

Wisconsin Veterans Museum
Research Center

Transcript of an

Oral History Interview with

John D. "JACK" BARNARD

Medical Service Corps Officer, US Army, Vietnam

1995

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Barnard, John D., (1936-) Oral History Interview, 1995.

User Copy: 2 sound cassettes (ca. 117 min.), analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassettes (ca. 117 min.), analog, 1 7/8 ips, mono

Abstract

Barnard, relates his service as a Army Medical Service Corps officer in Qui Nhon, Vietnam at the 67th Evacuation Hospital. As a hospital registrar, Barnard describes the organization and operation of military medicine in Vietnam. His account includes a medical perspective on warfare from both the human and statistical standpoint. Barnard mentions social aspects of the war such as heavy drinking, recreation, and relationships between male and female service personnel. Also touched upon is Vietnamese prostitution, theft, and the effect of American money on the economy. Barnard comments on his return to Seattle (Washington) and treatment of veterans by Vietnam protesters. He mentions attending the University of Wisconsin-Madison graduate program in social work, recalling the anti-war atmosphere and classmates reactions to attending class with a veteran. Also discussed is his disillusionment with the Vietnam War and his attendance at anti-war meetings. He comments on his career as a military social worker including working in a mental health clinic at Fort Ord (California) and Army community service work at Fort Sam Houston (Texas). He also refers to the diminishing number of veteran health benefits.

Biographical Sketch

Barnard served in the military from 1960 to 1981, serving as a field medical assistant, a hospital registrar, and later as a mental health clinic Commander. After his service, Barnard lived in California, Wisconsin, and Texas.

Interviewed by Mark Van Ells.

Transcribed by Wisconsin Department of Veterans Affairs staff, n.d.

Edited by David S. DeHorse and Abigail Miller, 2001.

Interview Transcript

Mark: Today's date is July 27, 1995. This is Mark Van Ells, Archivist, Wisconsin Veterans Museum doing an oral history interview with Mr. Jack Barnard, originally of Madison, now San Antonio, Texas, a veteran of the Vietnam war.

Mark: Good afternoon. Thank you for coming in.

Barnard: It's a pleasure to be here, Mark.

Mark: And, for spending some of your vacation down here in the basement on a fairly nice summer day.

Barnard: It's well spent. It is a beautiful day out today. You're right.

Mark: I suppose we should start the interview by having you tell me a little bit about where you were born and raised and what you were doing prior to your entry into the service.

Barnard: I was born in '36 of a professor father who had a Ph.D. in Anatomy and my mother was a sociologist. They both graduated from the University of Michigan and for much of my youth anyway was brought up in the southern United States and probably where this interview is germane, I moved to Madison, WI in 1948 and resided in that state all the way through until my Bachelor's degree in college. I went through Wisconsin High School here in Madison and from there to make a long story short, also got my Bachelor's degree here in Madison in 1959. I had taken ROTC and went on active duty in 1960 as a young 2nd Lt. and went down to Fort Sam Houston, Texas, home of the Army medics because I was in the Medical Service Corps, went to four weeks of basic and went to Germany, where I spent three years in an open jeep bouncing around Germany trying to deliver health care to an infantry division. That was an extremely good place for a young Lieutenant to start. That's what it's all about - taking care of the grunt down there doing his job and pulling the trigger. But I did decide after three years I really didn't want to do that for a career.

Mark: Let's stop here. I want to go back and get into some details about your entry in military service. First of all your degree was a BS or an MS?

Barnard: It was a BS in Psychology.

Mark: Why did you choose to join the service?

Interview Transcript (continued)

Barnard: Well, No. 1, you had to take ROTC for your first two years being a land grant school, and as a matter of fact, a friend of mine who I went to high school with were registering together and we decided when we got to signing up for ROTC that we would be in the Air Force ROTC because the line was considerably shorter. So after that heavy decision about the rest of my life, I went into Air Force ROTC and for the first two years, did just that. Participated in basic Air Force ROTC. But by the time I was into my junior year, my dad had died, I was working, I kind of needed bucks, even the \$27 a month I would get from ROTC looked pretty good and I had always been interested in the military and particularly World War II and I think because I was five when it started and ten when it was over and I just have a lot of childhood memories of everything that went on. Also, the University of Wisconsin, one of the reasons I ended up in the Medical Service Corps, was the only school then in existence where they taught specific branch subjects for Army ROTC. Most of them you kind of learned a conglomerate of combat arms stuff having to do with artillery, infantry and armor. At Wisconsin it was the only school. I actually started studying the Medical Service Corps in the Medical Department of the Army when I was a junior. It was the only school that you could do that. It is one of the reasons why I went into MSC. I did that primarily because I was working on a psychology major and it seemed to fit in with the conduces better than driving trucks or being in the Ordinance or some of the other things I could have done.

Mark: So when it came to your entering the service then, after all of the ROTC, it wasn't a very traumatic experience for you, I take it. All the saluting and wearing the uniform, these were things you were familiar with already.

