

ATTENTION: © Copyright The Vietnam Archive at Texas Tech University. "Fair use" criteria of Section 107 of the Copyright Act of 1976 must be followed. The following materials can be used for educational and other noncommercial purposes without the written permission of the Vietnam Archive at Texas Tech University. These materials are not to be used for resale or commercial purposes without written authorization from the Vietnam Archive at Texas Tech University. All materials cited must be attributed to the Vietnam Archive at Texas Tech University.

**The Vietnam Archive
Oral History Project
Interview with Barry Powell
Conducted by Kara Vuic
July 13, 2004
Transcribed by Jessica Harrell**

NOTE: Any text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

1 Kara Vuic: This is an interview with Barry Powell, who is in Michigan at the
2 time and I am in Columbus, Ohio. I'm Kara Vuic. So we'll just start with kind of where
3 you grew up.

4 Barry Powell: You're in Columbus, Ohio?

5 KV: Yes, I am.

6 BP: You mean, you're one those guys from down there calling a Wolverine?

7 (Laughs)

8 KV: Well, I am not a Buckeye nor do I associate with the Buckeyes. (Laughs)

9 BP: Okay. I'm sorry.

10 KV: No. That's fine. No. So where were you born and raised?

11 BP: I was born in a suburb of Pittsburgh, Pennsylvania.

12 KV: Oh, really? Which one?

13 BP: Bellevue. I was raised there and also on the north side 'cause my father died
14 when I was three. So my mother had to move and we lived with my grandmother in
15 Trent for a while. Then she got her own apartment and we moved back to Bellevue, and
16 we stayed there and then she met my father, my stepfather. They got married, and we
17 moved out to the North Hills area, which is north of Pittsburgh, needless to say a more
18 expensive area.

19 KV: Did you have any brothers and sisters?

20 BP: No. I am an only child.

21 KV: What did your mom do?

1 BP: She was a secretary.

2 KV: What about your stepfather?

3 BP: My stepfather worked for the Equitable Gas Company. That was at a gas
4 company in Pittsburgh at the time, which serviced gas appliances as well as delivering
5 gas to your door and stuff like that, but they also had appliances like stoves, refrigerators
6 and et cetera. Then after a while, he quit that, and then he and another man went into
7 business themselves into an appliance company, actually, where they were selling and
8 doing repairs for air conditioning, heaters, furnaces, et cetera, et cetera, until he retired.

9 KV: Would you say your childhood was average childhood? Did you have an
10 exceptional childhood or how would you characterize it?

11 BP: I don't know. I guess it was an average childhood. I didn't have a father to
12 identify with from the age of four to ten. I attended a Catholic school for the first three
13 grades. Then when my mother got married, we moved over to North Hills and then I
14 started public school over there. I graduated from Westview High School at the time,
15 which now is just a little thing called a middle school because they built the nice big high
16 school there.

17 KV: How long—or I guess at what point did you become interested in nursing or
18 in the medical field in general?

19 BP: Through a very circuitous route. For some reason, and I can't remember,
20 when I was probably in the tenth or eleventh grade, I decided I wanted to be a
21 psychiatrist, believe it or not. In our senior high school at that time, we had our senior
22 year, our one course was divided into sociology for one semester and problems of
23 democracy for the second semester. In our sociology course, one of the field trips we
24 took was down to one of the Pennsylvania state hospitals for the mentally ill, which was
25 down by Sewickley, which is another suburb of Pittsburgh. We went down there. We
26 made the rounds of the hospital and saw some of the patients and some of the wards and
27 that kind of stuff, and truthfully, that furthered my interest in being a head shrink. I
28 graduated from high school and I went to Penn State. The first year I was there—I really
29 wanted to go to the University of Pennsylvania, but my mother and father couldn't afford
30 it. So I went to Penn State. This is probably why I did this, to get back at them. I went
31 to Penn State and I enrolled, you know, and had German and all that kind of stuff. When

1 I was in high school, I joined a club in Pittsburgh called the Explorers Club of Pittsburgh,
2 which did a lot of things like mountain climbing and things like that, but the thing that I
3 got interested in is cave exploring, spelunking, and became an avid spelunker. So when I
4 went to Penn State, I got up to State College, and they had a grotto up there called
5 Nittany Grotto, which was their cell of the National Speleological Society. So all I did
6 the first year was cave explore, so I flunked. So they told me to cool it for the next year.
7 So the next year, my sophomore year, I worked in the girl's dormitory, freshman
8 dormitory. So needless to say, I didn't do anything then. So they told me to take a leave
9 of absence for six months and think it over. So anyhow, in the meantime after I
10 graduated from high school, that summer before I went to Penn State, I went down to Six
11 Monn State Hospital and I got a job as an orderly. I did that the following year, and I did
12 it the third year, in other words, after my sophomore year in college. I eventually became
13 the head of the men's violent ward, you would call it. I used to have fun. I used to work
14 like three to eleven and I unlocked all these guys that are murderers and all that kind of
15 stuff. Because you remember, I wanted to be a psychiatrist. I never had any problems
16 with them, but Miss Davis, the head nurse, chief nurse then she called me in one day and
17 she says, "Barry," she says, "You've got to lock these guys up before what's his name
18 comes on from eleven o'clock because he's scared of them." In the meantime, I met a
19 young man there, my second year there named Bill Fulton. He was a full-time aide.
20 Well, when I was told not to come back to college it was 1954 and the draft was on.
21 There were still things in Korea going on. I thought about what can I do? I still want
22 medicine, but evidentially I'm not supposed to be a physician so let's see what happens.
23 Well, Bill several months before I left, Bill Fulton, the guy I was telling you about, he left
24 and went to Philadelphia and went into the Pennsylvania Hospital School of Nursing for
25 Men, which I looked into. It turns out that essentially two of the three years of that time
26 you spent in psychiatric nursing. I thought, "Well, this is a pretty good deal." So, I
27 interviewed there and I was accepted and I went there to the Pennsylvania Hospital
28 School of Nursing for three years. I graduated and in second year we did go down to
29 what was called Agent Spruce, which is the main Pennsylvania Hospital, which is
30 actually the oldest hospital in the country, founded by Doctor Benjamin Rush and
31 Benjamin Franklin. It's still there today. My school of nursing closed many, many years

1 ago and there was a girls' school also at 8th Street. It was my understanding that was also
2 closed. So there's no school of nursing there anymore. So anyhow, I did that and I
3 thought, "Well, you know, I might like to go in the Army." I kind of delayed it because
4 of Korea and Korea because of going to nursing school so I felt that way (dog barking).

5 KV: Sorry that was my dog.

6 BP: I owed my country some service. Like you know we said, "Should we get
7 the draft back because if you don't want to go to war you could do some service or
8 something like that." So I felt that I had been fortunate in that and I went into the Army.
9 Meanwhile I became a head nurse at Pennsylvania Hospital. The interesting thing was
10 Pennsylvania Hospital was 8th and 44th Street where the men's school was. So we spent
11 our two years there. It was a private hospital. We had many people there and at the
12 institute (undecipherable) and all this kind of stuff. So I graduated and they asked me if I
13 would like to work on the women's side. Now you have to understand this is 1957 and
14 there was a men's side and there was a women's side. The men always worked on the
15 men's side. The men never worked on the women's side. Now we had nine other
16 schools of nursing where they would send their students for their three years of
17 psychiatric nursing. You know, ninety-nine percent of them, ninety-nine-point-nine
18 percent of them were women at that time. That's how I met my wife. She was one of my
19 students. So anyhow, the women worked on the women's side, but on the other hand
20 they worked on the men's side, too. A little discrimination there. The chief nurse at that
21 time asked me if I would like to go and work on the women's side. So I went over to the
22 women's side and was assistant head nurse on, I would say, a semi-combative ward.
23 They weren't locked up all the time, but there was a lot of trouble. Then I eventually
24 became the head nurse. Then in May of 1959 or in '58 I went into the Army. I went to
25 Ft. Sam Houston for my basic training. My first assignment was Ft. Eustis, Virginia. I
26 was hoping they'd head up a psychiatric service there, but they didn't. They had a
27 psychiatrist, but they didn't have any need for a psychiatric nurse. So I was in medical
28 surgical nursing. In the meantime, I was dating my wife-to-be in Philadelphia, which
29 was only like three hundred miles away. We eventually decided to get married when I
30 became a first lieutenant because instead of making \$210 a month as a second lieutenant I
31 would be making the fabulous sum of \$260 a month. So that's what we did. We waited

1 until I became a first lieutenant and we got married. We lived for a few months in
2 Williamsburg, Virginia. We got married in November of '69. We lived in Williamsburg,
3 Virginia, and right across from Phi Beta Kappa Hall on the campus of William and Mary,
4 which I don't know if you ever been there it's beautiful. Needless to say it's gotten too
5 touristy in the last twenty years. Meanwhile I had a couple of classmates and gentlemen
6 in front of me who went into anesthesia. This kind of intrigued me so I said to Pat, I said,
7 "You know, in a few more months," i.e. May of 1960, "I will have my two years in.
8 What do you think? Would you like to stay in the Army at least for a while and maybe
9 make a career of it?" She said, "Yes." She had been down to the military post there at
10 Ft. Eustis many times when she was visiting me. The nurses were real nice. The lady
11 nurses they put them up in the female dorm. I was the only man there so I just slept in
12 the regular bachelor officers' quarters. So she got to know some of them and she got to
13 know some of my friends who needless to say were all military and she liked it, you
14 know. So we decided to stay in the Army.

