you did advocate for that client—or that patient—that animal—whether or not you were able to do it. Like you did your purpose. You tried to do your best.

Students could use the issue of money, along with ultimately having to adhere to the client’s wishes, as a reason for not doing everything possible at all times. In this way, they remain advocating caregivers who are working within the constraints of what clients ask of them.

Veterinarians serving large animal clients routinely confront financial limitations because these clients have large herds to care for instead of just a few pets. Students regularly brought up considering a rancher’s livelihood when practicing large animal medicine. Patricia noted:

They probably, at the end of the day, don’t have the money for that kind of treatment for that one animal. Unfortunately, they’ve got hundreds of other animals that they’ve got to think about, so, you know, I’d be like, “You’re going to have to cull that animal and you’re going to have to euthanize it, unfortunately.” Whereas if I’m talking to a small animal person about “Your dog has cancer,” chemo’s a very valid . . . radiation therapy . . . may be a valid option for that person depending on what kind of money they’re wanting to spend. So, you know, I think you would lay out more options on the table for the small animal person, whereas with the large animal person, you’re kind of like, “Well,
I mean, if you’ve got buckets of money laying around the place and you want to spend it on that animal, go for it.”

She went on to state:

I think when you know you’re dealing with a food animal producer and you’re advocating care for that animal, if it was meant to go to slaughter, you know, you’re ultimately talking about, okay, can you keep this animal in the herd? Is it still safe to go to slaughter? What medicines can we use that will still allow my animal to go to slaughter? You’re trying to advocate for that animal’s purpose and to make sure that your client, who’s a producer, is able to stay in business and able to keep their herd together.

Students described explaining all of the options to the clients and giving them their best professional advice on the course of action that would help the animal the most, but they also described being influenced by the client’s standpoint. In particular, students understood that large animal producers had businesses to run and would not save an individual animal anyway, so they usually would not even prescribe individual options. Students discussed this as a practical method that showed that they understood their clients’ differing needs, herd health, and the economic realities of large animal production.

Transference of care also extended to a final recipient: the public, who ultimately consumes the products that come from the students’ patients. Here, students again highlighted that “higher purpose” in large animal medicine. Patricia pointed out that “food animal producers aren’t in it for the money. They’re feeding people. They’re feeding the world.” She said that caring for the client, in this case ranchers, is not just about caring for their livelihood and their families but caring for society. Jian agreed: “For a food animal, you’re trying to benefit the humans. So, in some ways, you’re advocating for human welfare.”

For these students, ensuring the health of animal products is a life-or-death issue, and thus extremely important. Angela bluntly stated, “Well, I think it can be caring about somebody else, I mean if you work for the USDA or whatnot. You’re trying to inspect these chickens so that nobody dies.” Courtney also brought up the public health roles that veterinarians play:

[A] vet at a slaughterhouse is doing more food inspection safety, but on a broader scale vets should be and are [doing] those things for the public as
well. The way vets developed was protecting humans’ food consumption. That’s where veterinary medicine originally came into the picture.

Courtney pointed out that veterinary medicine evolved out of the need to care for large animals, a history I will discuss more in the next chapter. She went on to emphasize the significance of caring for the health of animals used for human consumption. “I mean, I don’t think anyone in the food animal world thinks that they’re just fixing this cow,” she said. “It’s definitely a bigger viewpoint. You are a provider of the general public’s health, this animal’s health, the world’s health.”

Students from various specialties discussed transferring care. For example, in describing the roles of food inspectors and laboratory scientists, Angela concluded that they all worked “to benefit society.” Courtney discussed how wildlife veterinarians provide care to “a whole ecosystem.” Elizabeth described pathologists as providing “a public good.” These students, and many others, see themselves as serving a greater good, working for humankind, by being veterinarians.

**A COLLECTIVE, DESPITE SEGMENTED, IDENTITY: RECONCILING CARING AND KILLING**

In conclusion, I have argued in this chapter that the tracking system in veterinary medical education is characterized by occupational care work despite its specialty differences and, consequently, that this produces a segmented collective identity—not only for the students in this study but also for the profession overall. The identity work involved in maintaining the segmentation—that is, in reproducing the boundaries between large and small animal medicine—produces a hierarchy of knowledge. This hierarchy also applies to those who hold the different types of knowledge. Adding the concept of segmentation contributes to the literature on identity work by showing how actors within one social setting can draw on different resources to create distinct identities.

Although distinct, these identities also share the common element of care. I argue that although the tracks create boundaries, or segments, in the professional veterinary identity, care provides the basis for the collective aspect. All of the students described their work as providing care to animals. Yet many of the procedures routinely performed in veterinary medicine can seem decidedly uncaring. Small animal practitioners must often euthanize patients, and large animal medicine involves keeping animals healthy to kill them. Veterinary training
often involves harmful or fatal procedures. Regardless, the students talked about care, believed in it, and considered it important to all veterinarians. By examining how students experience the caring-killing paradox, this study contributes to the literature on the ethic of care. As I discuss in the Conclusion to this volume, incorporating harm into care stretches the boundaries of the care perspective. In particular, the discursive construction of care in the segmented collective identity constitutes a form of boundary work that suggests new ways to apply it.

As a theme in this book, boundary work takes many forms. In the next chapter I bring together elements discussed so far—the social construction of species and the identity work of veterinary students—and examine the crossing and blurring of boundaries.