Barnard: No, not really. I did not come from a military family. I had an uncle who happened to be on active duty as a young 2nd Lt. when World War II started and came out a Lt. Col., but he certainly didn't make it a career so my family had no military history in it at all. I think an awful lot of it came from living World War II as a young boy and being mystified and kind of terrified, but very intrigued by this whole big thing that was going on. After all, at five years old to ten years you're not very philosophical at that age. I can remember waiting for Life Magazine every Friday 'cause I really wanted to look and see. I don't think I ever stopped that kind of fascination with the Army. Played Army as a kid and it wasn't hard for me at all to finally say, "No. I think I will at least accept it. Commission was only two years commitment. It wasn't like it was forever.

Mark: So when you got in what did you think? Did it meet up to your sort of romantic expectation?

Interview Transcript (continued)

Barnard: I think so. I think it did. For instance, I have found that, this was through my whole career, I found military instruction for instance and military schools, to be very well run institutions. I thought the Army was very, very good at opening up the top of your head and jamming it full of information. They were very organized in the medical department they put a lot of money in training instructors. I ended up being an instructor later in my life. I did not find the whole thing very traumatic, I thought it was kind of a class act and I was kind of a smart-assed 2nd Lt. at the time. I did not choose to be a combat soldier or a troop soldier, troop officer after three years in Germany. That was quite enough. I then went into a job that would put me in bigger hospital settings and things like that. So as my career progressed, I obviously made choices to stay. There was some personal things in my life that were kind of disruptive and I think probably it influenced my choices in some way and also it kind of clouded my life in a way that made other things kind of have to go through a fairly negative thing that was going on in my personal life, but I always tried to keep - the Army was different from what my personal life was and I must say the Army did a good job for me, allowing me to deal with this personal thing that I had in my life. So, no, I didn't find adjustment to be bad. When I went on active duty in 1960, it was still a fairly positive world towards the military. Vietnam hasn't started, we didn't see the stuff that we saw later on in Vietnam actually as we talk about it we'll find out that I didn't see any of that negative stuff after Vietnam either, personally I didn't.

Mark: I'd be interested to hear about that.

Barnard: I just kind of slipped right into it. My wife at the time, she thought it was find and a good idea to stay and that's what we did.

Mark: As we spoke earlier, you were in Germany and I was in Germany as well, so I'm curious. Why don't you describe a little bit about your first tour of duty in Germany, specifically what were your duties, what was your MOS.

Barnard: I was a 3506. That was the way MOSs were designated back then. It was called a Field Medical Assistant I think. That's what damn near every 2nd Lt. unless he has an advanced degree of some kind, that's almost what every 2nd Lt. in the Medical Service Corps is. Field Medical Assistants bounce around in open jeeps behind infantry divisions. Trying to do that kind of a job running ambulance platoons or clearing companies or perhaps, staff jobs in supply and things like that. But that's pretty much where an awful lot of MSC officers ended up. Like I said earlier, it's probably a good place to start. That's basically what everything else is all the big hospitals, the whole structure behind that starts with an aide man picking up_____ [tape interrupted]. It opened

Interview Transcript (continued)

my eyes a little bit. Back in the 60's we still had much of the status of forces kind of thing over the Germans. We were absolved from a lot of their laws and a lot of other things and they were still paying reparations and things like that and I think the Germans - back in the 60's you still had some angry Germans who were angry at Americans because we beat them in 1945 and although I didn't see it very often, I saw some plain old out and out rage at American soldiers for being American soldiers. Most Germans were much more philosophical than that about the whole thing and understood World War II and they put it in a much more reasonable context. When we moved to Mainz, which is where we lived in the housing area in Mainz, our Kaserne, which is a German word for camp or post or something like it, our little Kaserne was 20 miles away and McCulley Barracks was outside of Wackenheim.

Mark: I used to know all those

Barnard: Well, Bad Kreuznach, Bad K was where our Division headquarters was. I spent some time in Bad K just for that reason and also there was a hospital there that we used to use occasionally. I thoroughly enjoyed being stationed in Europe and traveled a lot and got around a lot. There was a certain amount of enjoying out there bouncing around in the open jeep with a compass and trying to find people and doing those kind of grown up Army-type games. In the dead of winter sometimes it got a little old and a little cold.

Mark: This bouncing around you describe was this trying to find units on maneuvers and to do applicable medical--?