15 KV: You said you had met her in nursing school?

16 BP: Yes. She was still in nursing school. I was the head nurse at that women's
17 ward and she was rotating through there.

18 KV: Did she give any thought to joining the Army Nurse Corps as well, or did
19 she like civilian nursing?

20 BP: No, she didn't. In fact, when we were in Italy the chief nurse at the time
21 actually asked her if she'd like to join the nurse corps and she said no. She was working
22 as a civilian and she didn't want to. So anyhow I thought, "Well, I've got to really look
23 into this anesthesia." So we had a couple nurse anesthetists, both of them were bright
24 young ladies in our little operating room. So I went up and told them what I was thinking
25 about. They said, "Well, sure." So I spent, oh, I don't know, three or four days with
26 them on and off watching them anesthetize people et cetera, et cetera. I became quite
27 enamored with this subject. So I went to Washington, DC, since I was close. I went to
28 the surgeon general's office. I went in and introduced myself to Colonel, I forget what
29 her name is. I told her that I wanted to go to anesthesia school. This was in March of
30 1960. She said, "Lieutenant Powell, you will probably be able to get in with your
31 credentials, grades, et cetera, et cetera. But it's going to be at least the class of a year or a

1 year-and-a-half from now". I said, "Well, that's okay. I'll stay at Eustis, Virginia."
2 Well, I got back and three weeks later I had orders to go to anesthesia school at
3 Letterman Army Medical Center in San Francisco. So we upped and went to San
4 Francisco and I did my year of anesthesia there. My best friend—and actually I was best
5 man in their wedding—John he also went into anesthesia school and he went to the same
6 place, but he went six months ahead of us. So there were six of us in our class. We had
7 one lady and we had five men. I just saw in the *ANA* (American Nurses Association)
8 *Bulletin* a couple of months ago somebody put our picture in there as some of the first
9 men in nursing in anesthesia. I certainly wasn't the first nurse in the Army. Men had
10 been in the Army even in the Second World War as nurses. They were non-
11 commissioned officers. The first one was commissioned in 1956. I think when I joined I
12 was like the one-hundred-fiftieth or something that had joined male nursing. So there
13 were a lot of us around. Just like the civilian counterpart of nursing in anesthesia, quite a
14 few men go into that.

15 KV: Why do you think that is?

16 BP: I don't know. I think it's probably the challenge of the scientific thing of
17 being on a one-to-one basis with a patient. I remember somebody saying to me one time,
18 in fact, the young lady that dropped out of our class, she said she couldn't stand patients
19 asleep. She likes to talk to patients. That just drove her crazy. The patient wasn't
20 talking to her. On the other hand, I felt that there was no more challenging aspect of
21 nursing, i.e. in medicine except for surgery and that. Certainly in nursing as to be able to
22 relate on a personal intimate basis with one individual and their family and then take
23 them to the operating room and giving them a bunch of poison and knocking them out
24 and if you made a mistake you killed them. Then turn around and reverse it all. So when
25 somebody says you don't want to talk to patients, you don't want a rapport with patients I
26 really beg to differ. I don't think that you can have a rapport much more closer than what
27 I just described to you. So we did the first year at Letterman. At that time, the anesthesia
28 program in the Army, just like the civilian life, had gone from six months to one year.
29 But the Army not to be outdone had what was called a preceptorship which was like
30 another year. So I then was transferred at the end of my first year, i.e. 1961, to Madigan
31 Army Medical Center in Tacoma, Washington, where I was a preceptor. There was

1 another preceptor six months ahead of me and we were there for a year. There was
2 another preceptor who came in six months after us. He and his wife have turned out to be
3 our best friends. After the Army we still travel back to Europe and all that kind of stuff
4 that. In fact, we're going on down to the Caribbean next September, but anyhow. I was
5 there for a year. The difference in the preceptorship over the actual anesthesia course
6 there were no classes to take or anything like that. You got the pick of the cases before
7 anybody else because you wanted to get more experienced in this preceptorship. You
8 presented some M and Ms and things like that, that normal staff people didn't do.

9 KV: What were those?

10 BP: M and Ms?

11 KV: Uh-huh.

12 BP: Morbidity and mortality. In other words, case reduce. You get the
13 department together and you say, "Today I'm going to review a case that I had yesterday
14 with Joe Blow Kokomo. I took this kids tonsils out and he bled and bled and bled and
15 bled and bled. What did we do?"

16 KV: Oh, okay. Okay. Thanks.

17 BP: So we didn't have any formal class, but we got the pick of everything. Then
18 I got orders to go to Ft. Leavenworth, Kansas. Not in the prison, but to the hospital.
19 Then there was an anesthesiologist and two nurse anesthetists and myself and a lady
20 there. That was nice because I had gone from two general hospitals to a very small
21 hospital, which had very interesting patients because at Ft. Leavenworth if you don't
22 know about it, it's the Command and General Staff College of the United States Army.
23 So the faculty there are well-renowned military people and the students are also there to
24 learn a lot about stuff. From the CG and S (CGSC) then you go to the war college or the
25 national. There's several things that happen. Anyhow, stayed there for a year and then,
26 lo and behold, I had orders to go to Italy. So I packed my wife and my young daughter—
27 my wife was pregnant with our second daughter—and we flew to Italy. We spent three
28 wonderful years in Italy and we still go back, like I say, with our friends. We were just
29 there a couple of years ago. We spent three years in Italy. At that time—let's see, when
30 did this happen? Before I went to Italy I went back to the Pentagon and I forget exactly
31 where it was. I had laid out what I wanted to do with my career. They said to me, "You

1 know, Captain, what do you want to do? Write it down.” So I said, “Well, I’d go
2 overseas. I’d go back and get my bachelor’s degree. Then I’d like to go to the advanced
3 course. Then I’d like to go into anesthesia education and get my Master’s degree, et
4 cetera, et cetera.” They said, “Fine.” So I didn’t think anything about it. Anyhow in
5 Italy the chief nurse came around, name was Irene. That’s the one that asked my wife is
6 she wanted to be a nurse in the Army and she said no. My wife was working in the OB-
7 GYN (obstetrics and gynecology) unit, had our daughter there. So I told Mildred, “I’d
8 like to go back and finish my degree and then I’d like to go back to San Antonio. I’d like
9 to go to San Antonio. I would like to become”—at that time there was an assistant course
10 director and now the course has gone from a year to a year-and-a-half. I said, “I’d like to
11 go to the advanced course and I’d like to get my Master’s degree” yack, yack, yack. She
12 said, “Okay.” So I had orders and I came back and I went to the University of Omaha,
13 Nebraska. I got my BS (Bachelor of Science) in nursing. I was there for about six
14 months because I had a lot of credits from Penn State and some other credits, too. So I
15 finished in six or seven months. I went to Ft. Sam Houston and I worked there for a
16 while in the beach pavilion. There were two pavilions. There was the main hospital and
17 the beach pavilion was an annex, another hospital by itself, which it’s specialties were
18 orthopedics and neurosurgery and thoracic surgery, that kind of stuff. I’ll never forget
19 because this is now 19—no, no. This is before that. Okay. So anyhow, I went and
20 became an assistant course director. No, I didn’t become—I worked in the staff and in
21 six months I went to the officers advanced course, which is another way to get your ticket
22 punched. The next month after that would be the Command and General Staff College,
23 which I didn’t go to. I went to that and then I came back and then I became the assistant
24 course director at the nurse anesthesia course for a while. That’s when I was talking
25 about beach pavilion and, of course, we’re talking now in 1967, 1968, 1969. I’ll never
26 forget Harry Gonzales, who was representative to the United States Congress from the
27 San Antonio area, came around to the beach pavilion. You may remember I said there
28 were several things there like neurosurgeons, thoracic surgeons, orthopedics. He went
29 and saw the number of orthopedic casualties we had from Vietnam. Their beds were so
30 close together they couldn’t even move and he was just enraged about it. We would get
31 the guys from Vietnam, the orthopedic patients, they would be airlifted over to Hawaii

1 and then eventually to where they lived, Denver, the hospital in Denver, San Francisco,
2 or Walter Reed in Washington or whatever. Of course, we got people in the Texas area
3 and those states so they would be nearest home. We used to get calls in the middle of the
4 night and have to come out and give some anesthesia because they would be airlifted
5 from Hawaii and some of them had very minimal care. Then we would unwrap their
6 dressings and the smell was just terrible because there was gangrene and all that in there.
7 We ended up doing a lot of debridement. You know what debridement is?

