

# The Need for Organized Health Management Programs: A Cattleman's Perspective

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*Moderator:* I think one of the things we should be doing is asking our clients and it is a real pleasure for me to introduce to you Mr. Ed Thiessen who is a client of veterinary medicine. Ed and his brother, Richard, manage T. C. Farms which constitute a grain enterprise, 160 cow-calf enterprise, but primarily a large feed lot enterprise where they have 18-20 thousand head. Ed is a graduate of the University of Manitoba in mechanical engineering; his brother, Richard, has a degree in commerce. It is rather interesting and amusing somewhat, out on the farm, Ed looks after the books and Richard does the mechanical aspect of the farm! The feedlot was available for those on the pre-convention tour, Tour A, and I hope some in this crowd took advantage of that tour. This feedlot is being utilized by students of WCVM and Guelph, and maybe even some students from St. Hyacinth. This feedlot was also used to develop the informatin Dr. Radostits gave this morning on veterinarians trying to get good data on the value of products being used. So it is a real pleasure for me to introduce Mr. Thiessen and his topic today is "The Need for Organized Health Management Programs—A Cattleman's Prospective." Please welcome Mr. Thiessen.

*Mr. Thiessen:* I haven't over the years been able to practice my communication skills quite to the effect that maybe some of you have. You talk to university people, those with PhDs, etc; I spent my last twenty years talking to cowboys and cattle feeders. When I get to a meeting like this I can't even use half of my vocabulary! If you'll indulge with me, I'm going to go through a little bit of personal history of how we evolved because I think it is going to point out some of the points I am trying to make.

In the first years when I came home we ran a cow-calf operation and fed out our own calves. It amounted to about 100-120 per year. We rarely talked to or used a veterinarian other than with the yard calving situation, pregnancy testing, and a little bit of advice about implanting. In fact I recall I had a sick calf in one of the first years I was home and I put it on the pickup truck and took it to the veterinary clinic. It was diagnosed as pneumonia and they gave it a shot and told me to treat it for two more days and I brought it home. Our facilities were such I fed and watered that calf on the pickup truck for two days so I could treat it for two more days.

The next year we increased to 200 calves, some of them looked sick, the veterinarian came out and he treated one

with three sulfa boluses. At this stage I could treat him for two more days. He sold me a box of 50 sulfa boluses and some penicillin. I was pretty upset with him because I never used any one of those sulfa boluses for a whole year after that! However, the following year, we purchased 400 calves from an auction market and decided to dehorn upon arrival. By this time my disdain for medical things had waned and I did consult the veterinarian for incoming procedures and we did a proper vaccination procedure however with a year of initiation. Suffice to say, by the end of the year, I had a new found interest in veterinary medicine, learned how to take temperature, started keeping records, swore never again would I dehorn cattle upon arrival and had a host of new experiences. Incidentally our veterinarian also bought me a feedlot diseases book, and in terms of calves, life has been rather interesting ever since. That's almost 20 years ago and I haven't solved the problem yet.

Over the next several years, we increased our calf numbers to approximately 15-16 hundred fall calves annually. We continued to work with the general practitioner in our area, several different ones over the years, but there were mainly two—two of whom incidentally I owe a lot because I learned a lot from them over those initial years.

Incoming procedures and treatment programs were fairly standard. We treated lots of calves each year. The records were the traditional treatment records, i.e. we identified the sick calf and we kept track so we could treat them with the same thing the next day. When we were feeding 1800 calves I would say we never had a real wreck. I'll admit I've changed my definition of wreck as the years have gone by. It has increased from 2% to 4% and maybe even 5, in terms of mortality. I found I enjoyed the feedlot business and I continued to read and study the feedlot business. We ran into a new disease before it was really that well known in the country and we were dropping a calf every day for two weeks straight. It was also new I think to the veterinarians in our area. It's the first time that I brought in another veterinarian and our regular general practitioner and we came down with the diagnosis of a disease called infectious thromboembolic meningoencephalitis (TEME). It was the first time that I actually mass medicated for disease. But I did learn how to pronounce it after I lost 200 calves! I was pretty proud

when I learned that but it cost me 200 calves.

About 9 years ago we built the new lot and after three years we are up to 10,000 calves a year. We continued to work with our local veterinarian, who was a general practitioner, in terms of what we were going to do and treatment, etc. We used some water treatments and we still didn't have too many wrecks but some things were starting to show up. Basically conflicts between a general practitioner and probably our demands. In other words, pens were being delayed because a general practitioner has a lot of things to do besides look after a feedlot, we wouldn't get them done in time, business might be late due to a calving, this type of thing. The other thing that started to hit us was that after being in the business for about 10-11 years, our diagnosis of problems was good but we needed something more than that. All we could say about the problem was "we're not sure what is causing this but we have sure seen it the last five years." We got to the point where we finally decided we would try a feedlot specialist and we brought in a young fellow that year and I think he's been with us for about 4 years. Incidentally, after we brought him in, that's the first time we ran into real wrecks! Co-incidentally, now why am I telling you this? First of all I would like to make the point that in no way am I trying to degrade the general practitioner. I took you through this evolution to point out what had happened because I think we evolved from a farm type business to an intense production business and I don't think we recognized that our needs had changed. The other point that I wanted to bring out is that you as practitioners will have clients all the way along that cycle. You as general practitioners will be involved in some intensive production systems because a lot of feedlots are not going to be at the point where they can afford a feedlot specialist. I also want to make the point that there is a time in an intensive production system where you get to the stage where you will need a feedlot specialist. Your general practitioner may not have the desire and probably not have the time to look after the needs of a production intensive unit once it gets past a certain size. We had fed calves for 12 years and we really had no documentation on the patterns of the disease, the results of various strategies we had applied, etc. We had no historical documentation and consequently we'd suffered the grief for 12 years but we had not learned from it. Some of these things I am going to mention are things that I expect from the feedlot specialists but they can apply to a general practitioner at first. And the first thing that I want to mention is (1) veterinary medicine has a legitimate role in intensive production operations. I would suggest they even have a moral role. If we are going to take these animals and house them in these large quantities, etc., it behooves us to look after them in the healthiest and most comfortable way for those animals. That speech we had on animal welfare this morning was

