Identity, Gender, and Tracking

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As I have mentioned, veterinary medicine experienced feminization drastically, as well as quickly, beginning in the mid-1980s. The feminization of veterinary medicine has actually resulted in the feminization of small animal medicine, leaving the smaller area of large animal medicine largely unaffected. In 2020, veterinarians in private practice who focused on food animal medicine exclusively or predominantly were 75.3% and 71.6% men, respectively. In contrast, veterinarians who focused on companion animal medicine exclusively or predominantly represented 66.1% and 54.1% women, respectively (AVMA, 2020).

Thus, declaring the profession feminized is not a completely accurate statement. Because more practicing veterinarians are small animal practitioners and more small animal practitioners are now women, there are indeed more women veterinarians. However, I have emphasized thus far how tracking in veterinary medical education and the different specialized areas of animal medicine truly represent very different types of work, so it is important to look at these areas on their own. When we examine the specialties separately, only small animal medicine can be declared feminized, while men still dominate the practice of large animal medicine.

This chapter analyzes the boundary work veterinary students do to reproduce and justify the gendered segregation that exists in the different areas of animal medicine. First, I trace the history of the masculine origins of the profession to situate the status of women within a hypermasculine culture. I then use data from my conversations with veterinary medical students to show how they
understand the feminization in the profession. Specifically, I explore how students reconcile the existence of the gendered divisions across tracks and areas of animal medicine with their beliefs that gender is either unimportant, or important only in the most segregated area of animal production. I also examine how the students construct equine medicine as existing on the border; this concentration, which does not fit fully in either the small or large animal track, also exists on the border of the gender segregation between these tracks. The combination of feminization and boundary work, between both species and track, represents a significant social transformation of the profession and reveals much about the gendered experiences of students pursuing different areas of animal medicine.

**THE MASCULINE ORIGINS OF THE VETERINARY MEDICAL PROFESSION**

As previously discussed, livestock constituted the initial focus of the veterinary medical profession, particularly the horses whose labor at that time was so essential to the economy. Dogs and cats, the species we now readily associate with veterinary care, were not the profession’s focus until the 20th century. Early veterinarians were often failed blacksmiths or farmers (Jones, 2003). The first schools of veterinary medicine in the United States were founded in Philadelphia in 1852 and New York in 1854. Around the turn of the 20th century, a group of graduates undertook the first act of boundary work on behalf of the fledgling profession when they lobbied for legislation to prohibit anyone without a license from practicing veterinary medicine.

Although no formal prohibitions barred women from the profession, women nevertheless faced numerous barriers. A large portion of the work of a veterinarian surrounded husbandry, including castration, a procedure deemed particularly inappropriate for women. Moreover, men argued that the barnyard was no place for women and warned that if they set foot there it would cause them to lose their “‘delicacy of feeling’—[their] femininity” (Jones, 2003, p. 13). An 1897 article in the *American Veterinary Review* claimed that “veterinary surgery is of all the learned professions the one least adapted for women” (p. 12). As Jones (2003) argues:

> veterinary medicine, born of masculine barnyard culture, most emphatically did not allow for the expression of the feminine nature. The ideal of women
veterinarians not only violated masculine livestock culture, it also threatened the professional aspirations of veterinarians. (p. 13)

The first woman known to have graduated from a veterinary program is Mignon Nicholson, who received a degree from Chicago’s McKillip Veterinary College in 1903. Whether she ever sought a license or practiced is not known. Two women graduated in 1910: Elinor McGrath graduated from Chicago Veterinary College and went on to become a small animal practitioner, and Florence Kimball graduated from Cornell University and practiced veterinary medicine until World War I, when she became a nurse for the war effort. In 1939, veterinarian Margaret W. Sloss, interested in the experience of women in the profession, studied the status of women in veterinary medicine. She sent a questionnaire to each of the 10 schools of veterinary medicine then in the U.S. and sent personal letters to each of the 21 women graduates of those schools (AWV, 1997, pp. 5–11). Sloss found that half of the schools barred women from certain courses, even necessary ones, such as the large animal clinic and surgery. The dean of Kansas State College, R. R. Dykstra, explained why he objected to training women veterinarians:

We do not encourage women to enroll in the curriculum in veterinary medicine. In fact, we try to discourage them, our reason being that we must refuse admission to many worthy young men, and to accept a young woman with the chances that she will not remain in the profession and to deny admission to a young man, does not seem logical. (AWV, 1997, p. 11)

BARRIERS FOR WOMEN

The veterinary profession created a self-fulfilling prophecy based on stereotypes about women’s role in the family as those expected to perform the majority of the domestic labor and childcare, as well as those only providing supplemental income, if any. The consequences of this line of reasoning were seen in the hiring of women. During much of the 20th century, the largest employer of veterinarians was the Bureau of Animal Industry, the governmental organization charged with regulating the livestock, dairy, and poultry industries. The BAI contributed to the ideology of women as merely “temporary” employees by not giving permanent appointments to women veterinarians (AWV, 1997, p. 8). One female graduate of Michigan State University’s program in veterinary medicine explained
the dilemma facing women by describing how unmarried women veterinarians would have so much trouble finding employment that marriage seemed a logical solution. The constraints placed upon women seeking employment made following the normative practice of getting married an easier choice to make. Ironically, if a woman veterinarian married another veterinarian, she “will degenerate into an assistant” (p. 10). And if she married someone in another profession, “she will either stop working or her husband will be condescending and patronizing about her little business—you know, like a hat shop—and infuriate her.” By the 1940s, the already biased veterinary colleges were “closing their doors more and more tightly against women” (p. 10). And by the 1950s, only 139 women graduated from schools of veterinary medicine in the U.S. (Slater & Slater, 2000). In 1960–1961, the Occupational Outlook Handbook stated that of 19,000 practicing veterinarians, “fewer than 5 percent” [<950] were women (Bureau of Labor Statistics, 1961, p. 78). The Handbook also predicted “good employment opportunities throughout the 1960s” (p. 79). However, this optimistic depiction of the future would not include women for at least another decade or two (Irvine & Vermilya, 2010). The low numbers of women graduates of veterinary colleges continued until the 1980s. In 1970–1971, according to the Department of Health, Education, and Welfare, women constituted only 7.8% of those who received degrees in veterinary medicine (HEW, 1976b, p. A3).