Barnard: Very much so. Most of the positions in medical units in Germany and its pretty much that way in the stateside even today, and it's probably going to get worse 'cause their cutting the medical department down so much. The physician slots in the unit aren't filled. The unit is commanded by a Medical Service Corps officer, a Lt. Col. and all of the unit commanders are Medical Service Corps officers, which is different from a Medical Corps officer. A Medical Corps officer is a physician. The idea is if you were activated and went to war, MD's would be assigned and plugged into these positions and then the commander of the unit would be a doctor and the MSC who had been running it in peacetime would become the Executive Officer. That's the way, like our medical battalion worked. It was the old pentamic division. The old five-sided division with five different battle groups. That's what we did in the medical battalion. We had to be direct support to battle groups and also area support and reserves and this kinds of thing and going to the fields with big maps and you know the maps and the map symbols all over and where is everybody and sometimes medical support is not the first one to get the word that everybody is going to move and

Interview Transcript (continued)

so all of a sudden you go to find this unit and it's just not there anymore and so you go looking for them. You drive up to every CP and ask him where the unit is. It's dangerous in wartime, the medical department loses a lot of people, a lot of jeep drivers and ambulance drivers take the wrong turns. That's very much what it was.

Mark: I just have one more question about Germany in the 50's and that is, did you run across Elvis?

Barnard: No, I did not see Elvis and the 50's was a little before my time. I got there in '60. Elvis had gone I think by the time I got there. I knew somebody over there who knew Elvis. He said he was a good guy.

Mark: After Germany then you came back to the states and

Barnard: Yeah, I had mentioned that I didn't want to be a troop commander the rest of my life so I had applied for what's called the Army Registrar School. An Army hospital registrar is an administrative position in the hospital who does things like he's the custodian of all the medical records in the institution, which is a big responsibility. The Medical Records Librarian works for the Registrar, all of the charts are edited and audited and brought up to final form and final face sheet put on them and a final signature by the physician before it's filed away in the open medical files of the hospital and the hospital treasurer was part of our job. In some hospitals the medical holding company, which is the unit that people are assigned to as they are sent to the hospital and they stay there a certain length of time and then they're automatically assigned to the hospital, primarily so the unit can drop the guy from their roles and get a replacement in if he's going to be gone so long. So I went to that school, a lot of statistics, a lot of numerical reports on how many patients by category you treated vs. by service, Army, Navy, Air Force, blah, blah, very much an administrative job. All eligibility questions were answered. I really enjoyed it initially. I did very well in the school and went back to Fitzsimmons is where I was assigned when I came back from Germany.

Mark: Where is Fitzsimmons?

Barnard: In Denver.

Mark: I was in the Air Force so--Wilford Hall for example.

Barnard: Righto. San Antonio, you're right. Listen, they may close Wilford Hall. San Antonio now has a huge 325 million dollar brand new medical center.

Interview Transcript (continued)

Mark: Why don't you just describe a little bit about your service before you went to Vietnam?

Barnard: Well, Fitzimmons is where I went when I was reassigned. It was a good assignment. Denver is a very nice city to be stationed there. The air quality now has kind of gotten out of hand; in fact, it was starting to do that then. Still, it's a very nice place to be assigned. I went there in 1963 and by 1965 the Vietnam thing was really starting to raise its ugly head. I mean the summer of '65 was when they really started putting troops in there for honest and calling them troops and not advisors and all the other games they play with people's labels to make sure nobody thinks we're at war with anybody. Sure enough, in the fall of '65 I got orders for Vietnam with an evacuation hospital, which is a big 400-bed very highly skilled staff hospital that they were plugging into Vietnam. It's the next level up - it goes from the Corpsman, to his aide station to a clearing company which is run by the medical battalion I was telling you about and from there goes to the MASH hospital and from the MASH hospital it goes to the Evac hospital. In the movie MASH, one of the big rivalries was that football game. The football game was with the blankety blankety something evac hospital. The big guys. Of course, if a MASH hospital can beat the big evac, that's really a feather in their caps. Anyway, I was put on orders there. I was at Fitzimmons and they were getting a unit together at Ft. Carson which was only 75 miles to the south and I went to war. I just went.

Mark: Now this is very early in the conflict.

Barnard: Very, very early.

Mark: 1965 was when the first large (*both talking - could not understand*)

Barnard: We got there in early '66.

Mark: So what did you think when you got your orders? Did you have any anticipation at all?

Barnard: I don't remember talking or being preoccupied with people about Vietnam. I think, frankly, I was just kind of confused about it. I remember thinking that, "Well, hell, if I go over there maybe you can figure out what it's all about if you go over there." Of course, the problem was it was one of those experiences where the closer you got to it the crazier and schizophrenic the whole thing looked. I ultimately, was not too impressed with our involvement there and felt like we were making a very bad mistake.

Interview Transcript (continued)

Mark: At the time or in retrospect?