8 KV: Mm-hmm.

9 BP: Cut away dead skin and all that kind of stuff and we were doing amputations.
10 So anyhow by this time I thought it was time for me to go to Vietnam. I was all prepared
11 to and I talked to the consulting surgeon general at that time. She says, "Okay. We'll
12 send you to Vietnam". She said, "No. I don't want you to go to Vietnam. I want you to
13 go get your Master's degree." I said, "Oh, okay".

14 KV: So you had volunteered and said, "I want to go."

15 BP: I said, "It's time for me to go. All my buddies are going and they're asking
16 me who do I know that I don't go?" Some of them had been over there twice. I got
17 orders. I put in for three schools Boston College, University of Pittsburgh, and I forget
18 what else. I decided that since I was in Pittsburgh to go back to the University of
19 Pittsburgh. So I went back there from April of '69 to May of '71. Another twenty-six
20 months or something and I got my Master's in nursing. Then after that I went to
21 Vietnam.

22 KV: What did you think about the war at that point?

23 BP: Of the war at that point?

24 KV: Mm-hmm.

25 BP: Well, I really didn't think anything about it. I knew we were in a war and I
26 was hoping we would get out because so many people were getting killed. I guess at that
27 time I still had so much feeling of national service and that I just didn't question why we
28 were there and how we ended up which would be different nowadays if I was going to go
29 to Iraq. Anyhow I went over and I went to the 67th Evac in Phu Bai, which is north of Da
30 Nang over the Hai Van Pass, if you know where that is, and south of Hue, the old capital
31 city. I spent six months there. You have to remember, now, this is '71. Things are

1 winding down over there. So we didn't have the casualties like John my classmate, you
2 know. He was at a place outside My Lai or whatever, not My Lai, where, you know, they
3 went like ninety-six hours without sleeping because a big run over they had at Khe Sahn,
4 Khe Sahn. Yeah, down by Khe Sahn. We didn't have any. The most casualties I got at
5 one time was like eight or nine. The most memorable, two things that happened over
6 there was this young gentleman got flown in by helicopter because we were right beside
7 the airfield and there was a Medevac stationed right there. So they flew this GI in. He
8 was like twenty-two years old. I got called to the emergency room. He had been shot by
9 one of his own men. He was out on the perimeter, guarding and somebody came up and
10 shot him with an M-15. We don't know why. So we needed to resuscitate him because
11 he was bleeding. We put four large bore IVs (intravenous) in him, one in each arm, one
12 in each leg. I'll never forget talking to the man. I finally said, "Son, I have to put a
13 breathing tube down your throat to breathe for you and I can't give you an anesthetic
14 because if I do it's not going to be good for you." He said, "Okay, sir." So he opened his
15 mouth and I put the tube in and I talked to him and that. Finally, the surgeon opened his
16 chest. By this time he really didn't know what was going on even though he was still
17 alive. We found that the subclavian artery on the left-hand side had been hit so all the
18 blood we'd been putting in was just bleeding in there. We got up to seventy-five units of
19 blood and he just didn't make it. The other thing at that time, too, was I was over there
20 when fragging was going on, even though we didn't have anybody fragged. Do you
21 know what I mean by fragging?

22 KV: Yes. Yes.

23 BP: Okay. We didn't get anybody fragged in our area. We got a couple from—
24 we were there supporting one of the brigades of the 82nd Airborne at Camp Hockmuth
25 down the road. But the other thing was at this time now we had heroine and cocaine
26 stuff, which was being smuggled in, I guess, by the North Vietnamese and the Viet Cong.
27 I would get called to the emergency room at least once a week to resuscitate somebody
28 that had OD'ed (overdosed). What's interesting is you never knew who would be there
29 because one day I went over there and I resuscitated this guy. He was one of the OR
30 (operating room) techs that I worked with in the day time. He had OD'ed. He actually
31 died because we couldn't resuscitate him. I came home for Christmas and things at that

1 place were kind of quiet. So I came for Christmas and when I came back I went up to
2 Pleiku for my last six months up in the Central Highlands, which was a very nice area,
3 again not much going on. A little more frightful than at Phu Bai because the hospital at
4 Pleiku sat above the airfield. Then further up the mountain were a couple of microwave
5 antennae. These are huge things like fifty-by-sixty feet which would take the
6 microwaves coming in from Phu Bai where I was in the northern part of South Vietnam
7 up to Pleiku and then microwave messages and stuff down to Saigon. When I got there
8 the American support troops had pulled out because the war was really winding down.
9 They used to have a battery of 105s up there and people would tell me when Charlie shot
10 his rockets off from the A Shau Valley, why, we'd open up two or three rounds and then
11 they'd stop. Well, what happened is Charlie went out there in the A Shau Valley. That's
12 the one that's over towards Cambodia. He'd shoot those 122 rockets, you know? If you
13 know what those were, they were very inaccurate. They'd sit them up in a tree, the
14 launch thing up against a tree and all that kind of stuff was just kind of aim and shoot.
15 What they aimed for, of course, was the microwave antennae because they were so big.
16 They figured if they shoot right over that about six feet the thing is going to land on the
17 airfield. Well, every once and a while they landed in the hospital.

18 KV: Which hospital is this in Pleiku? Is this the 71st?

19 BP: I forget what the name of it was. The other one was the 67th. I forget what
20 the one in Pleiku was called.

21 KV: I know the 71st Evac, but I think there was another smaller one in Pleiku or
22 near Pleiku as well.

23 BP: There was an evac hospital, but I can't remember. But anyhow, so we'd
24 every once in a while have rockets going over and that. But still there were two
25 anesthetists there. At the other place there was actually an anesthesiologist, two nurse
26 anesthetists. Then the anesthesiologist left and there was a gal and myself there. When I
27 went up to Pleiku they had already pulled the anesthesiologist. It was just Ed Lauer and
28 I. He was the other nurse anesthetist. So it was just the two of us. Then I got a drop
29 three weeks before my DEROS, in other words, date of separation from Vietnam I got
30 out three weeks earlier. When I did, they actually were evacuating on my plane, a C-150
31 or a C-1—what ever it was. They were evacuating some of the civilians that had been

1 friendly with the Americans because the next town up the road was Kontum and Charlie
2 was saying he was going to come down there again and overrun Pleiku. So there were a
3 lot of people on there, which I did not understand. But the next day all the female
4 personnel from the hospital were evacuated. Then I guess a few days later the hospital
5 was actually closed down and everybody moved own to Khe Sahn or something. They
6 reopened the hospital, I guess, a month or so later because Charlie never came, but they
7 never sent any women back there. It was just men. That was interesting because when
8 we were up there, as I said there were no Americans around. So we used to go over to
9 the garbage dump and shoot 57-millimeter recoilless rifles and machineguns. That's how
10 we would protect ourselves because we were told that if Charlie comes down, we, i.e. the
11 staff of that hospital, was going to have to protect ourselves. But that was fun so we went
12 out and did a lot of shooting.

13 KV: Was that just the men or did the women go, too?

14 BP: No. The women didn't go.

15 KV: Was that a policy or was that just kind of what happened?

16 BP: I don't think any of them wanted to. I don't think it was any policy that they
17 couldn't. I think one did go, come to think about it. I think one did go. But most of
18 them were not into guns and stuff like that. Luckily that never happened and I came back
19 to the United States.

20 KV: What was your rank by this point? You'd been in the Army for quite a
21 while.

22 BP: Yeah. I made major when I was at the University of Nebraska, I made
23 major. When I left Vietnam in 1971 I was promotable to lieutenant colonel.

