International Migration by Rural Professionals:

Professional subjectivity, disease ecology and veterinary migration from the United Kingdom to New Zealand.

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Abstract

This paper analyses international rural migration by highly skilled professionals. Focusing on the migration of veterinary surgeons from the United Kingdom to New Zealand, migration is conceptualised as a response to disruptions to narratives of professional subjectivity that are set within a ‘disease ecology’ – the inter-woven social, economic, biological, environmental and institutional relations that shape the practice of animal disease management. Drawing on biographical interviews with 50 migrant vets, the paper outlines five narratives of migration that capture the relationships between the personal, professional and biological and inform vets’ decisions to migrate and remain in New Zealand. Firstly, the ‘first job’ narrative highlights the tensions between becoming a vet and the challenges of being a vet. Secondly, the narrative of the ‘anti-vet’ describes the rejection of dominant veterinary subjectivities and the search for alternatives. Thirdly, the narrative of ‘poverty farming’ describes the effects of incremental changes and disruptions to farming and veterinary identities. Fourthly, rationalisations of accidental migration are linked to historically embedded veterinary subjectivities. Finally, a narrative of recovery and therapy links traditional forms of country living and animal welfare in New Zealand to ontologically secure veterinary subjectivities. In conclusion, the paper calls for further research on the international rural migration of highly skilled professionals.

Keywords:

Skilled migration; Professional subjectivity; Rural; New Zealand; Veterinary; Disease Ecology.
Introduction

Writing about the impact of British colonialism on the New Zealand (NZ) environment, Brooking and Pawson (2011) describe the circulations of experts and expertise that led to the creation of its now taken for granted pastoral agricultural landscape. The circulation of experts and expertise between centres of agricultural knowledge in the United Kingdom (UK) and NZ contributed to the development of specific varieties of grass seed and sheep breeds, remaking the landscape. Missing from these accounts, however, is the role of the British veterinary profession. This omission is surprising, not least because of its role in assisting colonial expansion in NZ (Nightingale, 1992) and elsewhere (Mishra, 2011). Moreover, these patterns of circulating veterinary expertise continue today: NZ is a recognized world leader in animal disease control, exporting its techniques and veterinary practices, and continuing to attract British veterinarians despite fading colonial ties.

The aim of this paper is to examine the contemporary international migration of veterinary experts from the UK to New Zealand. There is, of course, a rich history of academic study of the causes of rural migration, reflecting economic and people-led motivations, and the differences between structural causes and migrants’ own agency (Halfacree, 2008; Woods, 2016). Despite calls for a greater focus on international migration as a means to ‘disrupt conventional conceptualisations’ of rural migration (Smith, 2007: 279), much of this literature is focused on migration between European countries (but see Preibisch, 2010). Studies have therefore focused on low-skilled agricultural labour (Lever and Milbourne, 2015; Sporton, 2013; Hoggart and Mendoza, 1999), retirement migration (Buller and Hoggart, 1994) or return migration (Ní Laoire, 2007). Whilst a parallel literature on the geography and mobility of science (Mahroum, 2000; Powell, 2007), students (Findlay et al., 2016; Findlay et al., 2012), experts and expertise (Larner and Laurie, 2010), and global professions (Beaverstock, 1996; Faulconbridge et al., 2009) exists, this has not permeated discussions of rural migration or professions such as the veterinary profession.

Combining studies of professional subjectivity (Thomson and Jones, 2016) and rural migration (Stockdale and Catney, 2014), this paper identifies the reasons for international veterinary migration. The paper argues for a conceptualization of international veterinary migration as a response to disruptions to narratives of professional subjectivity that are set within a ‘disease ecology’ – the interwoven social, economic, biological, environmental and institutional relations that shape the practice of animal disease management. The paper identifies three related aspects of disease ecology that contributes to veterinary migration: veterinary subjectivity and identity anxiety, disease transmission and the professional lifecycle. In tracing the biographies of veterinary surgeons (hereafter vets) that have moved from the UK to NZ, the paper shows how their decisions to move are framed by the relationships between veterinary subjectivities and ideas of what counts as appropriate veterinary work; circulations of disease; and personal and family circumstances.

To do this, the paper draws on in-depth biographical interviews with UK vets working in NZ. It begins by reviewing the literature on international migration.
and professional subjectivity, linking them to the concept of disease ecology. Secondly, the paper outlines the methodological approach adopted. Thirdly, the paper describes narratives of moving to and staying in New Zealand, showing how different elements of the disease ecology contribute to international migration.

International Migration to Rural Areas

Halfacree (2008: 486) argues that migration to European rural areas has ‘largely been seen as an ‘internal migration’ phenomenon’ dominated by studies of lifestyle-led voluntary movements of middle-class groups to rural areas and analyses of their socio-cultural and housing impacts (Milbourne, 2007). International studies of rural migration, however, have helped challenge the dualistic and stereotypical rendering of rural migration as a conflict between the fixed identities of locals and newcomers, tradition and modernity, and economic versus lifestyle motivations (see for example Ní Laoire, 2007). At the same time, accounts of international rural migration also challenge the significance of the rural idyll and middle-classes. Whilst some accounts stress the role of people-led explanations (Buller and Hoggart, 1994) others take a darker turn. Significant here are those migration studies that examine the changing demands of agricultural labour and food processing. Here, Hoggart and Mendoza (1999) describe how agricultural ‘occupational niches’ are created for immigrant labour, whilst Sporton (2013) and Lever and Milbourne (2015) argue that international migrant workers have become essential to the meat-processing industry, whose precarious lives are facilitated by employment regulations, employment agencies and zero hour contracts.