Barnard: No, this was in retrospect. I think we all, the longer we were over there, started to you know, all this frantic stuff going on and I think there were - not everybody, but there were ones of us who were really were starting to look at this whole damn thing with a very jaundiced eye and started to question a lot and this is very early in the whole thing. We went over by ship. We were going to go to Plaiku which is up in the highlands where some pretty vicious fighting took place but on our way over Westmoreland was doing one of his many tours of Vietnam and he decided that he didn't want our evacuation hospital up at Plaiku because we had quite a big female nurse contingent and he just didn't feel like that was a good place for that many women at that point in the war. He went down to Qui Nhon, which is where we ultimately went. There was a big airfield headquarters construction project going on there and it was big with big barracks buildings. All of it was stressed concrete, pretty nice construction kind of stuff, mess hall, our own chapel, a big administrative thing. He decreed that this aircraft headquarters thing was no longer going to be that it was going to be an evacuation hospital. Then he got in his helicopter and left. We went over by ship and by the time we had gotten off the ship, we found out now we're not going to Plaiku, we're going right here. We went over and looked at the construction project and it looked big and people were saying "This might turn out to be OK.". But we all learned how easy it is to say we're going to make this into a hospital vs. what it really takes to make it into a hospital. There was a lot more to - and they wanted a good top drawer hospital that we can leave there and the Vietnamese could use it. There was already an evacuation hospital in Qui Nhon so we were the second evac hospital who was there. The 85th Evacuation Hospital was there. We got off the ship - we went on a big ship - the MSTS Walker, a big troop ship that they reconditioned from World War II to take 4,000 troops in one ship and we had 2,000 which meant you lived better and things weren't as crowded. They unloaded us off the side of the ship into these Higgins boats, kind of like World War II Higgins boats with the big thing in the front and we had to have all of our combat stuff on and the 45's and the troops had their rifles. We rolled up on the beach right next to an LSD, a Korean LSD and these Koreans were leaning on the thing and looking at these crazy Americans who were storming ashore at Qui Nhon. It had been a long time since Qui Nhon had seen a shot fired in anger. We got in jeeps to go across town to where we were going to be billeted. We stayed in a tent the first six months we were there, but we got four of us in this jeep to go across town and the driver slammed his breaks on and pointed and we all looked and here was a dog with this human hand in it's mouth and I'll never forget that. You know, Vietnam got crazier from that point. I thought "Oh, oh, that's a bad sign. That's not a good omen to see something like that when you just get here." It did get

Interview Transcript (continued)

crazier. War is such a violent thing and you can - I've been in surgery a lot, I've worked in a lot of places in my life, I used to earn a lot of money going to the University being a hospital orderly and I've done it so much that they put me on all kinds of very strange places for orderlies and I've seen a lot - there is just nothing to match human combat in a war. To tear a body apart. The first time we went out to the airport to meet a C130 that was coming in with casualties, to stand there and watch that big ramp come down, it was just terrible because as it came down you could start to hear the noise - the moaning and the screaming and then the ramp comes all the way down and it's just mayhem. There is blood everywhere, the poor Air Force medic crew back there trying to do it's job and by the time you get it unloaded there's six people who have died and it's the damnedest thing I've ever seen in my life. You just stand there with your mouth open the first time. The amazing thing is about the third time you get to where it doesn't bother you so much and by the time you've done it a half dozen times, it's just doing your job and it's part of the job. But, it is a terrible thing when you first see it. Our doctors had a hell of a time. They would lose guys on the operating table and they would just sob because they lost a kid and they thought they were going to get him through. For medical people, we don't get shot at as often as a lot of people but particularly medical people who think of themselves as healers to try and put this back together and keep people alive and it's terrible. I think if more people saw it, more world leaders saw it, we just wouldn't have wars. That's not true. Look at Bosnia. You look at Bosnia just like we used to look at Vietnam in our living rooms.

Mark: I want to go back and get some of the chronology straightened. You got there late in '65 or was it early in '66?

Barnard: Early in '66.

Mark: I would imagine that you actually had to set up the hospital first. There was nothing established there.

Barnard: We didn't in that sense of the word. The 85th Evac was already there. We got there but we didn't have a hospital but they didn't really tell us what to do until your hospital is built. The hospital was a long way from being completed. The first thing we did was set up committees and started submitting drawings to the contractor about how things were going to have to be changed. In fact, I was on that committee that tried to get things down in some kind of standard format that we could give this guy and he could start - the Navy actually was supervising the construction. So a lot of our first few months we were very busy but just converting this thing from a headquarters complex to a hospital and making the changes and all of the different supplies that had to be changed. Little things like how you turn on and off water is one thing if it's a headquarters, if it's a

Interview Transcript (continued)

hospital you gotta have big things up there where the guy who's scrubbing and getting himself clean can operate it with his elbows. So, you get into all kinds of crazy requirements. You gotta have lead lined rooms if you're going to put x-rays in them. Even my - I was the hospital registrar - we had to have a safe because we were the one that kept everybody's belongings, everybody's fire arms, everybody's valuables so we had to have places to secure this kind of thing built right into the hospital as they built it.

Mark: There was a very massive build-up going on at the time and things were going very quickly.