Two major factors worked against women considering veterinary medicine as a career (Irvine & Vermilya, 2010). The first barrier was the stereotype that women lacked the capacity to study the sciences. Young girls and women were steered away from traditionally male-dominated professions such as veterinary medicine. In a report from the Department of Health, Education, and Welfare (hereafter, HEW), a woman veterinary student recalls how a female high school guidance counselor discouraged her from applying to veterinary college. The counselor directed her to fields considered more suited for women in the 1970s such as dental hygiene and physical therapy. Eventually, a male professor told her to “get those applications out to vet school.” “If it wasn’t for him,” she explained, “I wouldn’t even have applied. This was a woman telling me to forget it. And other people, too” (HEW, 1976a, p. 31). An interviewee who graduated from high school in 1979 had a similar experience when a male guidance counselor told her that, despite her love for biology and her excellent grades in the courses, she would never succeed in the sciences. Cases such as these involve not just men reproducing this stereotype about women’s intellectual abilities but other women as well, who internalized this ideology and prevented women from considering the profession.
As the data in this chapter will show, contemporary men and women alike rely on similar tropes to explain gendered boundaries in the field.

The second factor working against women was discrimination within veterinary medicine and from others who worked with animals, particularly farmers (Irvine & Vermilya, 2010). The 1976 HEW report revealed that alumni and agricultural stakeholders pressured veterinary colleges to limit the number of women admitted. These pressures were validated through stereotypes that women would not practice once they achieved their degrees, thereby creating a wasted opportunity to enroll qualified men who would go on to practice. Most veterinary colleges openly stated in their admissions materials that they did not want women to apply. Others permitted them to apply but would not accept them, or accepted them only if positions remained after admitting all the qualified men.

The discrimination focused on the demands of the work, particularly the physical requirements of handling large animals. Male veterinarians argued that the strenuous nature of the profession made women ill-equipped to practice. For example, in the HEW report a woman veterinarian recounts a male associate’s complaints that women were incapable of doing the job:

“I was at a meeting and one guy was very worried about the number of women that were getting into veterinary school and felt that maybe they should talk to congressmen or something to stop this massive influx of women. And he stood up and said: “I have a woman who works for me and every time a leg comes in to be pinned I have to do it because she’s not strong enough.” (HEW, 1976a, p. 39)

Thus, through the 1970s, a woman’s perceived lack of intelligence and physical strength justified barring her from veterinary medicine.

REDUCING DISCRIMINATION IN ADMISSIONS

American colleges of veterinary medicine remained male-dominated until antidiscrimination regulations finally made the preference for men negatively consequential. Demand for veterinary services increased rapidly with the increasingly popular practice of petkeeping. Veterinary colleges could not keep up with the need for veterinarians. The 1960–1961 Occupational Outlook Handbook cites the large growth in the pet population, the need to care for production animals
to feed an expanding population, the need for veterinary researchers and teachers, and the need to replace an aging cohort of retiring veterinarians as factors indicating “continued favorable opportunities for veterinarians in the long run” (Bureau of Labor Statistics, 1961, p. 80). To meet this need, veterinary colleges needed funding for expansion and improvement of facilities. Faced with the loss of federal support, veterinary schools began to revise their admissions policies to be more inclusive and less discriminatory.

The first step aimed at curbing race discrimination. In 1966, the Veterinary Medical Education Act amended the Public Health Service Act to include veterinary medical colleges in eligibility for construction, training personnel, and loans to students. Guidelines prohibited discrimination on the basis of race, color, or religion in hiring, admissions, or pay. In short, although the Veterinary Medical Education Act did not include gender discrimination per se, it did address other types of discriminations, paving the way for future legislation. Then, in 1971, the Comprehensive Health Manpower Training Act (Section 799A) mandated that the federal government could not make any loans or grants to veterinary schools unless they received assurances that there would be no gender discrimination in their admissions processes. In 1973 the Higher Education Act contained three provisions that also helped women: it (1) prohibited sex discrimination in federally assisted education programs; (2) amended portions of the 1964 Civil Rights Act to include women; and (3) extended coverage of the Equal Pay Act of 1963 to executive, administrative, and professional employees, including faculty (Irvine & Vermilya, 2010). The threat of federal withdrawal of funds, combined with the growing demand for veterinarians, led the HEW report of 1976 to project a need for twice the existing numbers of veterinarians. By the mid-1980s, women made up half of the entering freshmen classes, and their numbers would increase to 70% in the 1990s (Brown & Silverman, 1999). The feminization of veterinary medicine occurred in just a few decades. In the 2013–2014 academic year, enrolled students in U.S. veterinary medical colleges represented 76.8% women and 23.2% men (AAVMC, 2014).

Veterinary medicine has experienced the highest rate of feminization among comparable health professions. For instance, during the period 1983–2003, the percentage of women graduating from medical schools increased from 28.8% to 45.9% (AMA, n.d.). Since 1988, the proportion of women in dental schools has remained constant at about 35%. Veterinary medicine feminized more rapidly than human medicine, osteopathic medicine, dentistry, optometry, podiatry, pharmacy,
or public health between 1968 and 1975. During this period, enrollments in veterinary medical colleges increased from 9% female to 24.4% (HEW, 1976a, p. 4). Veterinary medicine programs exceeded human medicine in first-year female enrollment in 1969–1970. According to the HEW report, “Changes in the nature of the work have made veterinary medicine seem a more realistic possibility to many women, and these changes have, in reality, made the field fully appropriate to women’s full participation” (HEW, 1976a, p. 5). These changes in the work, which deemed it more appropriate for women, surround small animal practice, a topic I discuss later in this chapter.