For Halfacree (2008), the story of European migrant labour reflects at least one way in which the binaries of rural migration research remain unchallenged: that of the difference between economic and people-led explanations, suggesting that these migration patterns reflect ‘economic’ explanations of migration in which cultural notions of rurality or the rural idyll are absent. However, more recent analyses also stress the extent to which these forms of labour-based international migration reflect the ‘messiness’ of migration categorisation (Stockdale, 2016). Thus, synthesizing recent studies of migrant labour, Woods (2016) argues that ‘patterns and processes of contemporary migration are more fluid and dynamic than often imagined, providing ‘mixed messages’ about the agency of migrants. Whilst some accounts demonstrate their structural disempowerment, others highlight their own agency to construct their own identities and futures, and re-shape the places in which they live (Lever and Milbourne, 2014).

As Woods (2016) suggests, international migration might be better seen as patterned by heterogeneity: the origins and types of migrant workers varies in different places; that international migrants exhibit different motivations, experiences and aspirations; that trigger points and catalysts are social, economic and regulatory; and that migrants’ integration with local communities can vary between localities. In this messiness, international labour migration is shaped by economic factors and personal factors – such as marriage or family
reunification (Sporton, 2013; Jirovsky et al., 2015; Hedberg and Haandrikman, 2014). Equally, the ease of stereotyping the kind of agency work performed by migrant workers as low-paid and unskilled in which migrants’ agency is captured by a globalized corporate food system is also misplaced. Rather, international rural migration can involve all social classes and employment types in which motivations combine the economic, social and personal (Eimermann et al., 2012). Indeed, many migrant workers working in poorly paid and unskilled jobs are educated and skilled but working in occupations that do not match their qualifications (Hoggart and Mendoza, 1999).

*Subjectivity, Professionalism and Migration*

Missing from these studies are accounts of the international migration of highly skilled professionals to rural areas. Instead, the migration of highly skilled professionals is associated with the rise of the ‘global city’ in which the expansion of transnational corporations result in flows of professional labour between world cities (Smith, 2003; Faulconbridge et al., 2009). Whilst the global nature of rural space is increasingly recognized (Woods, 2011), these studies focus on lifestyle and tourism. In some senses, professional migration may be no different to other international rural migration: professional migrants can rely on (and be let down by) employment agencies (Connell and Walton-Roberts, 2016) whilst motivations may include economic and cultural factors (Beaverstock, 1994). Indeed, drawing on Giddens’ (1984) structuration theory, Robinson and Carey (2000) distinguish between practical and discursive consciousness to describe the mixed reasons for international migration by doctors. Belying their discursive economic reasoning for migration, are a series of taken for granted historical cultural links that not only shape their destinations but also help them navigate bureaucratic barriers to migration (see also Kõu et al., 2015).

Studies of highly skilled professions have shown how the growth of globalised professions and flexible labour markets contribute to international migration to service seasonal demands (Beaverstock, 1996). Equally, others have shown how governments and institutions make possible the conditions for international migration by adapting employment laws (Raghuram and Kofman, 2002). However, professional international migration may also be encouraged through the creation of professional subjectivities and identities in which mobility is normalised. This is particularly the case amongst scientific professions in which expectations of mobility are part and parcel of how science works and how scientists behave (Akers, 2005). Moreover, academic mobility is also normalised amongst students (Findlay et al., 2016). Thus, Heffernan and Jöns (2013) describe how scientific subjectivities and disciplinary identities are created through institutional infrastructure – such as sabbatical programs – which contribute to the movement of highly skilled professionals as a means of doing ‘good science’ through the exchange and circulation of ideas (Jöns, 2015). In short, scientific mobility is essential not just to ‘doing good science’ but being a ‘good scientist’, strengthening the credibility of the scientist and the legitimacy of their institution as a ‘centre of gravity’ (Mahroum, 2000).
Elsewhere, management studies emphasise how professionalism is thought of and constructed as a mode of conduct rather than simply a matter of technical expertise (Grey, 1998). Discursive regimes (Gill, 2015) and ‘master narratives’ (Nelson, 2001) prescribe the limits of professional identity, regulate professional behaviour and determine professional status. These master narratives serve to reinforce dominant professional identities: those on the margins are not recognised as legitimate or valuable, are less able to intervene or voice concerns, and may ultimately come to accept the dominant view of their roles through what Nelson (2001: 21) calls ‘infiltrated consciousness’. Master narratives may be created within professions themselves, or through the activities of international recruitment agencies that define ideal types of migrant worker (Findlay and Cranston, 2015; Findlay et al., 2013). Whilst these dominant elite identities may confer status and provide a form of professional ontological security (Giddens, 1991), the pressure to continually conform and worries over losing identity can lead to ‘status anxiety’ (Burke, 1991). As a result, Gill (2015) argues that alternative counter-identities are developed in ‘spaces of action’ as sources of personal meaning. Other responses may include ‘survival practices’ (Collinson, 2003) in which alternative subjectivities are constructed to challenge dominant professional narratives. Another response is to leave the organisation or profession altogether. For example, studies in healthcare connect the promotion of new managerial subjectivities that are divorced from notions of appropriate care to professional exit and escape by international migration (Humphries et al., 2015; Gauld and Horsburgh, 2015; Sharma et al., 2012).

Master narratives of professionalism also reveal the geographical dimensions of professional identity. Whilst the skills and characteristics of the prototypical professional may vary between countries, colonialism and the globalisation of professions can spread particular master narratives that seek to establish universal versions of professional conduct (Spence et al., 2015). In a neocolonial context, these master narratives also serve as a protection against competing forms of professionalism from marginal, non-elite countries. Thus, as Thomson and Jones (2016) show, professional migration from the margins to colonial centres may precipitate identity anxieties: career success, autonomy and security is dependent on the extent to which migrants are able to conform to prototypical colonial ideals.