Barnard: Yes - like the 4th Division landed through Qui Nhon and yeah, it was wild at a time and you're right - although I must say when the 4th Division hit they tended to move right through us and inland pretty quick. But Qui Nhon was a little fishing village that was getting huge in the time I was there, not just with Vietnamese that were fleeing the war wherever they lived and coming to big cities, but the military build up was huge and there got to be more, just acre after acre of tents and within every tent it seemed were an officer or two and an NCO or two and a couple of enlisted men, or two. In this whole thing we would walk around and say, "What do all these people do?" I suppose they all did something. We didn't have a hospital. After we got all these changes made to the construction guy so he understood what he had to do, we didn't have anything to do so we went over and worked with 85th Evac who was already operating and that ended up to be a tremendous advantage for us because we got to go over and watch how your activity ran before we had to set up in the 67th Evac. It was late October; almost we were getting ready to go home when we first put our first patient into the 67th Evac. They didn't just let everybody sit there the whole time, particularly physicians and so forth. They got reassigned. One of the problems when you go by ship like we did and you send the whole unit at one time, you rotate on the same damned day and you obviously can't have a hospital where everybody comes in on one given day and everybody leaves and everybody comes in new. That just doesn't work. They actually preplanned it a lot better. Later in the war they didn't send over units like that as one big lump, because once they're there you got a huge personnel logistics problem because you have to start putting these people all over, putting people with different rotation dates back into this unit so that you have gradual turnover all the time. That really did create some problems. Several of us, I got out of there a little early actually, that happened in Vietnam sometimes when things just were - because of quotas and so forth you could get out early. I ended up not spending a year. By the time I had left I had just terrible feelings about Vietnam. I just thought that we were going to end up being so damned sorry we got there. In fact, when I got back I said that once down in a little Officer's

Interview Transcript (continued)

Club where we used to go for coffee and I ended up actually getting talked to by a Colonel who was a friend of mine and he said “Jack, you can’t do that. You cannot talk about that war.” You know, “the Commander in Chief says that’s what we’re going to do, and that’s what we’re going to do.”

Mark: So what was it that led you into this direction of thinking? Are there particular incidents?

Barnard: Part of it was that I just got more and more convinced that war was a hell of a way to do anything. I got more and more convinced that I don’t give a damn what they say about the domino theory and if Vietnam goes, so goes Southeast Asia and all of Asia to communists. I frankly, did not see that that made much of a damn. All right, if we lose some of it to communism. I felt through my whole career and didn’t resolve it until 1985 when the Berlin Wall came down and the Soviet Union just said, “We give up. We can’t do it anymore.” I remember sitting there with tears in my eyes thinking, “Maybe it wasn’t a waste of time.” They told us in all schools that we didn’t want to go in and make the communists be non-communists we just wanted world communism not to spread. Our strategic goal was to make the spread of communism either not happen or if it does happen, make it so damned expensive that they just can’t keep it up and the strategists were right. They felt that if we just keep the pressure on and don’t let them expand, Communism will fall of it’s own weight. It’s not a system that will work unless it can constantly suck up everybody else’s resources and people and everything it will just die and that’s kind of what happened. It damned near drove this country into the poor house to do it but that is kind of ultimately what happened. I remember sitting there and feeling so good that maybe the 22 years I was in the Army was worth something anyway ‘cause it seemed like we lost a lot while I was in there. Primarily, Vietnam. I ended up saying maybe it was wise to go into Vietnam that we stopped them there and drew a line and said, “OK, this was going to be it.” I sure didn’t feel like coming home. Part of it was for the way I saw the country starting to react to it. I saw this happen after I had gotten out of Vietnam, but that really helped me a lot because I kept saying, “You’re absolutely right. We don’t belong there.” I ended up getting my graduate degree at the University of Wisconsin in Social Work in 1970. So here I came as an active duty Major in the middle of this hotbed of liberalism and I was in the School of social work which is a hotbed of liberal liberals; and they’re all over an active duty Army officer sitting in the middle of all these people with long hair, smoking dope.

Mark: How did that go over?

Interview Transcript (continued)

Barnard: There were several people who when they found out I was on active duty, one little girl, she was just such a pretty young thing and she and I had a class where we got there earlier than everybody else and we'd sit and talk and we were good friends. I don't even know if I knew her name. We always had a good chat and laughed a lot. One day she came in and she was very serious and she confronted me and said, "I understand you're an active duty Army officer." I said that was true and she said, "I understand you went to Vietnam" and I said that was true. She said that meant that we could no longer be friends and she turned around and never said another word to me the whole time. My fantasy always is that if I could talk to her now we'd talk again and she would understand that like a lot of the hippies in those days, they've grown up and the reality of the world has crashed around on their heads as it has all of us and we probably would be friends. I did not personally have much trouble. I get along with most people okay. Most people knew me as a person before they pinned that kind of label on me and I think that allowed them to accept it just fine. I think there were a couple of other guys who were less than pleased, but even their civility was certainly kept the whole time and it never was an open issue. I must say I never saw anybody abuse a Vietnam vet. Me or anybody around me, the whole time. That was an experience I never saw. These people talk about getting spit on and such and I never saw it. I think I'm astute enough where I would have noticed it. It just didn't seem to be an issue. If you're in the Army and it's a career you don't go back to civilian environment, you go back to more military environment. I came back and went to Colorado Springs. Colorado Springs back then was a big military town. The Air Force Academy is there, you've got the whole in the mountain up there, you've got Fort Carson up there so there's a lot of military people and I didn't see any problems. I certainly knew it was going on because I read the paper.