The number of applicants to veterinary medical schools (and other professional schools) did decline in the mid-1970s. Between 1975 and 1978, the number of applicants to veterinary medical colleges declined by 22%. During the same period, medical school applications dropped 10%, and applications to schools of dentistry declined by 26% (Holcomb, 1980). Analysis of the trend in veterinary medicine shows the largest decline to be among white male applicants (which decreased by 36%). Therefore, the number of men decreased just as the number of women increased. Predictions about increasing employment opportunities for veterinarians have proved true nonetheless and seem to have benefited women, as evidenced by their dramatic numbers in the profession currently. Between 2007 and 2019, the supply of actively employed veterinarians increased from 83,730 to 116,091 (AVMA, 2019). Today, the majority of veterinarians who work in private practice, small animal exclusive settings are women. Men are more likely to treat large animals, either predominantly or exclusively. Men and women are relatively equally likely to engage in equine exclusive medicine (see AVMA, 2019). These numbers have parallels in the training of veterinarians. I turn now to my conversations with veterinary students, focusing on how they understand the segregated feminization in their profession.

“IT’S A MAN’S WORLD”: GENDER IN LARGE ANIMAL MEDICINE

When I spoke with veterinary medical students for this study, they were well aware of the feminization of their chosen occupation. While they knew that women constitute the numerical majority, they also knew exactly where to find the limited numbers of men: large animal medicine. Stacy, a second-year mixed student, reflected:
When you say small animal clinician, I think female right away. And if you say large animal, then I think male right away. And that’s predominantly what I’ve actually seen. Like the couple of internships I’ve done in the small animal practice, I think there’s only been like one male that I’ve encountered as a veterinarian. Almost all the vets I’ve encountered on my externships doing large animal rotations have been males.

Similarly, Angela, a fourth-year small animal student we met in previous chapters, noted, “In large animal, it still seems to . . . it’s not quite as much of a shift. It seems like there’s still a lot of men in the profession.” Once I questioned students about the gender makeup of the different specialties, they realized the inaccuracy of the term “feminization.” The term applies only to small animal medicine. When discussing the predominance of women in veterinary medicine presently, the women I spoke with acknowledged the benefits this brought them. Lisa, the third-year mixed student, remembered:

I feel like it’s a bit easier for the small animal side because I’d say there’s just a lot more women technicians. There’s more women doctors in general. Like, I guess growing up, you know, there’s a lot of—I think there’s still a majority of male practitioners in my town. But there were women. And it wasn’t weird or unusual, or “Oh, don’t go to the woman doctor.” I don’t think that was true for me growing up. So that never seemed like a hurdle for me. And I don’t see it as as big of a problem on the small animal side.

Lisa recognized that the normalization of women as veterinarians paved the way for her to be seen as competent. She observed that women in small animal medicine experience little resistance in their battle for legitimacy. However, she also alluded that the same may not be true for those in large animal medicine.

Although the students saw that having more women in the profession provided women the benefit of normalizing their presence, many also realized that inequalities still exist, even in the female-dominated area of small animal medicine. For instance, Cathy, a fourth-year mixed student we met in previous chapters, recognized the disparity in practice ownership when she joked, “More of our male vet students are in large animal, mixed, or equine. Now there are some that are in small animal and, hey, good for them. You all are going to own like 7 practices in 15 years. The three of you!” Although men might constitute the numerical minority in small animal medicine, they still reap power through practice
ownership and, consequently, larger paychecks. Women earn 80% of what men earn 1 year after they graduate, and after 10 years they earn only 69% of what men earn (Bristol, 2011). Even accounting for hours worked, years in practice, specialty area, parenthood, and ownership status did not alleviate this discrepancy. Among men and women practice owners, the salary differential still exists. Women have been found to set lower rates for similar services and to give discounts more often than men. They may also be reinvesting their earnings back into their practice or paying their associate veterinarians and staff more (Bristol, 2011).

The inequality is compounded by the fact that men do indeed expect to participate in practice ownership more often than women. Bristol (2011) found that male veterinary students were more likely to expect to become a practice owner in their career. Consistent with this, Michael, a first-year student considering the mixed track whom we met in the previous chapter, talked about his involvement in extracurricular clubs that prepared him for practice ownership:

It’s called the VBMA, the Veterinary Business Management Association. And it’s rare that, I mean, it’s a great club but it’s a small club because nobody wants to do the business behind it. They have no problem working for someone and making x amount of dollars for the rest of their life…. I’ve also noticed that there’s a lot of men in the business because I think that maybe we feel we have to provide.

For Michael, gendered expectations and the male breadwinner ideology pressure the few men in small animal practice to be practice owners. All students, perhaps unknowingly, described how men occupy powerful positions in veterinary medicine. In small animal medicine, while their numbers are low, men are more likely to own their own practices and thus earn more; in large animal medicine, they constitute the numerical majority and therefore have a “boys only” club.

**GENDER AND CHOICE OF TRACK**

I asked participants whether they thought that gender mattered in veterinary medical education and in their future professional careers. Overwhelmingly, they told me simply, “No.” And yet, they then went on to describe extremely gendered experiences they have had working in this occupation. I often would point out to them a gendered example they used and they would rarely recant their
earlier emphatic denials but instead would qualify their answer. For example, Patricia, a second-year large animal student we met in a previous chapter, said, “Ironically, I don’t think gender matters, unless sometimes if you’re dealing with really old-school food animal producers.” Although gender obviously matters in all areas of animal medicine, for these students it is so palpable in large animal medicine that the students could not deny that it affected those doing that type of work. They revealed that gender influenced their decisions about the track they would pursue in veterinary college but also their experiences once they were in a particular track.

When I did push the students to explain how gender affected their tracking choices, they relied on essentialist tropes regarding which traits men and women naturally possessed and which tasks they then were naturally better equipped to perform. These gendered ideologies centered around two main themes: caregiving identities, discussed in Chapter 4, and specialty knowledge and treatment discourse, discussed in Chapter 3. This chapter expands those earlier analyses to demonstrate how these themes are gendered. I found that the students used essentialist discourses not just to explain their lived experiences of gender segregation but also to define and reinforce the boundaries that exist in their education and future profession.