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**Veterinary Migration in Global Disease Ecologies**

How might professional subjectivity and identity anxieties relate to the international migration of vets? On the one hand, the veterinary profession was integral to colonial expansion (Mishra, 2011), establishing universal professional standards, practices and identities across the world. This historical depositing of veterinary ideals creates topologies of veterinary professionalism, making and drawing similar places together, and facilitating movement between them. The development and style of the NZ veterinary profession, for instance, was dependent on the arrival of British vets to conduct disease control functions and the recognition of membership of the UK’s Royal College of Veterinary Surgeons as the sole accreditation qualification (Burns, 2010). The first of these
vets, J.A. Gilruth, arrived from Scotland in 1892 and came to play a major role in the development of the veterinary profession in NZ (Nightingale, 1992). By encouraging further veterinary migration from the UK, Gilruth ensured that they dominated the Department of Agriculture and the profession itself (Burns, 2007). Thus, during the 20th Century, a cadre of Scottish vets shaped NZs approach to animal disease management, such as eradicating bovine Tuberculosis (Enticott, 2017). Whilst these activities established the importance of government veterinary work, these vets also contributed to a hierarchical structure to animal health care by establishing the use of para-professionals, and developing the unique ‘club’ structure in which farmers cooperatively supported private veterinary services ensuring their availability in remote rural areas (Burns, 2015). Such global topologies of veterinary professionalism are likely to promote and sustain patterns of migration by veterinary experts.

However, whilst these activities may have helped embed ideal forms of veterinary subjectivity, other experiences show the importance of understanding how they relate to the disease environment in which vets work. Thus, whilst the veterinary profession may have been integral to colonialism, in practice, different ideal veterinary subjectivities emerged in different places due to different colonial regimes and the localised nature and severity of disease (Gilfoyle, 2003; Mishra, 2011). Whilst not explicitly referring to veterinary subjectivity, Davis (2008) refers to these variations as the outcome of the social and biological relational field through which disease management is organized. Referring to localised ‘disease ecologies’ examines how differences in the presence/absence of animals and diseases contributed to different roles for veterinary medicine in environmental policy in colonial India and North Africa. However, what is also clear from Davis’ work (2008) is that local disease ecologies and veterinary roles are shaped by more than disease itself. Rather, Davis shows how the contribution of veterinary medicine to environmental policy is shaped by the relationships between pathogens, animals, approaches to veterinary education and styles of colonial administration.

Developing the concept of disease ecology further, this paper suggests that veterinary subjectivities are shaped within disease ecologies, in which the social (such as institutional discursive regimes) and natural (such as disease outbreaks) define but also disrupt prototypical veterinary subjectivities. These disruptions challenge vet subjectivities and provide moments in which other elements of personal lifecycle can prompt the decision to migrate. A disease ecology therefore encompasses professional ‘master narratives’ of identity and practice, the governance and institutional management of the veterinary profession and other related disciplines such as farming, personal and lifecycle aspects of veterinarians, and biological and environmental factors relating to disease transmission. The remainder of this paper explores how veterinary lives are shaped within and by disease ecologies, and how disruptions to established veterinary ideals and identities contributes to international migration.

Methodology
Context

The focus of this study is on the migration of UK vets. New Zealand was chosen as the migration destination for three reasons. Firstly, there is currently great interest in the biosecurity and disease management practices developed in NZ within the UK government to manage diseases such as bovine Tuberculosis (bTB). Recent eradication strategies for bTB in the UK make extensive reference to the NZ experience (Defra, 2014) and veterinary experts from NZ are routinely invited to comment on UK plans. Secondly, there is a long history of migration and cultural connection between NZ and the UK. As indicated in the previous section, the structure of the NZ veterinary profession was developed by UK vets, and NZ remains heavily reliant on veterinary labour. According to the NZ register of veterinary surgeons, there were 2765 vets practising in NZ in June 2016: 30% qualified at an overseas university whilst 11% (294) were from the UK. Of these, 59% moved to NZ within 4yrs of graduating, the average time since arriving in NZ was 10.5 years and 60% or migrant vets are female. Thirdly, whilst there are studies of medical migration to NZ (Gauld and Horsburgh, 2015; Sharma et al., 2012), there has been no attempt to account for veterinary migration to NZ.

Biographical Interviews

Existing studies of international migration to NZ are overly quantitative and reduce reasons for migration to simple categories such as ‘lifestyle’. For Stockdale (2014), these approaches are unable to describe how decisions to migrate are made, or the capture the kinds of practical consciousness implicated in migration decisions. Rather, as Halfacree and Boyle (1993) argue, biographical methods are required to go beyond the façade of simplistic ‘economic’ or ‘lifestyle’ explanations in order to fully tease out migration motivations.