24 KV: So you ranked higher than most of the nurses who were on staff at that time
25 right?

26 BP: Yes. I was, actually I was the ranking person. But I remember in Pleiku
27 there were only about eight or ten nurses. It wasn't like a big hospital. Even at the other
28 hospital in Phu Bai, I think there were only, like, ten or fifteen of us. I was the major and
29 the chief nurse there, John Garland, he was a lieutenant colonel. Then he eventually
30 came back and then he became a colonel and then he retired before I did. So then I came
31 back and I went back to Madigan Army Medical Center in Tacoma, Washington. I was

1 supposed to take over the anesthesia program. By now the anesthesia program had
2 changed. If you remember I said it started out as six months, then a year and then a year-
3 and-a-half. Meanwhile all this is going on they opened what they called Phase I and a
4 Phase II program at William Beaumont Hospital in El Paso. The other one was called the
5 Phase I. So, all of the anesthesia students would go to William Beaumont for six months.
6 They'd have the majority of their didactic work there, with very little clinical experience.
7 Then for the next—now the course is now two years. Then for the next year-and-a-half
8 they would go to other places for their Phase II. They'd go to Letterman, in San
9 Francisco. They would go to Madigan. They'd go to the one in Denver, I forget the
10 name of it. Of course, they would stay also in El Paso and they would also go to Walter
11 Reed for their second one. I was up there to take over as the course director of Phase II,
12 but Frank Maziarsky who was there. Frank is now the president elect of the ANA, so
13 he's been around a while, too. He retired from the military when I was in Tacoma.
14 Frank was going to go to the University of Washington to get his PhD, but something
15 happened and he got delayed. So they couldn't put me in his place. So they made me the
16 assistant chief of the department, which was fine for a year. Then Frank went on up to
17 the University of Washington and started his doctorate, but he didn't finish it. Then I
18 took over the program of nurse anesthesia until maybe 1973 to 1976. I got orders. The
19 anesthesia consultant at that time was a man. He came up and I told him I kind of wanted
20 to stay there and retire in Tacoma because we liked it so well. Well, no sooner had he
21 gone back home than I got orders to go to Ft. Sill, Oklahoma. So I called one of the brass
22 in Washington who I know, Pat North. I said, "Pat," I said, "This is a waste of time for
23 me." I'd been in education now for a total of about six years to send me to Ft. Sill to be a
24 chief nurse anesthetist. She said, "Okay. We'll see what we can do." I got orders to go
25 to Ft. Sam Houston, back to San Antonio again. This time I became the chief of the
26 Phase I anesthesia program. What they were going to do was move the Phase I from
27 William Beaumont to the academy because all the courses are at the academy. The basic
28 courses for officers and enlisted, the advanced courses et cetera, et cetera. So they
29 wanted it under one roof. So I rewrote the POI, Program of Instructions, updated it with
30 what we were going to teach. Another gentleman, Joe Randall, came over from
31 Beaumont and we opened the first course there. When I was there we went to Hawaii to

1 see about opening a Phase II over there, which we did. I went to Ft. Benning, Georgia,
2 Hospital to see about opening a Phase II there, which we did. So we had more Phase II's,
3 which meant we could take larger classes. I think our first class had like forty-five
4 students. Again with Phase I, they took all of their science courses et cetera, et cetera,
5 physical assessment and things like that. Did very little in the operating room. There
6 was at that time then the possibility of—I was pushing for a Master's degree for the
7 program. We were looking at the University of Texas and I was talking to my
8 compatriots at the nurse anesthesia program in the Air Force over at Randolph Air Force
9 Base. He agreed with me and he said, "You know, this is kind of silly duplicating.
10 Here's two separate courses, Air Force, Army within ten miles of each other. What we
11 ought to do is get both of these together for Phase I and also use it for Phase II and see
12 about getting a Masters program and all that kind of stuff." So we were working on
13 having a second class. Then in the meantime, I had been for several years had been a on-
14 site visitor and a senior on-site visitor for the Council on Accreditation of Nurse
15 Anesthesia. Do you know what that is?

16 KV: I've heard of the organization, but I haven't—

17 BP: That's the one that does the accreditation for your program. At that time
18 gave you one year, two years, three years or four years or probation or whatever. Now
19 they go I think now it's as long as ten years or something. But you would go out to
20 hospitals and you would be a reviewer. Eventually you became a senior reviewer and the
21 program being by the location or notoriety or whatever you'd also have an
22 anesthesiologist go with you. At this time I really didn't know what I wanted to do. I
23 had put in for my doctoral degree at the University of Texas two times to the Army and
24 they turned me down. Well, by then I had eighteen years in now and I'm saying, "Well,
25 yeah this is silly because if I go get my doctorate in two years that's going to be two
26 years for that and I have my own two for one—I'll be in for another six years." What
27 they did they sent another guy who happened to be in my nursing class at the University
28 of Pittsburgh, Joe Maloney. They sent him. Now, Joe was a good-looking boy that knew
29 how to flick his eyes at the gals out of Houston. I know what his grade average was and
30 my grade average was at the University of Pittsburgh. I was invited to join Sigma Theta
31 Tao, which is the National Honor Society of Nursing and he wasn't. So he knows stuff

1 like that. He got selected the first year. The second year they selected Halliburton, who
2 is a gal who was in with the girls. She got selected to go. They prepared her and she
3 eventually came and took over the Phase I when I left. I understand she left after about a
4 year and then she had a nervous breakdown, which anybody could have told, but anyhow
5 that's beside the point. So anyhow I'm getting turned down for the doctoral program and
6 I know I'm going to have to leave. I'm thinking, "What's going on?" I got a call from
7 the council to come up to review the program of nursing anesthesia at the University of
8 Michigan. I'm sorry, not the university of Michigan. Jefferson Medical College in
9 Philadelphia. Since the head of anesthesia there, Dr. Jacoby, was well known throughout
10 the country they decided to send an anesthesiologist Tom Defornco who was from the
11 University of Michigan. Then I had an assistant and we went. We did it and the program
12 really had to close. Of course, I had to very graciously confront Dr. Jacoby (dog
13 barking).

14 KV: Sorry.

15 BP: I talked to Dr. Jacoby in a very nice way that this program really needed to
16 close. So I did that and afterwards Tom said, "I really, really am impressed with the way
17 you handled this." "Well, thank you." A couple weeks later I got a phone call from him
18 and he said "The head of the program up here has been dismissed." He was caught with
19 a couple of his students, you know?

20 KV: Mm-hmm.

21 BP: "Would you be interested in coming up—because the assistant doesn't want
22 to stay. She was going to, but she decided not to—and review the job?" So I flew up and
23 my wife came. We reviewed the place and the program et cetera, et cetera, and came out
24 the second time, then eventually I called Washington. I talked to my friend Pat North,
25 who I talked to before and I said, "Pat, I want you to know that I am going to retire and
26 accept a job at the University of Pittsburgh." I had told them before that I was looking a
27 few months before when I first got contacted. I said, "I have to be honest with you, I've
28 been contacted and I'm looking at a possible educational position." Pat said, "Well,
29 Barry, you don't know what we have planned for you." I said, "No, I don't know
30 because nobody responded to the little hint that I was looking." She says, "Well, we are
31 planning to move you to Washington to be the chief at Walter Reed and consultant to the

1 surgeon general for nurse anesthesia.” I said, “Well, thank you very much.” I realized
2 that was the number one job in nurse anesthesia in the Army, but I really wanted to stay
3 in education. Though I would’ve been in education there, but I would still be in
4 administration, director of the Phase II there. So I’d be mainly administrative. Also,
5 being the consultant to the surgeon general means that you have to be responsible for
6 moving nurse anesthetists to different assignments and getting a call saying, “Well, I
7 can’t stay here. I’ve got to go near home because my mother’s dying or this is going on.”
8 Then you lose that person and you have to move somebody to fill that person. You know
9 what I mean?

10 KV: Right, right.

11 BP: All that kind of stuff, people wanting special things and that. So I decided
12 that I would go ahead and retire and come up to the University of Michigan. So I came
13 up here in June of 1979. I became the director of the program and I went to school doing
14 my PhD in educational administration. It was interesting, all the people I ran with were
15 like high school teachers and that. I wasn’t a high school teacher. I’d never been in a
16 school system K-12. Yet, I had like a 3.9 average. So I took my exams for my PhD and I
17 was preparing to do my dissertation. I had my dissertation appointment committee
18 assembled. I had one meeting with them. I was going to do a dissertation on the efficacy
19 of the training or the education of the people that make the on-site visitations for the
20 Council on Accreditation. In the meantime, the chief of anesthesiology left and the guy
21 that I met who was with me on that site visit to Jefferson here turns out he was
22 vehemently anti-nurse anesthetist. He needed somebody in there to take over the school
23 so they could close it. In fact, he told Dr. Cohen, I get this several years later, “This is
24 the opportune time to close this program.” Peter said, “No, I’ve made a commitment to
25 Barry Powell. I’m not going to do that.” So be it as it may, they started that stuff in
26 about 1984 and ’85. They went before the board of regents and they were doing things
27 like the anesthesiologists have to go to the nursing anesthesia program to run by their
28 lecture that they’re going to give to the residents and all this kind of crap. I got so upset
29 about it. I thought, damn. I was working with the school of nursing to set up a Master’s
30 degree at the school of nursing. I realized that got torpedoed through the back door. In
31 the meantime, I had set up an optional program, an optional master’s program which a

1 couple of my students took through the school of education. Actually, it was my
2 predecessor that set that up. So I wanted to set one up through the school of nursing.
3 Little did I know now how many programs for nursing anesthesia are in the school for
4 nursing. Anyhow, that got shot down. I said to heck with this. I'm taking these courses
5 down here for the doctoral thing and these education professors are working six or seven
6 hours a week and they're out doing their own business and all that kind of crap. The
7 courses they're teaching I didn't know anything about it and I got a 3.9 and my students
8 are busting their asses off. They're telling me, "Oh, they go there and do this to the
9 students." So I said to hell with this, to hell with the university. So I didn't finish my
10 PhD—the program—which I guess I regret. The program then was closed in 1986. Then
11 I was fortunate because I had the only nurse that I know of—I had a faculty appointment
12 to the school of medicine. I was in there long enough. I was in for seven years or more
13 and nothing happened and therefore I got tenure.