CAREGIVING IDENTITIES: CARE AS WOMEN’S WORK

The veterinary students I spoke with repeatedly described women as caregivers. They did this in various ways, the first of which described women’s responsibility and desire to care for a husband and children. For example, Patricia reinforced gender stereotypes around women wanting to have families. She told me, “I think women—at least with what I’ve seen with talking with people, you know, women want to be able to have a family. They want to get married. They want to have kids.” I asked her if it was more difficult to have a family in one area of animal medicine over another. She explained:

You can do that, certainly, as a food animal vet, as a rural veterinarian, but it’s harder. It’s harder when you’re that rural vet because you’ve gotta be on call 24/7, 365 sometimes depending on where you’re working, you know. And so I think that sometimes has to do with that . . . is that women just . . . they wanna . . . they wanna have a job and they wanna have a family and it’s easier to do in small animal.
Part 2. The Stories

Patricia went on to explain that with an equine or food animal practice, “you’re at the service of your client, which means even if you’re not on call, your client has your cell phone number.” If a client calls in the middle of the night about a sick horse, “you’re not gonna say, ‘No, I can’t come. It’s 1 a.m.’ You know, you’re gonna go, ‘Okay.’ You know, ‘Let me throw on some jeans and my Carhartt and let me get in my truck and go.’” Then Patricia returned to the biologically based stereotype:

And so I think when you’re a woman, and if you have kids or, you know, a husband, you know, it’s a little harder. ’Cause you’re going, “Aw, but if I want to have kids and I’m nine months pregnant, I don’t wanna be . . .” You know, it’s hard to tell your clients, “I’m gonna take off for nine months ‘cause I’m having a kid.” You know? ’Cause, I mean, even though they understand that, they still panic because they think “Oh well, who am I gonna call for the next year when I have that emergency? You know, who am I gonna . . . who am I gonna turn to?” And so, it’s not that people aren’t understanding that you want to have a family, but it just becomes logistically a little harder, I’ve seen, to work that.

Patricia’s detailed explanation points out the logistical complications that come with working in large animal and equine medicine. These jobs often require around-the-clock working hours, particularly because much of production and equine medicine centers on reproduction, and animals, like humans, do not maintain a schedule in that regard. So, while working with a family might pose difficulties for all women, it is particularly difficult for women in large animal medicine because of the demands of the work. This difficulty is normalized, of course, through the expectation that women will perform the majority of the care work within a family. The “second shift” that Hochschild and Machung (1989) termed still applies; women are expected to perform double duty, working both outside and inside the home.

Patricia admitted that men are also capable and even willing to do the care work within a family: “I think with men it’s not that they don’t [care]. It’s not that men like being away from their kids any more than women do.” However, she explained that women are expected primarily to do the care labor because of the biological reality that females carry children through pregnancy:

It’s being that nine months pregnant and then, you now, wanting to maybe breastfeed. They feel like they want to be there. They’re like, “I carried this
kid for nine months. I don’t want to just pop it out and then say, ‘Adios, see you later.’"

I asked her if fathers felt this way, too. She thought about it and said, “I think with a woman, sometimes you feel like you have to take off longer. Because a guy, his wife may be pregnant, but that doesn’t mean he’s gotta say adios to his clients for nine months.” She continued to rely on the pregnancy explanation to justify why women have to be away from their work more than men when a family is growing:

Whereas women are like, “I mean, I could maybe work for the first three to six months, but that third trimester, I’m sure not gonna be on call.” You know? And so I think with women it’s just that they know they’re the ones carrying the child and they’re like, “I don’t wanna be putting myself in situations where I’m gonna harm the child.” Whereas a guy isn’t the one carrying, so they’re like, “Well, my wife’s pregnant, but I can still be working long hours.” And, you know, still just try and work in time to take care of her. There’s this difference between the person who’s actually got the child versus the person who’s like, “Well, my wife’s pregnant, and yes, I do have to take care of her, but there’s not a living thing growing inside of me.”

She acknowledged that men do some of the care work within a family, but they have to “work it in” to maintain their jobs outside of the home. Patricia, like many other students, assumed that men and women have essentially different roles in the family. First, they often took it for granted that women wanted to have families. Second, they did not question that within those families women would perform the majority of the at-home labor, which would mean being physically present for their family rather than their job. And third, because they held the first two assumptions as true, they consequently assumed that this explained why women chose small animal medicine over large animal medicine: the work requirements were more conducive to fulfilling these gendered roles.

Another gendered trope used by the students manifested itself in their image of women as naturally more nurturing than men. Alexis, a first-year student considering the mixed track whom we met in the previous chapter, brought up this stereotype:

I think, in general, women are maybe slightly more nurturing, maternal, or something like that. And I think that’s something that a lot of people with
companion animals like to see in their animal doctor. For a lot of people, animals are almost like children, so you want somebody that’s compassionate.

Alexis points out the nurturing characteristic required of small animal practice. As discussed in earlier chapters, small animal medicine centers around a different type of care—care for individual animals who are often like family members to their owners. Animal health knowledge is not the only thing a client expects to receive when visiting a small animal veterinarian; they also expect a particular bedside manner involving nurturing care.

If small animal medicine has specific gendered expectations, which are typically essentialized as existing mainly in women, then large animal medicine also has expectations that correspondingly apply to men. For example, Michael applied gender stereotypes to practicing large animal medicine:

It seems like it’s easier for guys to blow off something [emotionally] if we’re going to euthanize a cow, where the female practitioner might feel pretty bad for a cow. She could be thinking, “Oh, I can save this thing [the cow] but they don’t want to pay for it so I guess we got to kill it.” You know, that’s harder for women, just being more motherly, you know, [having those] characteristics.

Here, Michael portrays women as naturally more nurturing and men as devoid of compassion, able to blow off the death of an animal. This supposed detachment from caring allegedly allows men to do the work of large animal medicine more easily. Slaughter and cost-driven euthanasia are examples of this “harder” work in large animal medicine that sensitive women may not be equipped to handle, according to the students I interviewed. Ironically, however, small animal medicine, too, deals with many tough situations that surround death (Herzog et al., 1989; Morris, 2012). But the students recalled the stories that affirmed their essentialist explanations and ignored anything contradictory.