For this study, interviews with vets were conducted based on Wengraf’s (2001) Biographical Narrative Interpretive Method (BNIM). The BNIM follows a three-stage procedure: first, a ‘Single Question for Inducing Narrative’ (SQUIN) is posed to the interviewee. The SQUIN directs the participant to the subject matter but is deliberately broad enough to allow participants to talk through their experiences. The participant is encouraged to talk for as long as possible without interruption until they can offer no more insight. For this study, the SQUIN was: “I’d like you to tell me the story of your veterinary career, from when you first realised what you wanted to become a vet through to now. Please talk about all the significant events, experiences you’ve had that have lead you to move to move to New Zealand and that you think have kept you here as well”. Secondly, whilst the participant is describing their story, extensive notes are taken to identify ‘Particular Incident Narratives’ (PINs) which are then explored in the order raised by the participant. Finally, nonnarrative questions are asked. In this case, questions about returning home and feelings of home were posed where they had not already been raised in participants’ migration narratives.
In total 50 vets were interviewed in New Zealand (20 in December 2015, 27 in June 2016, and 3 in the UK who had recently returned from NZ). Vets were identified using the Veterinary Council of New Zealand's online veterinary register (http://www.vetcouncil.org.nz/onlineReg.php). Vets were randomly selected and through snowball sampling and were based in the North and South islands. Of these, 27 identified as farm vets, 10 worked for the Ministry of Primary Industries (MPI), 6 were small animal vets, 4 academic, 2 equine and 1 in mixed practice. 52% of vets interviewed were female. All but one graduated from a UK veterinary school: the remainder qualified in Ireland but was a UK national. 76% of vets interviewed had migrated since 2000; 48% had migrated within 5 years of qualifying; and on average they had been in NZ for 11.9 years when interviewed. These characteristics broadly represented the overall population of UK vets in NZ. Two interviews were with vets based in Wellington. However, they have been retained within this analysis because their original migration destinations were rural.

Wengraf outlines a formal method of analyzing BNIM interviews in which objective life events are presented to an independent panel to iteratively develop interpretive hypotheses about the experience of life events. This was not possible in this study and instead analysis relied on an ongoing inductive analysis of interview data made possible by the interview procedures itself and the concentrated time period in which a large number of interviews were conducted. As a result, theoretical saturation of core migration narratives was reached during the interviews themselves. Nevertheless, all interviews were fully transcribed and entered into NVivo to preserve a record of the narratives uncovered during the interviews. In what follows, the paper describes these narratives and how they are connected to international veterinary migration.

Narratives of Veterinary Professionalism and International Migration

This section describes five related narratives of veterinary migration. Taken together, the narratives highlight how local disease ecologies influence the decision to migrate to and stay in NZ. All research participants are anonymised, but gender and the date of moving to NZ is provided alongside quotes.

The First Job

Recounting the beginnings of their veterinary careers, UK vets in NZ told one of two stories: either their career was the culmination of a realization of a dream held since childhood, or the fulfillment of a self-imposed academic challenge. For those growing up on a farm or in the countryside, the transition to a veterinary career was portrayed as a natural consequence. For others, the challenge of getting into veterinary school was motivation enough:

“I was used to being like one of the top kids at school, and I quite like being challenged, oh, vet school’s one of the hardest things to do, I’m going to get in just because I can try and get in; it’ll be a challenge for me, so I… I… and I think from that moment, probably like 15/16, I’d got almost like tunnel vision” (C4, Female, 2015).
The challenge of becoming a vet was not always simple but dedication to the challenge was a consistent theme. At this life-stage, the challenge of becoming a vet had little impact upon where they wanted to practice, unlike their next career stage: the challenge of being a vet. Just as Lave and Wenger (1991) distinguish between learning to practice and learning to be a practitioner, the reality of veterinary work – of being a vet – came to fundamentally alter their view of the profession and their identity. The ‘first job narrative’ captured these work experiences and existential challenges of being a vet. This narrative was not simply connected to the first job: it began forming during work experience at University and could cover a number of different early career moves. Broadly, the first job narrative characterized a realization that a veterinary career involved accepting substandard working practices, long hours, overwork, and a lack of support. Typically, vets stories of moving to New Zealand were prefaced by accounts of over-work leading to mental and physical exhaustion:

“I knew I couldn't stay there for much longer without burning out, or at least without changing my role slightly, because... it was so busy, and the out of hours were very bad, and there was a lot of injuries, and it was quite, um... it was quite a tough job...I think physically and mentally hard, uni, draining. I was... you're just never home... so my first job was long, busy days....I think we did one in five on-call, and one in five weekends, but a night on call would be at least one dog Caesarean, probably two. Um, I've done four in a night before. If it was lambing season, you'd have four or five sheep Caesareans through the night as well, plus there'd be calvings pretty much every night that you were on call, so on-call meant that you weren't at home. You didn't go home from that day that you were working until the end of the next day that you were working, or if it was the weekend, sort of four days straight, really, without... I had one full weekend where I didn't go home or sleep for the four days, which is not safe” (L3, Female, 2013)

Having met the challenge of becoming a vet, there was little or no intellectual challenge to being a vet. Treatments were routine and reactive and required little thought, either because the ‘thinking’ jobs were jealously guarded by senior colleagues or because pet insurance required ‘interesting’ cases to be referred to specialist clinics. If the narrative of veterinary subjectivity was all about long hours and hard work, the marginality of new vets meant that they were ‘grateful’ for their opportunity, accepting that these working conditions were a rite of passage learning experience (cf. Thomson and Jones, 2016). However, the first job was also strongly connected to disillusionment with the veterinary profession followed by professional exit or escape following different trigger events. Vets recalled how their physical and mental exhaustion suddenly culminated into a decision that ‘they had had enough’ following specific events, such as difficult clients, accidents, personal relationship breakdowns. For example:

“the guy was drunk, he was obnoxious, and wanted his dog put down, and I went out to do a house call, and there was nothing wrong with his dog, so I said there's nothing wrong with your dog, I'm not going to put it down, and he said to me, if you don't put it down, I'm going to kick your head in, and then his mate turned up, and you know, it was just a whole unpleasant night, and I bumped... euthanized his dog, and sort of ran back to the car, and he chased me back to the car, and I just... you know, and I just thought, I don't need this shit! I just sort, this is not worth... my job's not worth this” (G2, Male, 1995)
For others, questioning the veterinary professional identity unfolded in relation to family circumstances and the decision to seek out an alternative way of working:

“every other night I was on call... and it’s really difficult to maintain a role as an active father in terms of, you know, what I wanted to be as an active father, you know, I could have gone back and... and... and thought of it in... in the previous generation’s terms of, woman you look after child; I’ll go to work, kind of hunter-gatherer approach, but I’m... I’m... I didn’t want to be that kind of dad” (E11, Male, 2006)

James Herriot and the Anti-Vet

In the UK, the James Herriot series of books, and subsequent TV series ‘All Creatures Great and Small’, have contributed to the popular image of the prototypical vet who works in mixed practice in a small market town, frequently called upon to perform complex yet heroic duties for both small and large animals. Written in the 1970s, the portrayal of the vet is of its time and increasingly divorced from the range of work conducted by vets today. Nevertheless, the idea of the mixed practice vet – despite the ever-decreasing opportunities for this kind of work – and its portrayal of veterinary identity endures (Wedderburn, 2016) and can be considered as the master narrative of veterinary subjectivity.

The James Herriot form of veterinary subjectivity – whether directly inspired by the books and TV programs – or through similar work experiences, shaped many of the UK vets’ in NZ decision to enter the profession. Take this description of one vet’s first encounter with a vet whilst working on a farm:

“A cow had jumped over a barbed wire fence, and she caught her udder on the way over and she’d ripped her teat right off and caught the milk vein as well and there was blood galore! We managed to walk her back, maybe half a mile back to the farm, and obviously the second we got back to the farm, [the farmer] was straight on the telephone to the vet... A young lad [arrived], he probably wasn’t much older than me, maybe four or five years older than me, and I remember it was, as I say summer, so 4 o’clock, lovely warm afternoon, um, he got out of his car, his music was pounding! And, um, the farmer ran straight over to him, you know, it was like this guy had to save the day, save this cow and imagine him driving out listening to his music, getting excited about, there’s going to be blood and guts and what’s he going to do. And he stitched the cow up, and that was pretty straightforward but then the really exciting thing was he asked if he could get another cow, and he stuck a great big harpoon into this cow’s neck and connected it up to a great rubber tube, and he siphoned out up to 10 litres of blood into this great big bucket with a bit of citric acid in it. And my job was to swirl this bucket around to stop the blood from clotting. And then he took the blood from that cow and he filled a great big bag up and transfused that blood into the cow that had torn it’s teat, and, um, so he’d given her a blood transfusion as well as stitched her tits up and after it was all done the cow had gone from being practically on death’s door, really huffing and puffing for... for breath, she’d lost so much blood obviously not much haemoglobin in her system to just suddenly walking in with her mates into the shed to be milked, as if nothing had happened. And the farmer’s wife came out just as we finished and she had made some cake, cup of tea and there’s great big fat globules floating on the tea. She’d obviously got a bit of arthritis I think, cos she, um, cake mixture hadn’t been mixed properly, there was great big lumps of lard still in there, but the vet, he... you know, he sat back with his cup of tea, and his cake, took it all in his stride and, I just thought, well, this is what a great... you know, the appreciation that they had for him. Er, what a great lifestyle, and he got back in his car, after his cup of tea and his cake, put his music on again, and off he went. There was dust coming up behind his wheels, obviously off to the next exciting thing, and I thought that’s for me” (C1, Male, 2001).
If this heroic veterinary subjectivity was appealing, the reality of day-to-day practice led to a realization that an alternative set of subjectivities existed – referred to here as the ‘anti-vet’ – encompassing roles such as public health and research. However, not only were these anti-vet subjectivities silenced by the dominance of the James Herriot mixed practice ideal, but also by professional veterinary institutions. For example, one vet described how private practice was promoted above all other opportunities despite realising it was not for her:

“Everyone was pushing you into being into practice…you never really learnt about what other opportunities and jobs are really out there…Even when I said to my Director of Studies, who’s like the Dean of the vet school, I was like, I don’t want to do practice, he was like, you should do practice, quite like, you should do it, you’ll regret not doing it, like even if you do it for like a year, and I’m like, no. So, it’s not really… like they… they’re like, oh, practice, practice, practice, and Government work and research: it’s been almost looked down upon” (C4, Female, 2015)

Typically government veterinary work was represented as an indoor desk-job with a lack of autonomy and a bureaucratic supervisory role. It was simply something that wasn’t seen as appropriate veterinary work, or as one vet working in a NZ slaughterhouse reflected: “nobody goes to veterinary college thinking, oh yeah, I can’t wait to get out and work in a abattoir”. Nevertheless, as dissatisfaction with their current veterinary identities grew, so these ‘anti-vet’ alternatives became attractive.