14 KV: Wow.

15 BP: So they couldn't fire me. They wanted my position. I'm sure if I had gotten
16 my PhD and all I would have gone on to be an associate professor or so. Maybe not, but
17 probably so. Anyhow, I stayed there and I retired in 1998. Then I went back. I phased
18 out over a couple of years. I went to eighty percent then sixty percent then fifty percent
19 where I was working like one week on, one week off, or two weeks on, two weeks off.
20 Then I retired and I went back and worked on and off for a couple of years helping them
21 out here and there. Usually in the ophthalmology building in our surgi-center over on
22 Livonia which is about fifteen miles from the hospital. We were with our friends I was
23 telling you about that we met at Madigan originally, that we travel around. Jim went on
24 to finish. I was promotable to full O-6, but I gave that up, full colonel, when I got out
25 and he went on and became a colonel. He got out and he still is the chief anesthetist at
26 Sunset in Hollywood, California. Oh, you know, I'm having a TIA. That big hospital
27 out there, they're all over the place you know what I mean, Kaiser. Kaiser Permanente.
28 So anyhow, we were over in May of 1991 the four of us. We were over in France and
29 then we were going down to Spain and then we were going to go back to Italy. We
30 hadn't been there for a couple of years. In Spain I decided to have a stroke. So our
31 vacation was cut short when we went back and spent an extra week in Paris and then flew

1 back. So needless to say after that I didn't work again. So I was always very fortunate.
2 It was the day that we were going to leave to go to Barcelona and take an overnight train
3 to Milano. I'd gotten up and went to the bathroom and went back to sleep and I woke up
4 and I said to my wife, Pat, "I'm having a stroke." So they called the ambulance and
5 people say to me, "Well, gee, what was it like having a stroke like that in Spain?" I said,
6 "Well, they did everything right. They came and got me." Pat in the meantime had given
7 me some aspirin. I had been on Plavix. The doctor in the ambulance said, "You
8 shouldn't have given him the aspirin, you might have killed him if it was a bleed." My
9 hypertension guy said, "You probably saved his life." Anyhow I went to the hospital and
10 I was completely paralyzed on the right side and had expressive aphasia. Expressive
11 aphasia is you know what you want to say, but can't control it. You know what I mean?

12 KV: Mm-hmm.

13 BP: They did the right thing. They took a CAT (Computerized Axial
14 Tomography) scan on me. They gave me medicine. They didn't give me the TPA
15 (Tissue Plasminogen Activator), which some people say you should have within four
16 hours because in Europe they feel that that's not completely really set in concrete that
17 that should be done. Then they took another CAT scan forty-eight hours later and, sure
18 enough, there was a region there in my cerebral artery on my left side. In the meantime,
19 my expressive aphasia went and the paralysis of my left leg went. I just had kind of a
20 droopy arm which I came back and took PT (physical therapy) for. Okay, except I can't
21 write, but other than that I couldn't start an IV. That's kind of it in a nutshell.

22 KV: So what have you been doing since then? Just family things or are you still
23 active in different organizations?

24 BP: Yeah. I'm active in my church. Fridays I usually go over and print the
25 bulletin and relieve one of the secretaries if they want a day off or something comes up
26 and they have to have a doctor's appointment or something like. I help out with Vacation
27 Bible School. The rest of the time I spend a lot of time on the internet and needless to
28 say traveling, we do a lot of traveling. Pat's still working. She has a nice job. I don't
29 know I if want her to quit because she's kind of keeping me at the level of living that I
30 was getting accustomed to. She is a—interestingly, Pat never went and got her degree.
31 She's a three-year degree graduate. She's at the University of Michigan. She's a nurse

1 manager of the clinical research center. The clinical research center, there's about
2 seventy-five of them in the country and they're medical centers and they're completely
3 funded by the NIH (National Institutes of Health). In fact, they're going through the
4 renewal. They renew every four years. Their last time was like thirty-five million
5 dollars. They either rent the space from the university. They pay the university the
6 money to pay the salaries and all that kind of stuff. So she has a very responsible and
7 prestigious job when you consider that down there all the head nurses have master's
8 degrees.

9 KV: Yeah.

10 BP: So we travel around a lot.

11 KV: I've written down some notes on things that you've mentioned that I wanted
12 to go back over a little bit more, too. I didn't want to interrupt your narrative as you were
13 going along.

14 BP: Did you have a TIA? (Laughs)

15 KV: You mentioned that your nursing school was an all-male nursing school. Is
16 that right?

17 BP: Yes, there were two divisions. There was the girls, they were down at 8th
18 Street. They did their med-surg nursing down there for two years. For three months they
19 did their pediatrics out at St. Christopher's. I mean, not St. Christopher's, Children's
20 Hospital of Philadelphia, CHoP. The men would go down there their second year and we
21 would get our med-surg, certainly not as much as they did. They in turn would come out
22 to our place for three months of psychiatric nursing.

23 KV: So it was set up that the men and women had more emphasis on different
24 aspects of nursing by the school?

25 BP: Right. The men were definitely psychiatric and the women was medical-
26 surgical.

27 KV: That's interesting.

28 BP: Now we were the first class of men. The men's school was founded in 1927
29 by Leroy Craig. He was still alive when I went there. We were the first class of men to
30 do two things. One, start a pediatric affiliation. That had never been done before
31 because it wasn't a requirement in the Pennsylvania state nurses, the board of nursing

1 exam. That became a requirement when I was in nursing school. Secondly another
2 requirement came that you needed to have experience in OB-GYN, OB. OB was only
3 like ten hours or something like that. So we were the first ones to go. We didn't go to
4 Children's Hospital of Pennsylvania, we went to St. Christopher's, another hospital in
5 Philadelphia, and did our three months of pediatrics. Then when we were at 8th Street,
6 across the street there was Women's Hospital of Pennsylvania, which was right across the
7 street from Pennsylvania Hospital. We were the first men to be in quote "OB." All of a
8 sudden these guys were coming in here and all this kind of stuff and what we were
9 allowed to do. We were allowed to be in the labor room. We didn't go in and assist with
10 deliveries or see deliveries or anything like that, which of course now is completely
11 changed. That was a first.

12 KV: How were you received when you went to pedes and then to OB?

13 BP: Fine. The women nurses didn't have a problem with it and the patients
14 didn't have any problems with it. I was a little surprised. There the doctors, majority of
15 them were men. So I guess it really didn't make any difference to them. Again, we
16 weren't doing anything, we were taking fetal heart sounds, vital signs and that was it.
17 This was before they went into the delivery room.

18 KV: Did you face or did your class as a whole face stigma because you were
19 male nurses? Did you find that people thought certain, had certain stereotypes about
20 male nurses?

21 BP: Oh, yeah. There were things about that. Of course, in Philadelphia and
22 having nine different schools of nursing rotating out to our place for psychiatric nursing,
23 there were nine schools there. You had Hill University and Pennsylvania, University of
24 Pennsylvania Hospital and several other ones. I don't think any of them had any men
25 since that time. Since then they have, of course, and I guess having rotated out there they
26 got to know us and found out that we were just like any other guy. In fact, I would wager
27 ninety-five percent of the guys at my hospital here at 44th Street, married women that
28 they met by affiliation. If you talked to somebody who wasn't familiar with medicine
29 would say, "What do you do?" "I'm a nurse." "What do you mean you're a nurse?
30 What do you do?" "Oh, yeah. Okay." I remember one time somebody either asked me
31 or my wife in all seriousness when we went up to Madigan after—we were at Letterman

1 and went up to Madigan for our second year. Different people were wondering about
2 what the nurses were. They had heard and they really hadn't seen any. They asked me or
3 they asked my wife, "Do you have a capping ceremony where you get a cap?" "No. We
4 don't have a capping ceremony. We don't have a caping ceremony." "Okay." I know a
5 couple of the GON (general oncology nurse) guys whose wife was kind of funny. She
6 turned out to be a nice friend. The officer's club up there my wife got elected as vice
7 president. So I guess it was acceptable. You know, you'd hear these things and then of
8 course you, yourself run into—I've had several guys in the Army that I've worked with
9 that turned out to be homosexual and all that kind of stuff. Of course, it gave the rest of
10 us a bad name. I guess today it might not be bad. I don't know. I know one guy asked to
11 leave the Army. He went out to the airport and solicited other men out at the airport,
12 which he did it on purpose so he would get discharged. So there was always that. People
13 thought well, you know you're queer because you were in the Army or you're feminine
14 or something like that. But I think that passed over the years that I was in the Army as
15 more and more men came in and, again, more and more went into anesthesia. Certainly
16 in the Army it became more acceptable. So there's still not that many men that go into
17 nursing. Like I think down here at the University of Michigan we have maybe three or
18 four in the nursing school. We have several nurses, men that work in the hospital. In
19 fact, my urologist who takes care of me because of my stroke, she runs the stroke clinic.
20 When I first met her in '91 her husband was actually getting his master's degree in
21 nursing at the University of Michigan. I said, "Ah-ha. It's reverse time now." My
22 mother, I think, was disappointed. "Really? You want to go into nursing?" and all that
23 kind of stuff. Then as I got more education and all that kind of stuff she would say to
24 people, "He's just not a nurse now. He's an anesthetist and he's teaching the people that
25 teach the people," and all that kind of stuff. I really never let it bother me.