Another essentialist account the students offered for why caregiving is a woman’s job involves emphasizing what is a man’s job. Anna, a first-year student considering the mixed track whom we met in the previous chapter, explained:

When it comes to being a doctor, it a lot of times is a more nurturing role for women to have to go and practice medicine, whereas a man, in general in America, is going to be looking more to be a breadwinner. And there’s not a
lot of money in vet med, unless you’re going to a metropolitan city and practice small animal or exotics. A six-digit salary is definitely not in the crystal ball for anyone in the first five years they’re getting out, and mainly the ones who are going to be making the good money are the ones who are going to practice business [by owning a practice] at the same time.

Patricia reinforced Anna’s statement when she said, “The men feel like, ‘Well, as long as I keep working, I am providing for my family. I am doing my role.’ Whereas the woman feels like, ‘Well, I’m supposed to be the one taking care of the child.’” For Anna, Patricia, and others, just as a woman understands that her place within a family is to provide nurturing and in-person care, a man equally understands that his role is providing economic support through his labor outside the home. These seemingly outdated gender roles remain salient in the minds of the students I interviewed.

GENDERED SPECIALTY KNOWLEDGE AND TREATMENT DISCOURSE

Veterinary students have also essentialized gender through the boundaries around specialty knowledge and treatment discourse. The influx of women into the field initiated changes across the board in veterinary teaching institutions. These changes included more female faculty to serve as mentors, more counseling opportunities that focus on the balance between work and family, and even more space for women in the original gender-segregated locker room (McConnell & Kogan, 2000). Another difference is in the view of animals. Studies show that women in the general public tend to give more empathetic characteristics to companion animals than men do; in other words, more women than men report that they believe pets vicariously experience the feelings, thoughts, or attitudes of their owners (Vitulli, 2006). Female veterinary students more often rated gentle patient care as an important characteristic in defining a successful veterinarian than did male veterinary students (Kogan et al., 2004). One study analyzed veterinary students’ attitudes toward animal welfare and whether those attitudes varied across time (Paul & Podberscek, 2000). Students in their later years of training perceived lower levels of sentience among animals than did students in their earlier years. In the same study, female students rated themselves as having significantly higher levels of empathy with animals than did male students. The
study also found a significant interaction between sex and years of training, with female students maintaining relatively high levels of empathy and male students showing lower levels of empathy in later years.

Along with the beliefs regarding the sentience, empathy for, and general care of animals, the human-animal bond practice has emerged within small animal medicine. The bond-centered practice acknowledges the bond between human clients and animal patients. The significance of the bond, and its perceived centrality to an animal’s health, reflects the socially constructed status of companion animals in contemporary U.S. society. We now think of companion animals as members of the family, with the ability to participate in close relationships with humans. The bond is a culturally accepted notion, and therefore small animal practitioners have incorporated it into their practice of medicine. The result makes the experience of taking a sick animal to a clinic more akin to taking a family member to a physician than taking a car to a mechanic.

Women overwhelmingly have reported higher levels of preference for and importance placed on the bond-centered practice. Studies of veterinary students show that females attach more significance to the role of the human-animal bond in their lives as well as their careers, and they feel that the bond should be addressed more in their training in veterinary colleges (Martin et al., 2003; Williams et al., 1999). Similarly, female students regard providing emotional care for their grieving clients as more important than do male students, and they feel that training is needed in this area (Butler et al., 2002). In short, women appear to be the major proponents of the bond-centered practice in veterinary medicine. They are not only more likely to implement attention to the bond in their own practice but they also wish to stress its implementation in the training of veterinarians. Female approval of the bond and feminine ideals of nurturance and caretaking give women advantages in small animal medicine, even though the profession may still have a masculine culture (Irvine & Vermilya, 2010).

Similarly, the masculine ideals of strength and a lack of emotionality, combined with men’s distancing from the emphasis on the human-animal bond, help men continue to dominate large animal medicine, in ideology as well as in numbers. These gendered assumptions keep men and women in their respective corners of animal medicine. The students I interviewed relied on essentialism to justify this segregation. One frequent essentialist explanation the students used to account for why men work in large animal medicine is their greater physical strength. Second-year student Elizabeth pointed out:
I mean, you’re just working with larger animals. You’re working with larger tools, larger instruments, larger amounts of fluids, larger amounts of medications. I mean, you know, larger abscesses. I mean like everything about it is just bigger, and so you definitely … you know, you have to use brute force to lift things, and push things, and pull things.

For Elizabeth, the requirements of large animal treatment need brute force, which men have and, apparently, women do not. Courtney, a first-year mixed student we met in previous chapters, relied on biological essentialism to simplify why she preferred to work with men: “And I’ve done a few things that have been pretty much female teams. We get things done, but there’s a lot of things that would be easier if we had a stronger, big man. That’s just biology.” These veterinary students, so well versed in biology, often relied on biological explanations to understand gender segregation.

The students also gendered other aspects of the work, besides the physical strength needed, as masculine. Along with what the work involved, where one performed it also mattered. As Lisa described, with large animal medicine, “a lot of time the work is harder. There’s more accidents. There’s more things that can go wrong. It’s more outdoorsy. In that sense, yes. It’s more masculine.” The work involved in large animal practice is very different from the indoor, nine to five work associated with small animal practice. As mentioned before, animal production centers on reproduction, which does not always adhere to daylight working hours. And because these animals are, for the most part, physically larger and are seen as tools instead of family members or companions, they live outdoors where anyone working with them is also exposed to the elements. Outdoor hard labor is traditionally men’s work.

In our conversations, veterinary students drew on physical and emotional gender stereotypes to explain the gendered boundaries that divide the areas of practice. They relied on essentialist characteristics of men’s and women’s caring identities, knowledge, and interest in different treatment protocols to explain the gendered segregation across the tracks. Thus, they helped to reinforce the boundaries around men and women in veterinary medicine. Alternatively, the boundaries between small and large animal medicine can help explain why feminization has developed in one area and not the other. I will propose better explanations for the segregated feminization later on in this chapter, but first I will highlight the inconsistency of the students’ essentialist discourses.
CONTRADICTING ESSENTIALISM

Although the veterinary students I spoke with used many variations of the essentialist tropes just covered, they also later backed away from these assumptions. They found that many cases did not fit their conceptions of how gender worked. After I pointed out their inconsistent arguments, students admitted that essentialist explanations do not hold up.