Attached to the James Herriot master narrative of veterinary subjectivity is a fixed spatiality: of a market town rural life in which the routine – the same clients, with the same problems – defines vets’ existence. Escaping this lack of challenge could mean not just spatial relocation, but a spatial reorientation away from the fixed to the temporary. As a general qualification, a veterinary degree affords a degree of mobility: working as a locum allows vets to witness a range of different veterinary experiences – from small animal clinical work, to wildlife rescue and rehabilitation. Locum work could provide one way out of the spatially fixed identity of private practice. For others, the reaction to this fixed spatiality was a recognition and desire to do something for animal health at a global scale as opposed to the mundane and localized:

“The part that I didn’t like, or didn’t want to do was…what is today modern veterinary medicine. I mean fixing dogs that had problems, that had problems because they're sort of inbred, because of years of in-breeding… that sort of thing seemed to me, um, I wouldn't say valueless, but I didn't want to do that, compared to some of what I think are the global issues, which is around sort of declining ecosystems, people dying of infectious diseases, um, you know, the sort of bigger picture stuff” (E12, Male, 2014)

The localized spatial identity had other drawbacks. In particular, vets who had moved to NZ to work in farm animal practice all commented on how their existing skills and knowledge were insufficient and required updating, particularly in relation to nutrition and pasture management. Whilst some were aware of the seasonality of NZ agriculture, none were accustomed to its physical demands and its unrelenting repetitive nature. Pregnancy testing could be a particularly daunting period:
“Scanning lasts about three months… and you stand there, and you scan… you just have [cows] coming past your face, just relentlessly for five hours. You can’t stop to have a wee, you… so you don’t drink, so that you don’t need to, because you can’t… and you have to age those pregnancies as well, so it’s not just pregnant, yes or no, which is fast, but you have to find the foetus, measure its length, and say within a week how old it is… And it’s really painful. You get sort of really bad repetitive, sort of strain injuries, really hard on your shoulders. All my fingers were sort of taped up and things to stop you getting blisters” (L3, Female, 2013)

So whilst the generality of veterinary medicine allowed a degree of mobility, expectations of international mobility and their codification into a veterinary identity appeared less significant. As well as subjectivities, vets’ own bodies were shaped by their local disease ecologies meaning that the transition between them could be painful.

**Poverty Farming and Veterinary Practice**

The first job and the anti-vet are not just associated with vets fresh out of veterinary school. For other vets, these challenges accrued incrementally and in relation to other changes in the local disease ecology. Thus, the gradual rejection of prototypical veterinary life emerged in relation to the outbreak and spread of exotic and endemic disease, changes to agriculture, and the governance of disease. For vets qualifying before 2000, the 2001 Foot and Mouth Disease (FMD) outbreak represented a significant chapter in their career, resulting in the reorientation of their approach to veterinary work:

“I ended up going to the doctors because I was kind of on the verge of having a nervous breakdown… I thought after the foot and mouth we were going to have no business to go back to, because, you know, the amount of farms that were put out of business… so because of that, I paid all the debts off, and we had some money in the bank and farming being like it was at the time, I didn’t really want to start putting money back into the practice again… it became more of a business and cattle were just like livestock units, and if they weren’t performing, they was like… you know, [farmers] wouldn’t bother treating them because it wasn’t worth it; they’d just get rid of them. Um, all the farmers before that, you know, they had their own favourite cows that they’d spend a fortune on even though you’d tell them it’s not financially worth it… I think after 20 years, I’d kind of just had enough of it all, you know” (L1, Male, 2007)

Others referred to these kinds of changes as ‘bare bones poverty farming’ in which marginal farming was made worse by falling milk prices and European Union regulations. This compounded the impact of diseases like BSE and FMD, suppressing any ‘youthful, vigorous [or] positive young blood from coming through’ (C1, Male, 2001). The consequences were that farmers were retiring and veterinary work disappearing. Farms were bought and used as livery yards. Whilst still requiring veterinary services, becoming an equine vet and working with ‘horsey’ people was anathema to these traditional farm vets. Moreover, as vets were one of the few people to visit the remaining farms, farmers’ attempts to cope with the mental stress of poverty farming was off-loaded onto them:

“as the vet you were one of the few people that go on farm, and perhaps they saw you as a doctor in another guise, so they’d offload a lot of the mental problems onto you as well. So you’d spend time listening and you know you can’t help but have that… it can’t help but have an effect on you. Day after day, after day… So I just came home one
night and said [to my wife] “look, fuck it”, I’d seen an advert you know, in the Vet Record…and it was now or never” (C4, Male, 2001)

Other disease outbreaks also impacted upon the kind of veterinary work that vets could undertake. In particular, testing for bTB was seen to represent the worst kind of work: routine, monotonous and dangerous. With no solution to bTB on the horizon, vets became fed up with the consequences of giving bad news to clients to whom they had close emotional attachments. Younger vets reported trying to avoid work in areas of the UK where the disease was endemic (such as south-west England) to avoid having to bTB test, whilst others cited it as one of the main reasons for their disillusionment with practice and their move to New Zealand:

“TB testing I found really demoralizing. We would TB test, you know, four days a week, so Monday, Tuesday injecting, reading Thursday, Friday, um, and you were just constantly, you know, condemning cattle. Every single bloody day, and you know, after being the vet for these farmers for five years, they were not clients, they’re friends, and close friends…and I felt that nothing was done about it…and I was thinking I don’t want this for another 10 years. I would have happily stayed, but not condemning cattle four days a week. Its not what I signed up for” (R7, Female, 2015)

Accidental Migration

If migration was related to disruptions to veterinary subjectivity, one commonality, however, was that international migration was rarely planned. The kinds of new veterinary roles that vets came to assume, although being a reaction to the dominant James Herriot ideal, were not actively searched for but discovered by accident. Adverts for work in NZ were chanced upon or passed on by friends or partners. Despite NZs representation in popular culture as a lifestyle and wilderness destination, captured in its own “100% Pure” marketing, NZ was not a destination chosen by migrant s, but emerged from vets’ social relationships. Having friends and family already in NZ was one route into work in NZ, or having colleagues who knew people working in New Zealand. Migrants therefore referred to themselves as being lucky or finding jobs by chance, reflecting Stockdale’s (2014) suggestion that migration happens more by chance and luck than rational planning. However, it also highlights how, following Granovetter (1973), those moments of luck are made through the strength of weak ties. It was through these connections and networks that those ‘chance’ emails and contacts became relevant. A crucial factor in many moves was having a supportive partner whose work and family circumstances allowed them to move. Vets’ partners could take the lead in looking for overseas jobs, or bring up the idea of moving or spending a period of time travelling.