26 KV: Do you think that's changed now?

27 BP: Pardon?

28 KV: Do you think that perception has changed now?

29 BP: I think so, though I still feel that there is still a feeling of somewhat of
30 homosexuality with men in nursing. I know some of the ones down here at the
31 University of Michigan are, but they're accepted, I think, for who they are and what they

1 are. Nurses, I don't think they're discriminated against. I can't honestly say that I was
2 ever discriminated against in any way because of being a nurse.

3 KV: Do you think that the Army treated male nurses and female nurses about the
4 same or any differently? Were you given different assignments?

5 BP: I think that a good example is when I had put in for my doctorate and they
6 sent Joe Maloney. Okay, so he was a man. But then when I put in they sent Sarah. I
7 definitely think that was because she was quote "one of the girls," because a lot of female
8 nurses, I don't know how much more than that, were certainly homosexual. There was a
9 group, you know, that if you knew you got promoted quicker or you got things like this
10 or like that. She was that way. I'm just not just saying that because I've heard other
11 people say it, too. But other than that one thing, I guess it wasn't a big thing. I don't feel
12 I was discriminated against by the Nurse Corps at all. In fact, many of them women in
13 the Nurse Corps, in fact, women are responsible for where I got to because they were
14 sitting on the promotion boards. They were sitting on the school selection board until
15 some of us got up to be colonels and lieutenant colonels and we started doing that kind of
16 stuff. I certainly can't complain. I got my anesthesia training for two years, my
17 undergraduate and my graduate degree in the Army all expenses paid.

18 KV: Right.

19 BP: What discrimination?

20 KV: Right. You said that the one nurse that was sent to the doctorate program,
21 you said that she was a homosexual and that maybe there were some female nurses who
22 were homosexual. Was that a common perception of the female nurses? Do you think it
23 was somewhat a reflection of reality?

24 BP: No. I think it was a reflection of reality. You would talk to other women
25 and they would say, "She sleeps with so-and-so or she yack-yacks all the time." Just like
26 some of the guys would sleep together. You know, I think well, maybe was I just bitter?
27 Was it sour grapes because I didn't get sent? Particularly after a year or so, this lady, I've
28 mentioned her name so please don't say anything.

29 KV: No. No. I'm just curious about general perception.

30 BP: She was a very nice person, don't get me wrong. I liked her very much. We
31 were friends, but again I had more experience than that. Well, then why? She wasn't

1 exceptionally a star or anything like that. She was like the rest of us that just came up
2 through the ranks.

3 KV: You said, too, that you had joined the Army voluntarily and that you had
4 feelings of national service and that sort of thing. Have people in your family been in the
5 military? Did you grow up around that?

6 BP: Oh, yeah. Yes. My great-great-great-great grandfather was a
7 Dennison. He was over here, oh, I don't know. The Dennison's were here in early 1600s
8 or 1700s. But I had a great-great-whatever-grandfather who was in the Revolutionary
9 War. So now my daughters can become Daughters of the American Revolution. I can
10 become a Son of the American Revolution and I never did that. So we had that. We had
11 some Trapears, we had in the military. There were some in the Civil War. I don't
12 remember. All my stuff is downstairs. My Uncle Jimmy was an Air Force fighter pilot
13 in the First World War. My Uncle Denny, who's still alive, was a bombardier in the
14 Second World War. In fact, he was the bombardier that led the Schweinfurt Raid, if you
15 know what the Schweinfurt Raid was. It was ball bearing plants and that, and he's still
16 alive too and then me and, of course, my stepfather. Not every generation, but the
17 majority of generations since the Revolutionary War have served in one kind or another.

18 KV: What had your stepfather done in the military?

19 BP: He was in the Air Force.

20 KV: Oh, okay. In the Air Force, but did he talk about it a lot? Did you kind of
21 hear stories growing up?

22 BP: He had gotten out and he met my mother. He waited until he got out. He
23 told me some of it. He worked on the Norden bomb site, which was the bomb site that
24 they put in the bombers in the Second World War, which was really a break through as
25 far as being able to pinpoint where you're dropping bombs. He worked in that and then
26 he was put on a boat. He was on his way to Tinian Island, which he got to. Tinian is also
27 in the same archipelago—anyhow, Saipan—was in fact on his way to Tinian, the two
28 atomic bombs were dropped to end the war with Japan. So when he got over there the
29 war was over and he just spent a few months there and he came back and was discharged.

30 KV: So when you signed up for the Army, what do you think were your big
31 motivational factors?

1 BP: I don't know. I finished nursing school. Oh, the draft was still on. I figured
2 they're going to get me one way or the other. I mean the Korean War was over. They're
3 going to get me anyhow, so I might as well just go in. Maybe I can request to be
4 stationed near home or something like that which is kind of what happened. I was in
5 Philadelphia, but I got stationed in Virginia.

6 KV: You signed up directly into the Army Nurse Corps?

7 BP: Correct.

8 KV: Correct. Okay. I guess when you signed up you were a second lieutenant
9 first. How did that or did you relate more to the doctors that you worked with other
10 nurses, enlisted men? Who did you, I guess, hang out with or socialize with?

11 BP: In those days you were an officer and enlisted men were a little different. I
12 used to work night duty. I became friends with the sergeant. We really didn't hang out
13 with each other. There was a nurse there, a major, who really was my mentor. She was
14 really, really good. She showed me the ropes of med-surg nursing in the Army and the
15 whole thing, you know. She broke me in, in other words, on how to do stuff. With her
16 encouragement I actually went into anesthesia school. I started working nights because I
17 was dating my wife in Philadelphia. So I'd work ten days on and I'd have four days off.
18 Every time I had four days off or at least every other time I had four days off I was
19 driving up to Philadelphia or she was coming down. So my time was working until the
20 morning and going into the mess hall and having breakfast with a bunch of enlisted guys
21 and then going back to the hooch and going to sleep for about eight or nine hours. In the
22 evening going over to the officer's club and just bumming around over there with some
23 friends.

24 KV: Was that the same in Vietnam as well?

25 BP: In Vietnam they had an officer's club over there, but it was also officer,
26 NCO (non-commissioned officer). So you had a mixture of the officers with the non-
27 commissioned officers. In Vietnam, too, because of the situation being a combat
28 situation, you were just a little more close, a little more friendly with everybody whether
29 they were enlisted or the CO (commanding officer) of the hospital or whatever. It was
30 your comrade, unit cohesiveness if you want to say. We were there to do a job and then
31 we'd do it. Then, of course, the cocaine and heroine crap started.

1 KV: Was that a big problem? You mentioned the one OR tech who OD'ed. Was
2 drug use a problem among the medical staff as well?

3 BP: He was the only one that's OD'ed that I know of. I think there were some
4 others who were shooting up. They never got caught. Most of the ones that we were
5 working on were the combat soldiers getting shot at.

6 KV: How was morale among the medical staff in Vietnam?

7 BP: We all wanted to get it over with and get home. But we all stuck with each
8 other and learned as you went over there. I went in and Fred Brochmich, he and I are still
9 friends. He was a nurse over there and Teresa, I know she was the other nurse anesthetist
10 and I came in and you got broken in. They left and somebody else came. As people
11 came and go you break the new ones in and say goodbye to the old ones. There was
12 always a unit, we had a good CO. We were there to support the 82nd Airborne and, of
13 course, not only them, they're supporting troops and that, too. Because they had guys
14 down there putting the rocket on into the rocket mount on the helicopter and he stood in
15 front of it and the thing went off. You don't stand in front of a rocket launcher when
16 you're loading it. It went right through him. It made a nice hole, took his liver and
17 everything. Of course, by the time he got over to us, he was dead.

18 KV: You said you signed up and volunteered to go to Vietnam and then they sent
19 you to get your master's and then sent you to Vietnam, right?

20 BP: Right.

21 KV: Was it just kind of expected that you did a war tour if there was a war on
22 once you were a career officer? Was that sort of expected?