The first essentialist ideology usually discredited was the idea that only women can be nurturing caregivers. Angela admitted:

You know I think some of them [men] are just as compassionate, and caring, and nurturing as some of us women are. But it seems to still be a trend that they . . . more men do the large animal stuff, and so I haven’t really seen it as much in the men as with the women. But I definitely have some friends that are male that are very good at, you know, empathizing. And I think they can do it just as well, but they’re just not quite maybe not as prone to doing it.

Angela implicitly acknowledged that the concentration of men in large animal medicine provides few opportunities for men to exhibit empathy. Similarly, Cathy recognized men’s capacity for empathy but went on to explain:

I think male veterinarians are more successful because they can distance themselves a little more and [emphasize] the business aspect more. So I think men are more successful at business because they are not as empathetic and willing to be like, “I understand you have five kids, and you chose to adopt this dog. I’m going to help you out and give you a discount.” Nope, you’re not going to really hear that too often from a male.

Cathy, like many other participants, contradicts herself by using an essentialist explanation of women having more empathy than men and men being successful at business due to their lack of empathy. The reliance on inherent gender characteristics governs how veterinary students understand the gendered differences in their field, even if they can reliably bring to mind contradicting examples.

Another contradiction occurred often when discussing families. Earlier I described how the students assumed that women wanted families and portrayed their desired role as that of the at-home caregiver. For example, Patricia realized:
You know what? I have heard some of the men talk about it, too, though. About “We’re thinking about having kids. Maybe we should have them now? Maybe . . .” Because they—at least the men in my class who are married—they’re very much family oriented. So they would hate to miss anything out on their kid’s life. And so it’s a discussion . . . not as much. And maybe it’s just because men don’t talk about these things when they’re in a public . . . Like, women talk about many things, so they don’t necessarily care who’s around, whereas men I think sometimes are like, “I’m not gonna talk about this while [people are] around.”

It occurred to Patricia that societal expectations constrain men from admitting their desire to be involved in family life outside of the breadwinner role, instead of assuming an essentialist propensity for men not to have that desire at all.

I asked Elizabeth, who had brought up how large animal medicine required brute force, if she thought women could nevertheless perform those tasks. She responded with an enthusiastic “Yeah, oh, I totally think so!” and went on to say:

I’ve seen some really badass residents that are shorter than me and they’re like these little, tiny, teeny tiny things. And the first time I went out on a dairy visit was with this little girl—not little girl—she was this very short woman. We went out and there was [something wrong] on this cow. And so she and the clinician, they just flipped the cow over, and I mean she was like teeny tiny. But she was just like strong. And it’s just like one of those things where it’s like when you’re surrounded by mostly men, you kind of have to pull your own, and you have to get it done or, you know.

When I directly asked about women’s ability to do the work necessary in large animal medicine, everyone could think of women who challenged the stereotype of the weak, incompetent female practitioner. I found it interesting that Elizabeth corrected her language when she first referred to the woman as a “little girl,” but then replaced it with “short woman.” The participants, men and women both, often used younger descriptors when speaking about grown women in their profession. The link between youth and lack of competence in their discourses has consequences for veterinary students imagining women capable of doing the work in large animal medicine.
But the physical strength of women is not the sole essentialized characteristic used to limit their entrance into large animal medicine. Size matters, too. Lisa recalled:

Actually it’s really funny ’cause we had one clinician come out who was . . . she was tiny. I mean, just to palpate the cows she needed a stepstool and she had a tiny little arm that really didn’t reach all the way. But she could still feel the uterus, so she could still do her job.

The students overlooked how size varies within the sexes. They portrayed all women as small and weak, and all men as big and strong. However, they could readily recall strong women and recount how even small women could do the job.

One significant admission that most of my participants made concerned the myth that large animal medicine requires a lot of physical strength. Alexis pointed out, “Personally, I think when you’re dealing with a 2,000-pound bull, I don’t think another 50 or 100 pounds makes that big a difference.” Many of them admitted that a 130-pound woman and a 200-pound man likely have the same chance of controlling an animal who outweighs them by 1,000 pounds or more. Stephanie, a first-year mixed student we met in an earlier chapter, also noted the irony that one working in small animal medicine actually often uses more physical strength on a daily basis than one uses in large animal medicine. She said, “You need 200 pounds to be able to move the gate of a stock or something? I probably end up carrying around more large dogs than you do.” Truly, small animal practitioners likely lift more weight throughout the course of their days, attempting to put large dogs on the exam table, for instance, while large animal practitioners have equipment to help manipulate larger animals. As Michael explained, “Large animals are big, but there’s certain techniques that everybody can learn to manage it just right.” He points out that brute force is not necessary if herding and animal handling techniques are used. Therefore, the idea that strength is necessary to work on large animals is a myth, and various sizes of women and men can still do the work.

Throughout my conversations with veterinary medical students, they routinely relied on essentialist explanations to account for the gendered segregation across the tracks and areas of animal medicine. Yet when challenged, they also contradicted these assumptions with examples that did not support them. When
asked about these assumptions, many students reflected on societal constraints. Ultimately, most students attributed gender differences to socially constructed explanations instead of inherent essentialist ones. I found that essentialist discourses served to define the boundaries in their education. In our conversations, the students largely contradicted their initial postulations for how and why gender operates the way it does in their profession. In doing so, they uncovered better explanations for gender segregation, which I now discuss.

**THE GOOD OL’ BOYS CLUB**

One of the more accurate explanations for why large animal medicine has eluded feminization and the influx of women involves the “good ol’ boys club” of animal production. Angela described:

> I know from talking to people that are large animal or equine that there are certain places and certain job offers and such that won’t even consider [you] because they know that being a woman—going out in a rural area trying to talk to a 65-year-old farmer cattle-ranch guy, they’re not going to listen to a thing we say. I definitely think it’s still a big factor in everybody’s decisions and how we approach situations and how we’re treated.