Moreover, the NZ disease ecology also helps put luck and chance in context. In particular, the legacy of colonialism to the veterinary profession in NZ means that UK vets can move to NZ relatively easily. Compared to countries like the United States of America, UK veterinary qualifications are accepted in NZ without the need to sit further examinations. Moreover, as vets are in short supply in NZ, the profession is on the list of occupations for which obtaining a work visa is relatively straightforward. At the same time, the colonial legacy has created important distinctions between veterinary work in NZ and the UK. On
the one hand, the NZ economy is dependent on maintaining biosecurity such that government veterinary work is important. On the other hand, colonial vets deregulated aspects of veterinary work creating a professional division between private vets and lay technicians. The effect was to remove much of the kind of mundane work like bTB testing from vets’ workload. The NZ prototypical veterinary subjectivity is therefore much more in tune with UK vets’ imagined ideal. This is not to say that vets in NZ do not encounter mundane work, but the organisation of agriculture in NZ makes that work attractive in other ways. For example, the seasonality of dairy farming in NZ provides a concentrated cycle of 2-3 month periods in which vets might only perform calvings, or pregnancy testing. This seasonality affords the time to develop the kinds of embodied skills needed for these tasks in a short space of time not available in the UK. Involving hard, physical and repetitive work, they also provided a temporality to migration: vets talked about how initial plans would involve ‘going for the season’. This seasonal temporality to veterinary work provided natural checkpoints to reassess career options, become permanent residents, or return or move to a new location. Finally, it is also important to recognize that one aspect of the disease ecology in NZ that made veterinary jobs easy to come by was the expansion of the dairy industry during the late 2000s/early 2010s. This boom was connected to the creation of the NZ dairy cooperative Fonterra and its role in expanding NZs position in the global milk market (Gray and Le Heron, 2010). This expansion created not just more job opportunities, but the kind of veterinary subjectivities that these vets were looking for: focused on managing the challenges of herd health in a supportive team environment, rather than a lonely existence of routine disease testing.

Therapeutic Subjectivities

Halfacree and Rivera (2012) argue that migration research often overlooks decisions to stay in favour of the decision to move. This final section considers how the disease ecology of NZ restores the veterinary way of being by providing a broader sense of social security. A key difference between the UK and NZ veterinary life is in working culture. In NZ, working hours were perceived to be shorter because out of hours rotas were less demanding, and working late frowned upon resulting in a better work-life balance and lifestyle. The contrast with the UK and NZ’s culture of outdoor living meant that veterinary migrants began taking part in activities that they had had no time for before. Participation in sports was revived, and regular hours meant that routines could be established allowing them to participate in team sports or community activities on a weekly rather than haphazard basis. For example:

“you will always have that day... where you don't leave at the end of work, but 95% of the time I do, and that's really unusual for me. Particularly as a smallies vet, because there's always things on drips, and there's always something going on, and most of the time I come into work at 8.00, and I go home at 5.30, and I'm not on call. And you can go down to the beach, or we can go [skiing]. I was on call at least one night a week, and probably one in four, if not one in two weekends, and all of a sudden, now, as a smallies vet, I'm on one in nine or ten. And the largies guys are on one in 18 weekends. They'll be mad through spring, when it's calving...but then the rest of the year, nothing happens. It's great! So you're busy in the day...but the phone doesn't ring when you're on call and it's summer” (C3, Female, 2014)
If veterinary life provided a form of therapy to UK veterinary life and its identity anxieties, then it was also provided through a broader sense of ‘ontological security’ (Giddens, 1991) afforded by what were perceived as traditional ways of living, found in both NZ veterinary and rural life in general. The antithesis of poverty farming in the UK was the ingenuity of the practical Kiwi farmer captured by their ‘number 8 wire mentality’ – a mythical ability to fix any farming problem situation using standard sheep fencing wire. Number eight wire was more than a material fix for practical problem solving: it was symbolic of a simpler life in which the traditions of hard work, community and nature were elevated above modern living. Participating in the community afforded a sense of social security and a memory of ‘how Britain used to be years ago’. On returning to the UK for funerals or weddings, these differences were reinforced. Home, and for some nationality, become situated in these dense and secure gemeinschaft-like relations.

This simpler way of life was also tied up in veterinary work and reflected in what were referred to as ‘realistic’ attitudes to animal welfare and treatment amongst both NZ farmers and the public in general. The UK veterinary profession was perceived to be overly bureaucratic and part of a moribund risk averse litigation culture. By contrast, vets arriving in NZ were soon confronted by different attitudes to animal care:

“I remember going out to a station, and seeing a horse. I condemned the horse; I said, “no, the horse is stuffed, it needs euthanizing”, and the guy goes, “yeah, all right, fine, no worries, I thought that was the case. I’ll just dog tucker it”, went and got a rifle out of his truck, bang! I was like, whoa… that was the first time I’d ever seen a horse being shot, um, the first time I’d ever seen an animal being shot, because the UK’s a bit different to that, um, and then the fact that he was cutting up the horse for dog tucker, was just like, Jeez, is this how they do it in New Zealand? So, that took a bit of getting used to” (C2 Male, 2000)

These practices could take some time to get used to. The shock of the old, however, came to be rationalised as a more responsible approach to animal welfare. Animals were no longer kept alive for the sake of their owners. Rather, owners were seen to be able to maintain an appropriate emotional distance from their animals when treating them. In a similar way, this simpler or traditional approach to animal welfare was reflected in some animals’ reactions to treatment. For instance, dogs used for pig hunting would frequently be admitted with ‘their insides hanging out’ but would allow vets to perform basic surgery without complaining, stitch them back up in pragmatic fashion, and leave as if nothing had happened. Not only did these dogs embody traditional qualities of hard work and their acceptance of simple treatment ‘heroic and brave’, but reflected what was seen to be ‘appropriate’ veterinary care.