23 BP: Well, John, my friend I was telling you about—we went to nursing school
24 together, he was in Korea and Vietnam. I know some guys that were in Korea twice and
25 in Vietnam. I know some guys, some nurses who were in Vietnam twice. I was lucky. I
26 didn't get to go to Korea. I just went to Vietnam once and I went to Italy. John spent
27 five years in Germany and Jim, our fiends that we travel with, they spent three years in
28 Germany.

29 KV: Do you think you would have been sent even if you hadn't volunteered?

30 BP: I'm sorry?

31 KV: Do you think you would have been sent anyway if you hadn't volunteered?

1 BP: Yes. Oh, yes. Just they wanted me to go get my masters degree first.

2 KV: Were there any kind of discipline problems or issues that you had to deal
3 with? Once you were in Vietnam you said you outranked most people that you worked
4 with. Did you sort of get stuck dealing with those issues? (dog barking)

5 BP: I was a lieutenant colonel and we really didn't have any disciplinary things
6 where people were doing stuff, you know, that you had to tell them to knock it off except
7 for the drug stuff.

8 KV: Uh-huh.

9 BP: (Indecipherable) If you're in the operating room and you're going to do
10 something, you're going to kill somebody or something like that. There was nothing that
11 we had to lock anybody up or give them a court martial, at least nothing in my mind.
12 God, I'm not saying it didn't happen. But I was not called with it (indecipherable).

13 KV: Did your views of the war change at all because of your tour or while you
14 were there?

15 BP: Well, yeah. You know, towards the end there I just kind of got senseless. It
16 was really funny. I met General Nguyen. He came into—he was the one that became the
17 premier of sorts, a very flamboyant man. He was up in Pleiku and he had a nephew
18 graduating in the Vietnam Air Force. Got there for his graduation and, low and behold,
19 the poor guy crashed. Brought him to the hospital and General Nong says, "Where is
20 he?" He comes in, he has his gun in his holster and he had this white scarf and they're
21 flying in the breeze. He's telling us, "He's going to live," and all this kind of stuff. This
22 guy was dead, yak, yak, yak, and all that kind of stuff.

23 KV: Are you glad you had your year over there?

24 BP: Oh, yeah. I actually enjoyed it. But again, remember I told you we didn't
25 have the massive casualties that other people saw. So I really didn't see a bitterly-
26 contested war with a lot of casualties.

27 KV: Did you ever have issues with nightmares or flashbacks or any of that when
28 you came home?

29 BP: No. What's interesting was when I came home my wife—we had left
30 Pittsburgh. We were in Pittsburgh for my master's degree and we were near my parents.
31 So Pat said she'd like to go near her mother when I went to Vietnam. So I moved them

1 down to Florida. In Pleiku once in a while you'd hear some rockets—not Pleiku, in Phu
2 Bai you'd hear rockets going on and off or you'd see them going overhead. Not quite
3 like Pleiku where you could stand out there and watch them going over the microwave
4 screens. We all had beds. I had a bed that I had a piece of plywood on the top of it. So
5 anytime it'd get pretty hot I'd just get under there with a little protection. It was the same
6 thing in Pleiku. We'd get under the bed, but anyhow I went home at Christmas time and
7 I didn't tell Pat I was going to get there. We got out early and we flew from Phu Bai,
8 flew down by helicopter to Saigon and then Air Vietnam from Saigon to Hong Kong.
9 Then Hong Kong to Tokyo, then Tokyo to Los Angeles and Los Angeles to Miami. I had
10 been up for something like sixty hours. I got home and I woke my wife up and she was
11 surprised. She said, "Why don't you go to bed and I'll lay down with you for a few
12 minutes until you go to sleep?" because I was just exhausted. So I laid down and fell
13 asleep. Well, down there Christmas time they shoot firecrackers. So the firecrackers are
14 off and I'm under the bed. Pat comes in and she says, "What are you doing under the
15 bed?" I said, "I thought I was in Vietnam. It's second nature when you hear this stuff,
16 you get under the bed." That's the only thing I've had. I've never had any flashbacks.
17 I've had a couple dreams, but they were about people and that really wasn't about the war
18 itself.

19 KV: Right.

20 BP: So I was very fortunate there. We had a nice little club there so we could go
21 over and drink. I didn't get drunk, but we'd go over and I'd drink. We had a cook who
22 was a real good warrant officer. He also ran the kitchen over at the officer's club. So
23 we'd go over there a lot of times for dinner and that. Of course, we knew a lot of the
24 Vietnamese people that worked for us, particularly the women who were our hooch
25 maids, would do cleaning up and all that kind of stuff, never had them (indecipherable)
26 anything like that, but they were nice people. We had learned that after we left Phu Bai
27 that I guess a year I don't know what it was, anyhow whenever Saigon—when we left
28 Saigon and the Vietnamese took over we understand they went to a lot of these places
29 including that hospital. We were told that many of the people, particularly the women
30 did a lot of the manual labor and that were shot because they were collaborating with the
31 Americans. I don't know particularly if a certain one was, but we heard that.

1 KV: You'd mentioned that you went home for Christmas. Was that unusual?
2 I've never heard anybody else say that, that they got to go back to the States.

3 BP: We had leave. We still had thirty days of leave or something every year
4 even though we were over there. They didn't care where you went. Most of the people
5 went to Australia for R&R (rest and recuperation) or they went to Hawaii or they went to
6 New Zealand. I decided for R&R, I wanted to go back and see my wife. If I could get
7 back, I'd get back. I did. I hopped around, the major and I. He was the executive officer
8 and we hopped around went back to Hawaii. I guess I had a whole six days at home and
9 then two weeks in Australia.

10 KV: Wow. That's interesting. Just a couple more things then and I'll let you go.
11 We've been talking for a long time now. The memorial that went in, in DC, what did you
12 think about that?

13 BP: I thought it was wonderful.

14 KV: Not necessarily The Wall, but the statue of the women and sometimes it's
15 called the Women's Memorial, sometimes it's called the Nurse's Memorial.

16 BP: There's a memorial there for the women who were there tending to some
17 GI's, which I thought was very, very nice. One of the women I knew in the Army
18 actually was one of the ones responsible for getting that memorial done, collecting money
19 and getting people to vote et cetera, et cetera. She spent several years doing that.

20 KV: Right. Which one was that?

21 BP: That was the women there for the women nurses. I'm not sure which. It
22 showed some nurses there taking care of some GIs.

23 KV: I'm sorry. I meant which of the women that was in charge of that did you
24 know?

25 BP: I don't remember her name. She was a nurse, an Army nurse and a colonel.
26 She retired. We were stationed together, I think, when I was in Madigan the second time
27 or at Brooke the second time, I'm not sure. She was very active in that.

28 KV: So you thought that the memorial was a nice memorial. Was there any talk
29 among any of the male nurses that all of these people in that statue are women?

30 BP: Gosh, I don't think so. I didn't think anything particularly about it. I
31 thought it was probably overdue.

1 KV: Do you read much that's been written by any of the nurses?

2 BP: No. I haven't seen anything actually. The Vietnam Wall to get back to that,
3 it's very nice. That one made me cry. But one of the nurses that I served with in Italy,
4 Bryan was her last name. She was a very interesting individual. She was a major and she
5 was one of, I think there were ten nurses on the Bataan Death March. She would never
6 talk about it very much, Hattie, Hattie Bryan.

7 KV: Well, was there anything that we didn't talk about that you thought we
8 might discuss or that you wanted to mention?

9 BP: Oh, I don't know. I still keep in contact with four or five of the girls.
10 They're all nurse anesthetists. John died a couple of years ago. Actually, he's been dead
11 four years, five years this year can you believe it? When we went into anesthesia school
12 John and I in the '60s and other anesthetists, too, we were using ether, open-drop ether,
13 ventilation ether and cyclopropane. When I was in anesthesia school in 1960 at
14 Letterman Army Medical Hospital a new anesthetic agent came out named halothane, but
15 there was no vaporizer for it at the time. So what we would do is we would put it in an
16 ether vaporizer, which was a little glass jar with a wick in it. You had a thing at the top
17 where you adjusted, like a little scientific—you could open it a little bit more, you get
18 some more, whatever. The whole thing, you know. Plenty sufficient to do what you
19 wanted to do. You don't have to have a PhD to do that. In those days, of course, the
20 anesthesia machines were ventilated right into the rooms. So therefore the people that
21 were in the room, the surgeons, the scrub nurses, the scrub technicians, the anesthesia
22 personnel, et cetera, et cetera, were breathing stuff. I remember I used to go home and
23 my wife would say, "Oh, Betty used ether today or you had pynthine or pscyhopropane
24 or this new thing called halothane. Boy you've been using that a lot lately." Eventually
25 over the years, of course, they found out was not ventilating the anesthetic gases there
26 was definitely and it's been scientifically proved that definitely increases in spontaneous
27 abortions of pregnant female people in the operating room. So many years ago that
28 started, of course, ventilating all the stuff. So now when you ventilate a patient you pop
29 off a certain pressure. You don't want to give a patient any more there's pop-off valve
30 and that's sucked out through a thing—excuse me a minute. It's ventilated to the outside
31 air. Well, I had one friend, Marty Hempley, he became a chief at the health services