Mark: Your sort of growing distaste for the war, was that unusual among your colleagues do you think?

Barnard: There were a couple of guys that were pretty much the way I was and we would talk about it mainly after we'd had a six-pack or something, when you kind of got - that's another thing about Vietnam - the amount of alcohol that gets consumed playing Army. It's unbelievable, the first ship has people on it and the second ship has food on it and the third ship has beer on it. Those are the priorities I think. Lot of heavy alcohol use. We were there so early the drug thing hadn't even started. There was one Hispanic kid who I remember got into trouble and got Article 15, non-judicial punishment, for having marijuana on him. We were talking about it and we didn't even know what the hell marijuana was! [laughing] What's that?! [Laughing] We had heard the word, but didn't understand it. The drug thing wasn't an issue but drinking sure went on!

Interview Transcript (continued)

Mark: I'll come back to that I got some questions about every day life and social life. Going back to the sort of operation of the hospital, it was a war of attrition and was not the big battles but the ongoing thing so I'm wondering what the traffic flow through your hospital, how often did these casualties come in? Did you have lulls or?

Barnard: There was huge lulls. You could read paperbacks all day. We were getting there early before a lot of this stuff was in the supply channels. Paper backs would get read into oblivion. You'd get some of them, I remember I read Catch 22, which is thick, and none of the pages were still stuck in the book, they were just a stack of pages there. They had been completely worn from being passed around. "Woe be unto you" if you get the pages out of order or lose pages. This was fairly serious stuff. But yes, there were lulls and lulls were problematic because you didn't know what to do. We used to go swimming at the local leper colony. It was run by some French nuns and had a gorgeous beach and it was clean and it was everything that Qui Nhon proper wasn't. There are only so many beach parties and we all had steaks and we'd go out and trade penicillin for cases of steaks. I remember getting a hold of cases of brandy and passing out bottles of brandy to people. But there were times when we sat. Those were bad on us. What do you do? A lot of our experience was because a lot of us worked with the 85th. They were in the same boat. There was always a certain amount of - the delivery of health care in Vietnam was fantastic. It was just overrun with medical troops. I think they ended up with 24 evac hospitals in that theater of operations. Evac hospitals have brain surgeons, they have neurosurgeons - turned out very few of us had our neurosurgeon on location - he usually sat in Saigon and was flown wherever he was needed or you flew the patient to him. These were very big hospitals. Specialties galore. Because air evacuation got so good and so efficient, hospitals like the MASH hospitals never got used. They would end up doing area medical support, you know, treating diseases and once you got the people in the air, why stop at a MASH hospital, which is just a bunch of surgeons really, why stop there when you can fly another ten or fifteen minutes and get into Qui Nhon where you've got two evac hospitals with every specialty known to medicine.

Mark: So when these casualties came to you they came from the clearing company.

Barnard: We often got them in conditions that in prior wars we never would have seen them. We got them right off the battlefield. That's what these C130's were doing. They'd back right up to our ramp and they'd got them. They had seen nothing but maybe a general medical officer who was down there, but probably was seen by nobody other than a good NCO and a good medic. They would come directly to us. MASH hospitals were used like in Korea and I think MASH the television thing, although it was a comedy, depicted an awful lot of

Interview Transcript (continued)

what medicine is in a combat theater, fairly accurately. Everything from the drinking down was fairly accurate about it. Like I say, they didn't get used a whole lot in Vietnam. Also, they weren't in tents. Most of them in Vietnam were in these inflatable hospital things. Some of them really got shot up and lost people and females and some of them really had a bad time, but a lot of them ended up not really doing what they were trained to do because they would just be overflowed. The helicopters, which were everywhere, with just a few more minutes in the air, why stop at a MASH.

Mark: You'd get casualties about how often? Every week?

Barnard: You get casualties every day. There is not a day that doesn't happen, but when you're set up to run a 400-600 bed hospital, number one, almost all hospitals have certain area medical support functions around them so you've got an emergency room where you admit people with diseases. The military in general, is a very dangerous place. It has a lot of accidents in it in peacetime and in wartime. We're at peace now and yet we hear of helicopters - people get their fingers traumatically amputated by a tank hatch falling on them, that kind of thing. That goes on all the time and it goes on even more in a combat theater. So, you've always got casualties but when you get big casualties, when they get regulated to you by higher headquarters, you get told in an hour you're going to get 75 casualties, make room for them and of course, then you start bumping people out of the hospital as fast as you can. You try to get them all out or you evacuate them to another hospital, to a big...

Mark: General hospital?