excellent and I think made some very good points. In almost all situations a producer is not a veterinarian, and his understanding of disease problems is only to the extent that they affect his operation. I hated biology in school incidentally. I have now learned more about veterinary medicine than I ever want to know and I don't really know that much but you get forced into it by the nature of your business. If you are going to feed calves, the limiting factor of the number of calves you are going to put in is your ability to keep them alive for the first 30 days. Solving these problems will probably require someone who has a complete understanding of how a disease works—something that I don't have at all. I need somebody who understands how the disease works, how the disease itself is manifested, and then together with myself, we can possibly see what is happening in our particular production unit. Now if the veterinary profession isn't interested in this role and, in the feedlot business, probably as much of the fault is the feedlot profession, hah, that's quite the thing, calling ourselves a profession, much of the fault of the feedlot operators, it is as much their fault as the veterinarians that maybe we haven't come together as much as we should. If the veterinarian is not going to fill that role, it will be filled, or attempted to be filled by either the feedlot operator himself or a combination of him, the drug companies, and maybe God forbid, nutritionists.

The second point I would like to make when coming to larger lot and I always say this to students who are going to come out or a first time veterinarian, that they are going to come out to our lot to do some work! Otherwise you find it quite uncomfortable.

The point I am trying to make is I know that the calf's got pneumonia and so does that one and that one and that one over there. That's not the problem. I can treat it with 90 per cent accuracy that those cattle have pneumonia. I've seen it that often. You're not going to do any better with your stethoscope. But why I have you here is to try to understand the phenomena of how this disease is occurring in our lot, what it is we're doing to bring it on and how it spreads so we can institute preventive measures. We are more concerned about the population than we are about that individual animal. The bulk of our debts among other things is pneumonia, and to this point we have not come to where I think we can satisfactorily handle it in large numbers.

The third point I would like to make is that in an intensive productive situation, the feedlot veterinarian must have an intimate knowledge of the workings of the operation. Production intensive units have problems unique to production intensive units in general and in many instances have problems unique to that particular unit. You as a specialist veterinarian will only be able to solve and identify those problems while working very closely with the operator and staff and totally understanding the workings of the

system. I guess in a less complicated way what I am trying to say is as feedlot operators I think in many cases we're creating our own problems. We need your help to understand why.

Another point I'd make is that the veterinarian has to have an interest in his area of specialization and will need constant updating of that area by reading industry papers and journals. He should be able to or have the facilities at hand that if we have a particular problem he can access all research data pertinent to that problem. He just in general has to be interested enough or in short, he lives his job. That is fairly demanding but that is what I think is required if you want to get into these types of situations.

Number 5. I think he has to be available during the rough times. In our case this is during the fall run. He basically has to be available 7 days a week for several weeks on end or in our case there are two people so they do get relief but they do have to be available on a 7 day a week basis. They don't have to be there all the time but problems occur and they don't follow a calendar. Incidentally if there is more than one member on that team, then communication between them is also essential so that if one relieves the other one, he's up to speed with what is happening at your place.

I think the other thing that is a requirement is honesty and maybe that is not the correct word, but maybe the word frankness. If we are going to pay a consulting veterinarian, we're paying him for what he knows not for what we want to hear. If I want to hire somebody to tell me what I want to hear, there's a profession that's been in business far longer than veterinarians that can do that at my age far more economically than the veterinarian can! The other thing that I've run into and this may vary depending upon the sophistication of your client, etc., but for God's sakes, if you don't know, be honest and say so. I've run into some veterinarians who like to have an aura of knowledge ability around them. In the case of shipping fever, I have not met one where this has lasted for long. I am sure there are some other points but I wanted to be fairly brief this afternoon.

Now I will give you some points that I think a feedlot or your employer should do for you. Some of the things that you are not. You are not his accountant. And you are not his personnel manager. And I think this is a fairly important area, I'll expand on that a bit. I think it behooves me to provide our veterinarian with staff that is responsive to the changes he wants to make and that will initiate the changes he wants to make. I think it is also my responsibility that either I or somebody on staff that could make decisions be in constant communication with the veterinarian and be aware of what's going on. I don't think it is your place to tell me I have bad employees. Oh pardon me, it's your place maybe to tell me I have bad employees, but it's certainly not fair for me to ask you to either discipline or try to tighten up their work habits. Educating them is another situation. But I suspect in many cases you will run in to some of those cases and I think it is our responsibility to give you the proper tools to work with which includes facilities and people.

I certainly don't think a consulting veterinarian is your slave. I think he is there to solve a problem and that is all he is there for. Just because you hire him as a consultant you are hiring him as a professional and its area of work that he should be in. Maybe I'm getting a bit personal but don't allow him to become your commodity future adviser!

I just wanted to make a few brief points, I've always found that brevity is one of the best parts of a speech, I would just in closing like to say that I certainly have found the last four or five years very gratifying in working with the veterinary industry. We've had university students out, supervisors, fellows like Dr. Eugene Janzen, and the two fellows that consult for us, I found it very challenging. I think we've come up with answers. We have not solved our shipping fever problem but I think we understand it much better. If we work as a team I think we can solve the problem.

I thank you very much for giving me this opportunity to speak to you.