Yet, it was by no means the case that these ‘traditional’ veterinary subjectivities were accepted uncritically by all migrant vets. Whilst some embraced the ontological security they offered, others struggled to reconcile the normalisation of NZ animal welfare practices with those found in the UK. Moreover, the signs of a circulation of new animal welfare practices and a reconstitution of NZ
veterinary practice were limited, held up by the traditional views of farming or veterinary professional interests:

"things will be put on a drip, and then left, from when you leave work to when you come back in the morning...And it's actually frowned upon, and I've found that really difficult... It's the extra work, and the quality of life, and they put it under health and safety sometimes... but if I do it, it puts pressure on the other vets to do it... They don't see it as, oh, we want to improve standards. What they see it as is a criticism of other people's standards, which it isn't, but that's always how things are seen when you're pushing a limit. I've done nights, so I'm used to being up and walking dogs around if they need a pee, and so it's just... it's a different mentality. It's not a right or a wrong, it's just how... probably how the UK was 20, 25 years ago" (C3, Female, 2014)

Overall, NZ’s disease ecology and the professional veterinary identities within it could provide the ideal destination point for UK vets alienated from the master narratives of UK veterinary practice. This is not to suggest that NZ veterinary lifestyles are free from the kinds of anxieties UK vets are attempting to escape (see Gardner and Hini, 2006). Further research on veterinary migration by NZ vets and its links to professional subjectivity is required. Moreover, whilst the compromises to animal welfare and the slow pace of change could provide another challenge to migrants’ professional identities provoking further migration, there may also be a broader range of reasons for return migration. Further research on return migration amongst veterinary migrants in the UK and NZ can help unpack these decisions, as well as identify their impacts such as the reconstitution of veterinary expertise and working practices.

Conclusion

Studies of international rural migration have the potential to reinvigorate migration studies, allowing for more nuanced rather than binary explanations of migration processes. In analysing the international migration of vets, this paper addresses a further gap: the need to account for highly skilled professionals in international rural migration. Drawing on biographical interviews, the paper argues that international rural migration is situated within and emergent from an interwoven set of relations – conceptualized in this paper as a ‘disease ecology’. Disease ecologies reflect the heterogeneous relations in which vets lives are entangled: between animals and diseases, partners and clients, and professional institutions and their versions of veterinary identity. By referring to a disease ecology the aim is to capture this heterogeneity, but also suggest that for vets, the natural and the non-human play significant roles in shaping migration decisions.

In analysing how local disease ecologies shape migration patterns amongst vets, the paper draws attention to the relationships between disease outbreaks (such as bTB and FMD), and the cultural and institutional construction of veterinary master subjectivities resulting in tensions between becoming and being a vet. In responding to the realities of veterinary subjectivity, other studies have shown how survival practices are located within identity-based modes of learning to make work possible (Enticott, 2012). In this paper, the tension between becoming and being a vet are met with a different response: of escape. Thus, whilst Thomson and Jones (2016) suggest that international
migration precipitates identity crises due to the challenge of conforming to professional subjectivity master narratives, this paper suggests the opposite: that professional identity anxieties precipitate migration. The 'first job' narrative appears to be a significant challenge for the profession, accounting for disillusionment and exit from veterinary careers as well as migration (Vet Futures Project Board., 2015). Why the tensions between becoming and being leads some vets to migrate and others leave the profession requires further investigation. Moreover, these narratives open up other questions, such as how can other veterinary identities be normalised?

Secondly, these tensions reveal the different ways rural representations are implicated in highly skilled international migration. On the one hand, the James Herriot veterinary master narrative of the mixed practice rural vet continues to act as a dominant 'veterinary subjectivity. However, in reacting against these institutionalised versions of professional subjectivity, it is a search for the 'anti-vet' rather than a secure rural idyll that informs veterinary migration. On the other hand, New Zealand's countryside provides a kind of imagined past English rural idyll in which a simpler life provides the conditions for ontological security absent from the UK. Whilst this version of the rural idyll helps to understand why international migrants stay in their destination, it is arrived at by accident: the locations to which vets migrate are happened across by chance and situated in historical colonial relations. In this way, the paper highlights how rurality is accommodated within narratives of international migration in new and unexpected ways. Further studies of other forms of international migration may reveal other ways in which the rural idyll is implicated.

Finally, a focus on disease ecologies implicated in international migration also reveals how the natural and nonhuman are connected to migration choices. Disease prevalence helps shapes the kinds of veterinary identities vets are expected to assume but come to reject. At the same time, animals, their welfare and what counts as ‘appropriate’ care is also woven into accounts of veterinary migration. What is interesting about these accounts is their stability. For other scientific disciplines, migration is one way to ensure the mobility and circulation of ideas and expertise. In this paper, however, the circulation of expertise, as opposed to experts, appears to be minimal. Does this reflect the fixed power of veterinary and agricultural interests to resist the influence of migrating vets, or to direct overseas vets to discrete sub-sections of the profession? Either way, further research on the impact of international rural migration amongst highly skilled professionals can contribute to understandings of the circulation of expertise, professional identities and understandings of rural migration.
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