Earlier I noted how my participants felt that gender did not matter in their experiences in veterinary medicine, except when they gave the qualifier that it might in large animal medicine and animal production. Patricia stated, “Every now and then [you] come across a very old-school producer, maybe pushing 60, 70 himself. And when a female comes out, he’s a little taken aback. I think that’s really the only situation I’ve heard of where being a woman has mattered.” Lisa agreed that these types of reactions might be unique to large animal medicine:

> I think it [gender] still matters, actually more, more for the large animal side. They still have, like, the really old guy, old cowboy. And not that there aren’t really awesome large animal female vets that are well-respected, but I think there’s still a bit of a boys club on that side. So especially on the large animal side, new graduates tend to have a harder time being credible for the first couple years out. They tend to make much lower salaries.
The boys club that Lisa referred to has consequences for women that extend beyond just being admitted to not being fairly compensated or being dismissed and ignored once in the field.

The discrimination that affects women in large animal medicine relies on the entrenched stereotypes about women discussed previously. Cathy recalled:

I’ve noticed that with mixed animal and with large animal—like farm animal and production—farmers don’t want to talk to a 27-year-old girl. They don’t want that. They want to talk to a guy that can manhandle that cow into a stock. They’re not going to believe that I can pull a calf.

The stereotype that women, no matter their age or experience, are limited in their physical capabilities reinforces the myth that strength is necessary in large animal practice.

Another way that animal production institutionalizes sexism centers around its language. Sarah, a second-year small animal student, used the language of “horsemen” and “cattlemen,” likely unconsciously, to gender large animal owners:

It seems to me that horsemen and cattlemen really know their stuff. Like they do so many procedures to treat their animals before they even call a vet out. Like they really know what their animals . . . what they see all the time and all that stuff. And it’s just . . . it seems that if I did really choose to pursue a large animal route, and I’d know the medicine, that’s not a problem. But I just feel like there would be shortcomings for not having the amount of experience that the owners have. And it just, I don’t know, I guess I’d just be afraid of making a total fool of myself around the owners. [Laughs]

Similarly, Alexis noted, “A lot of times with livestock production the ranch foreman and farm hands you’re dealing with, a lot of times, are not white women, so it’s kind of nice if you can relate to them a little bit better.” These students, through their language, limit the possibility that women can practice in animal production, on ranches, and in large animal medicine. The idea that women do not belong in these areas also intimidates some from entering. They well understand that they do not possess the normative identity. Further, they also understand that the boys club that dominates these spaces is privileged through historical and traditional dominance. The intimidation, along with the discrimination, that women face when trying to infiltrate the good ol’ boys club of large
animal medicine serves as an effective push factor, keeping women out of this area of practice.

**PROVING YOURSELF**

The good ol’ boys club works in combination with another deterrent that keeps women from entering large animal medicine. While the hypermasculine club pushes women out of the field, if they manage to make it in, they find that they have to work harder to gain acceptance and respect. This is a stark contrast to the experience of men in female-dominated occupations. Men doing “women’s work,” while susceptible to having their masculinity and sexuality questioned, reap benefits through higher wages and status (Williams, 1993). The token experience for men and women is very different, as women in male-dominated occupations experience the struggles previously discussed: discrimination, harassment, and pay inequity. Women in large animal medicine have to prove themselves in different ways than men to stay. Patricia explained:

And sometimes dealing with food animal producers, you gotta be a little … you gotta be a little tougher as a woman and you gotta kinda be careful with how you sometimes, maybe, say things or how forceful you are just because sometimes in the food animal business you do have these old-timers who’ve been around for a long time. They’re very knowledgeable, but they’re not used to seeing females out there. So, they’re kind of a little skeptical of if you have to say something. You know? And you kinda … you gotta prove your mettle is basically what I’ve been told.

Elizabeth noted, “The women that do large animal things, they maybe … yeah, they maybe have to not just really prove themselves, but they may have to do a little bit more to gain respect sort of from their male counterparts.” Both of these students describe how women have to do more for male clients to see them as experts. Similarly, Patricia reflected:

You know, they just kinda say, “You know what? You’ve gotta prove you’re capable, more so than a man may have to.” But, at the end of the day, if you can prove you’re worth your services, then they’ll be willing to accept them. That’s really the only case where I can think of where being a woman has mattered.
For the most part, you know, as long as you come out there and you don’t... You show that you’re capable. You show that you’re smart. You show that, yes, I did go to four years of school and I learned something. People don’t care if you’re a man or a woman, as long as you can [do this].

Many of the students dismissed this extra work as inconsequential. They all recognized that women had to do more to get the same respect as their male colleagues, but for the most part, they did not consider this disadvantageous. They accepted that this was the way things were for women in large animal medicine. Patricia described how one has to just accept the job as a masculine one and said that women need to deal with it by toughening up or getting out:

I think with food animal it tends to be a little more masculine because you’re dealing with such large animals that sometimes, I think, you kind of have to get this “you’re gonna get down and dirty” attitude. You know? And you’re kinda... Like, that’s kinda the attitude people have. Like you’re not gonna be... you know, it’s not this pristine, clean job. You’re out there, you’re in the mud, you’re gonna be getting your hands dirty. And you’re gonna have to... you’re dealing with animals that weigh 1,000... 2,000 pounds. You’re gonna have to be a little tough, you know.

However, the “proving yourself” work that women must do has consequences for them, whether or not they are readily discussed. For example, Stephanie recounted the experience of an acquaintance working on a PhD in wildlife biology. She had been released from her position in her lab. As Stephanie put it, the woman had a very difficult time trying to get people to take her seriously. Possibly one of the things that got her let go. There are some similar instances I’ve run into in the veterinary field, where it has been difficult to either make myself heard or be taken seriously.