1 command, which is also in San Antonio right next to the academy. He ended up having a
2 big cyst on his liver. Well, John, I ended up having renal cell cancer. I had a radical
3 nephrectomy in 1988 or '89. It was very serendipitous of how it was found. My younger
4 daughter was getting married and my wife and I were moving some furniture. I ended up
5 having a vericous seal. I don't know if you had a vericous seal is. But your testicle gets
6 enlarged, engorged with blood, venous blood. Usually it's on the left side, but I had mine
7 on the right side. I figured it was just from moving something, I probably, you know,
8 maybe broke a blood vessel or something. I thought I'll go see the urologist. I went to
9 see the urologist and he said, "Yes. It's probably from moving the furniture." He says,
10 "Well, you know what I think we ought to do, I think we ought to get an ultrasound on it,
11 because it's usually on the left side not the ride side," because of the anatomy. You may
12 not understand not being a nurse or a doctor, but the anatomy of the drainage backs up in
13 the abdomen. So I went and I had this little thing on my kidney. Then they did a CAT
14 scan and sure enough I had this radical nephrectomy due to renal cell carcinoma I was
15 very lucky. Mine was contained within the kidney itself. It never had metastasized. You
16 know what metastasized is?

17 KV: No.

18 BP: That's when cancer spreads out, metastasized, like, to your lungs or to your
19 brain. There's the primary tumor and then there's the secondary tumor and metastasizes.
20 The primary tumor I had was a kidney tumor. If it had metastasized more it would have
21 gone up to my lungs or my brain, et cetera. Anyhow a year later, John my best friend in
22 nursing school, the best man in our wedding and in anesthesia school six months after.
23 He was undergoing a physical exam and he retired many years before. He was down in
24 Lubbock, Texas. He went over to Reese Air Force Base and they were doing an exam on
25 him and he didn't feel good or something. They palpitated him and they found this big
26 mass. Well, they did him and they found out that he had a big renal cell C, but his was
27 much bigger. They operated on him, but his had metastasized. His was in his lymph
28 nodes. So it eventually, of course, it went up to his brain and all that and he died a couple
29 of years later. Marie, his wife, and I were talking about this and this other thing that
30 happed to our friend Marty Hennessey with his liver cyst. We said, "You know what?
31 We're wondering if this is a result of two guys, one who smoked, me at the time and John

1 who did not smoke. One who drank, I did, John didn't. What did we have in common?
2 We went to nursing school in Philadelphia. We drank Philadelphia water. We breathed
3 Philadelphia air. We did go to anesthesia school and this new halothane was coming out
4 and we were breathing this all the time." Of course, since then halothane has been
5 implicated in causing many other things in a human's body, but not specifically renal cell
6 CA. So Marie and I thought, you know what we ought to do? We ought to do a follow-
7 up on this and see not only in the Army, but survey somehow all the nurse anesthetists
8 and all the anesthesiologists we can get hold of in this whole country and see if any of
9 them have ended up with renal cell CA, particularly in our age group that were learning
10 anesthesia when we were ventilating all this stuff and we were breathing it.

11 KV: Right.

12 BP: I said, "Marie. Well, let me know." Marie never did anything about it. This
13 week she's on her way to Guatemala.

14 KV: I wonder if somebody will find out that it was.

15 BP: I don't know. I had a friend, my friend Jim he was in Vietnam. He was in
16 Saigon but he put in for a claim now. He just went through a radical prostatectomy. Do
17 you know what that is—prostate?

18 KV: Mm-hmm.

19 BP: Cancer. He had a radical prostatectomy. Well, it turns out that Agent
20 Orange has been implicated and people over there, GIs over there having prostatic
21 cancer. He's putting in papers now to get reimbursed or something or other. You know,
22 you ought to look in to that to see if there's anything. I need to do it—if there's
23 something on record there about being in Vietnam, because John was in Vietnam, too. If
24 there was something in Vietnam, Agent Orange or something, that might have
25 contributed to what we had. But I was never exposed to Agent Orange that I know of. It
26 wasn't sprayed on me and I wasn't out in the jungles getting it. The only way I would
27 have gotten it was if somebody came in with it on, and I was breathing it in. The same
28 thing with Jim. He was in Saigon, you know, down there. They don't even know a war's
29 going on down there. So I wouldn't know where he got it. He would have less of a
30 chance than I of getting it because I was up in the jungle parts. He was in a huge
31 metropolitan area and I was in the jungle where five or ten miles away they were

1 dropping Agent Orange and maybe—I don't know. I think it's very interesting. It is to
2 me, I don't know about you.

3 KV: No. It is interesting in the way that the benefits all worked out and how to
4 get benefits for all of these different things. It's interesting. Well, good luck with that.

5 BP: Now I have my military retired pay. I'm retired from the University of
6 Michigan and I have my retired University of Michigan pay. So I can't complain. It's
7 been a good life. Now what would I do over if I had my life to do over? Because I really
8 enjoyed being an anesthetist. Nursing was okay. The taking care of people and yak, yak,
9 all this kind of stuff. Anesthesia is just really demanding. It's just ultra demanding. You
10 can't bond with a person, I don't think, any more than that, taking their life in your hands,
11 but of course the surgeon does, too, and that kind of stuff. You know, we always say in
12 anesthesia, "When the surgeon makes a mistake we're the ones that have to correct the
13 IV." I mean, we're getting the vasopressors. We have to give the blood. We have to do
14 this—anyhow. Here at the University of Michigan we have a very good department of
15 radiology and within radiology is a specialty called "Interventional Radiology." Have
16 you ever heard of it?

17 KV: No. No.

18 BP: Okay. Well, there's several parts of radiology. There's taking your chest X-
19 ray and of course there's taking CAT scans and taking PET (Positron Emission
20 Tomography) scans and taking MRIs (Magnetic Resonance Imaging). Okay? Also
21 doing different things like I went down two years ago and talked to the chairman of the
22 department, did an arterogram on my kidney, on my left kidney that's because when I
23 had my radical nephrectomy, they found out that I had a kink in my left renal artery and
24 some stenosis there. So I only had fifty percent blood flow. So I have hypertension. So
25 they were just checking it out to make sure that it hadn't closed down further, that I
26 would need to have some surgery to that and stuff like that. Well, interventional
27 radiology, what they do is they do stuff like that and they do other things, like they put
28 stents in and they dilate things. Now cardiac they do in a cardiac lab, and a cardiologist
29 does have to—but there's a radiologist with them. When they put a stent in to your heart
30 and to your arteries, it's the same thing. That's an interventional treatment. It's using
31 radiology because you're using an X-ray machine and for a lot to do it. When I went

1 down there I had a friend who was there. He had done his residency under Dr. Cho. He
2 said to me—this is about twenty years ago. He said, “You know, Barry,” he says, “This
3 interventional radiology is just going to go places.” He said, “We are going to start
4 taking over more and more of what surgeons do. Instead of cutting you open, we’re
5 going to take a little balloon and dilate things and we’re going to go ahead and stick little
6 stints in and kind of stuff like that.” I find that very fascinating. Then again, I might do
7 that, but I don’t know. I liked anesthesia too much.

8 KV: (Laughs) It sounds like you picked the right field, then, after all of that.
9 Well, I really appreciate it. There’s a lot of interesting things that you talked about.

10 BP: You know, I think that when I graduated from high school I think now about
11 what’s happening to one of my grandsons. Even then maybe I wasn’t mature enough and
12 I didn’t know exactly what I wanted, psychiatrists yak, yak, you know what I mean? As
13 the kids today my grandson is seventeen years old. He doesn’t know what to do so he’s
14 signing up to go to the Marines for a couple of years. I have another friend, she’s a nurse
15 and she has a master’s degree. Her husband has a PhD. He now has his own lab business
16 where he does blood work and all that other kind of stuff. Their oldest kid was doing so
17 good. All of a sudden he just stared on the dope, which my grandson has done. All this
18 kind of stuff and he looks like he’s going to have to go to jail because he skipped
19 whatever it was last June. That kind of stuff. She said to me she had so many friends
20 that this stuff was going on. I think that the same thing happened to me when I went to
21 school and I didn’t know what I wanted to do really. But in that day there were less
22 options, you just did something or you shaped up or something like that. I think the kids
23 nowadays are graduating from school and I don’t know if it’s the change in society, if it’s
24 the family, the school, religion or whatever. Something’s lacking. I think they’re
25 graduating more nowadays and they don’t know what they want to do. It’s a shame.

26 KV: Who knows? Glad I’m not deciding again.

27 BP: Philosophy.

28 KV: Well, let me end the interview and then I’ll explain all about the forms I’m
29 going to send you and all of that.