Mark: No, general hospitals are usually outside of the combat theater, like in Japan. Well, it depends; maybe you learned that in Air Force medicine. The theater of operations has what's called an evacuation policy, what it essentially is to treat a patient for so many days and if you can't get him back to duty in 30 days, I think that's what it was in Vietnam, you evacuate them outside of the theater and he is lost as an asset to the theater. You would send him to a hospital in Japan. Now depending on what his status was in Vietnam, he might end up being shipped back to Vietnam, you don't know, but if that happened, he wouldn't ever come back to the same unit. He would be just a general replacement and come back anywhere. The evacuation policy I think was 30 days in Vietnam. It was a big hospital in Kahmron Bay and it was a recuperation hospital kind of thing where people go not to get active medical care as much as just to have three hots and a cot and somebody to watch over him - a lot of malaria patients went there, and hepatitis patients went there, guys that they thought would finally get well enough to go back to duty. It was a 2,000-bed hospital. It was just huge. It didn't have a whole lot of doctors in it because these guys were all fairly stable,

Interview Transcript (continued)

it was just a matter of giving them some rest. When they told you were going to get the patients, there was not way to refuse - they don't care. They just don't give a damn how you do it but you better have 75 beds because there is a C130 on the way and it's going to be with you and I'll give you an ETA and that's when you go out and wait.

Mark: So when that happens then: A. What goes on in the evac hospital and B. What was your specific role?

Barnard: We would often get the call in the hospital registrar because we were also the evacuation control point and we run the admissions office so we were the logical people to call and say this is going to happen. The first thing you do is you use either phones, or in the 85th that was a fairly rudimentary hospital. That poor hospital was the first evacuation hospital in country and they just told horror stories of getting off their landing craft and landing there in the middle of the monsoon and trying to set up a hospital and operate it under canvas - horror stories. The first thing that you do is you notify the Chief of Professional Services that that's what's going to happen and he, in turn, is in charge of all of the ward doctors and tells them they gotta get rid of so many patients because they gotta have 75 beds and then they go back and with the nurses they start deciding, it's almost a priority thing, they gotta get rid of them.

Mark: Where do they go?

Barnard: Sometimes they go to Cameron Bay, you worked very hard at getting the Air Force to give you an empty C130 and you're rushing all these people out while they're rushing them back in here, but these people are at a much lower priority need for medical care than the people that you're getting. So it does make sense if you look at it that way. It can be extremely frantic. Actually, when we had both evac hospitals in the same town of course we could do a little change-change a little bit. They hit the 85th, but we didn't get the assignment, the 85th would call us and sometimes we would laterally - in fact, after we got good at it, we got to where from the airport rather than the 85th getting all of them - some of them would go there but we if we had 30 beds that we could use for them, 30 of them would come to us and we didn't even tell higher headquarters. We just did it that way. They knew we were doing it. Your higher headquarters you had to keep them almost hourly - I think every six hours we had to call them and tell them what our bed status was because they didn't just arbitrarily give you 75 patients. They were saying everybody else is full up and we gotta give you these 75. Although as time went on it became - it happened less and less simply because we had wall-to-wall medical beds over there. We had medical assets - I think 24 evac - that is a huge - multiply that - we could run an 800-bed hospital actually for a while. We couldn't do it over long term, we just didn't have the

Interview Transcript (continued)

staff, but in an emergency we could run that big a hospital and if you got 24 hospitals running n capacity, you could take care of a lot of folks. I think health care in Vietnam was amazing. It was just amazing. I think that implications of that get a little complicated. You go to a vet hospital now - to the Veterans Administration hospitals you see some people who have been in those hospitals since the war and a lot of them are in semi-vegetative states and they've been that way. Even in Korea they would have died. They never would have survived and in Vietnam they survived. The helicopter - an amazing thing for casualty evacuation. It really made a huge, huge difference and the Air Force was very good at it. They were too. The C130 is an amazing airplane. Everywhere you looked over there, the Huey helicopter and the C130 - our hospital was right on an airfield because remember it was going to be an airfield headquarters, so we were right there. We used to get windows blown out by these Air Force jockeys that would like to aim their C130 back in right at us and then push the throttle forward [laughs] and they had to have all kinds of ground rules set up about not doing that. They finally got to where they were pretty good about not doing it. But, boy, we were replacing glass like nobody's business. Somebody got hurt pretty bad once standing by a window. That's when it got serious and that's when it started getting better. I love being around the airfield because I like airplanes and so it was always something going on over in the airfield where you would look and some of it was not really happy stuff.

Mark: So from your perspective could you put a handle on what sort of casualties your hospital was dealing with at the time? I mean a sort of ratio of accidents, combat injuries, when it comes to combat injuries you know, head wounds vs. fragmentary

Barnard: Oh, Lord, I don't know if I can say that off the top of my head. It's amazing in modern casualty treatment in wartime, you still get more non-battle injuries - you still get more diseases than you get non-battle injuries. Diseases have always been the scourge of armies and even to this day with fairly good preventative medicine, the thing is you just - malaria and hepatitis alone over there were two diseases that were fairly overwhelming. There was a lot of malaria in Vietnam and we would always have a lot of - these guys would come off the helicopter and have a temperature of 106°, they'd be out of their gourd, they'd be crawling trying to get back on the helicopter, "I don't want to go. I want to go to my buddies." They were half out of their gourd. It was amazing to see these guys, they just didn't want to leave their buddies, they wanted to get back on the helicopter and get back to that hell out there and how you have to manhandle them and strap them down. Obviously, they couldn't go back there, they'd die with a temperature like that if you don't do something about it.