I asked her how she managed these instances, and she responded:

I tend to try to take the track of I’m just curious about things. I’m gonna ask you about all sorts of things. And I’m gonna ask you questions that I actually have very strong opinions on, but by asking you in this kind of way, it just comes off that I’m curious, not that I’m questioning your abilities or your thoughts.
I would say the majority of people who use that route are women. I think it's still certainly an issue of how you're perceived, not only as a veterinarian but just as a person in general.

Stephanie's method of appearing unchallenging to those who may not respect her is to come across in as nontreating a manner as possible by downplaying her own authority and expertise. While women flooded into professions, they often remained excluded from professional work since their roles were defined as supportive and adjunct-like (Davies, 1996). Entrenched gender bias continues to frame women's input as supplemental and not expertise. Although they constitute the numerical majority with the same qualifications as their male colleagues, women in veterinary medicine still experience a lack of authority. Leigh, another first-year student, also acknowledged the difficult task women have of proving themselves. “It's such a catch-22, too,” she said, “because you want to act more masculine and have those man qualities but then you get called a bitch for being like that.” These women show that there are indeed consequences that come from women having to prove themselves proficient in the field.

Women are not the only ones the students subject to gender stereotypes. Leigh described how men are also typecast:

I feel like most of the men I've met here—which obviously there's not very many and I haven't been round much—but they're mostly all food animal people. And then the couple guys that are small animal people are very feminine guys. And there's no macho small animal men that I've met, period.

Here, it is important to note that it is not that feminine men are drawn to small animal and masculine men are drawn to large animal, but that the gendering of these different areas of animal medicine allow for more non-masculine expression by men in small animal medicine. In large animal medicine, the hypermasculine culture constrains the men along with the women; however, women are ultimately more disadvantaged by it. They must resist the sexist discrimination within large animal practice and do extra work to prove themselves. This extra work serves as an ineffective pull factor that fails to attract women to this area of animal medicine—if they are required to work harder to stay, they may not make the choice to pursue large animal medicine in the first place. Therefore, the weak pull toward large animal medicine actually strengthens the pull of more women toward small animal medicine.
Nearly concurrent with feminization, the changing status of horses from tool to boundary object has made the practice of equine medicine a boundary object within veterinary medicine. Horses constitute a boundary object in the shifting terrain of species, and the equine concentration constitutes a boundary object in the shifting terrain of veterinary medicine. Equine private practices are the only large animal focused area that employs women in comparable numbers to men; in 2019, private practices that focused on equine were 54.2% female (AVMA, 2019). As mentioned in Chapter 5, horses border the line between large animal and small animal. Yet horses remain in the large animal sector within veterinary medicine, although their border status is significant when noting the gender variations across the areas of animal health: Equine medicine includes more women than other large animal practices and, consequently, is dominated by neither men nor women. Therefore, equine medicine lies on the gender border, too.

When I asked the students about the feminization of the profession, they would point out that men still constitute the majority in certain areas. Men dominate large animal medicine, but their numbers are also still quite high in equine medicine, too. For example, students recalled shadowing only male veterinarians during their equine training. However, the students were careful to distinguish between equine and production animal medicine. Even though both were grouped under large animal medicine, for the students they were very different. Lisa separated equine medicine as its own gendered track:

I'd say if we're just talking about large animal, I suppose more masculine. Small animal more feminine. Just off the top of my head. Although equine is an interesting one if we were to separate that out as a different track in and of itself. I guess I think of it as slightly more feminine, but it's more mid-range.

Patricia tried to gender equine medicine and food animal medicine: “It’s hard to say, ’cause with large animal you sort of do have this division between equine [and] food animal.” She added, “Maybe food animal sometimes can be a little more masculine and equine sometimes a little more feminine, in a way.”

Further, the students do not just consider the animals differently gendered based on their social definitions and uses as companion or tool; they also see the practice of medicine and interactions with these animal owners as a gendered
experience. For instance, Patricia noted the need for tact when dealing with horse owners:

Food animal, I mean, these guys, a lot of ’em, you can just be straight up with them and you don’t sort of have to sugarcoat things. Whereas kinda sometimes with equine, depending on who your clients are, you’re not gonna be just telling ’em straight. You’re gonna be honest, but you kinda have to word it in a way that sounds nicer.

Patricia employs the stereotypically feminine traits of kindness and tact in equine practice because, in her view, horse owners need those elements. Because many owners consider horses more than simply tools, veterinarians bring elements of the human-animal bond previously discussed into their conversations with clients, causing equine veterinarians to sugarcoat certain pieces of information that might be difficult for owners to hear. However, Patricia recognized that not all horse owners require this; again, horses exist on the border of companion and tool and, therefore, practitioners use different gendered approaches in treating and discussing them in different social contexts. Equine medicine exists on the gender border because it still involves masculine work that is dirty, outdoors, and with larger animals, but it also requires the feminine tactics of nurturing toward the animals and clients, common to small animal medicine. Because equine medicine now involves both the bond-centered practice elements of small animal practice and the physical ability required for large animal practice, it attracts men and women more or less equally.

ANOTHER BOUNDARY: SEGREGATED FEMINIZATION

This chapter uses gender to focus on the shifting boundaries within veterinary medicine. I presented horses, and the equine concentration, as a boundary object that highlights shifting definitions of species in the previous chapter. Although the students associated the two main tracks with stereotypical gendered behaviors, the border track constitutes a place where the stereotypes do not apply, thereby highlighting shifting definitions around the tracks and the students. The training in veterinary medicine has long reproduced various boundaries. By not initially admitting women into veterinary programs, the profession enforced a
sex boundary. Through the use of tracking, veterinary colleges enforce a species boundary that separates small and large animals. This chapter demonstrates that, additionally, an occupational sex boundary also exists within veterinary medicine through the segregated feminization occurring for companion animal and production animal practitioners. The combination of feminization and boundary work has indeed represented the social transformation of the profession, characterized by the various types of animal medicine men and women practice. Boundaries within the veterinary profession now distinguish between different animal patients, treatment protocols, and gendered practitioners, transforming the occupation from its original form. This transformation came not from scientific advances but from economic, social, and political factors.