Interview Transcript (continued)

Mark: As time went on did the volume of casualties change at all? As the build up got bigger and our participation got bigger, was it a noticeable...

Barnard: Ours actually went down. The ones that came into Qui Nhon. The highlands settled down early. In '66 the highlands were pretty volatile and up north you had the Marines and the Air Corps and a lot of their casualties went to hospital ships off the coast in the South China Sea. As a matter of fact, our physicians, when we would get - occasionally Army troops would get sent through the Navy system - in an emergency you take care of the soldier or the airman or whoever it is. They would get evacuated to a hospital ship and be taken care of there and then they would be shipped back into us to get these folks back in the Army system and one of the angriest and most - our doctors would get livid if they said that the health care delivered on hospital ships was a crime. I'm not a physician but I saw that happen time after time they said these guys would just have been brutalized and they would say there is no excuse for it because a hospital ship is a facility like they got down here at University Hospital. That is a very sophisticated kind of place. It isn't like doing what we were doing out in the middle of - doing it in a Quonset hut and my God, they would get so angry. I don't know. I wasn't in a position to - but they would end up having to redo so much and they saw guys lose legs and things that they (the physicians) said it was because of the way they were treated. They were not treated correctly. That's sort of an interesting little aside that kind of inter-service rivalry, I don't know whether its rivalry or whether it was true. I don't know.

Mark: I never head that before. That's interesting.

Barnard: Where were we?

Mark: Talking about the casualties.

Barnard: I guess maybe it was about the same the whole time that we were there. It seems to me it was. There were times when you didn't do much for weeks and then all of a sudden, by God, you'd just go crazy. That's the other word you get sometimes, not how many casualties but you would just be put on alert that there probably is going to be some kind of a battle fought and, of course, that's the first time when the Chief of Professional Services gets his word out that we may be getting some casualties so if you got anybody who can move, let's get them out of here. A lot of time just send them back to duty. Give them some kind of a thing where he doesn't have to go on patrols or something like that for a while, but just to send him back to his unit.

Mark: When it comes to down time, we've discussed some of the activities that go on, the drinking. You seem to indicate that it was quite heavy some time.

Interview Transcript (continued)

Barnard: Oh yeah, in fact the Officer's Club, in fact we built our own officer's club. Got a neat little officer's club. Gave one of the doctors a note said he had to go to - he went to Okinawa or Japan and he had a note signed by someone saying that we needed the refrigerators and the freezers to store blood and other body biologicals in [laughs], so they went and brought all this stuff and of course, they're planning to put their beer in it [laughs]. And they got it shipped back in an airplane because this doctor had this letter. They sent it right to us at our airfield. When we got there, most of us lived in a tent and ultimately we ended up in an old French officers billet but they had us crammed in there so much that we really often would become nostalgic about going back to our old tent. We had a GP large, or maybe it was a medium. It was a big tent and we built up the sides. We took the flaps off and we built the bottom part with sheets of tin and the top part was screens. So it made it much, much bigger and there were maybe twelve of us living in this thing. We all had a pretty good area. It had lights and a refrigerator and it was a pretty nice place to live. They didn't ask us if we wanted to move into the BOQ, they just told us where to go so we went. There is a lot of drinking. The lure of any war, part of it is what guys do on leave in Paris or wherever and usually alcohol has a lot to do with what's going on. There is a supply. You never, ever run out of alcohol. The clubs went full boar. We didn't have any trouble getting an awful lot of stuff. A lot of stuff in the Officer's Club was stuff we had traded for. We'd go down to the Navy guys in Qui Nhon harbor and with some goodies; actually medicine is not a bad thing to trade. They call them "no sweat pills" which means you can go out and have sex with one of the local Vietnamese ladies and not get a venereal disease because you could dose yourself up incredibly.

Mark: Was there a point where alcohol affected operational readiness of the hospital? Did it get to the point where it became...?

Barnard: I don't think so. Well, hell, I don't know. We were going downtown to eat in a local Vietnamese restaurant and we went in a deuce and a half from our hospital. There were about ten officers all going to eat at this place and we jumped off the tailgate of the truck and I was the next last person off and I reached with this hand on the handle that's on the tailgate and jumped off and my ring caught on the handle and I damned near ripped this finger off. You can still see the scars on it. It was down to the bone. Guess who's not going to dinner guys! So I knew the Spec5 driving the truck and they asked if I wanted them to go back with me and I said, "Hell no. I can go to the emergency room and they'll fix it up". So I went back and one of our surgeons was the surgeon on call in emergency and he was drunk. There was no doubt about it - he was drunk. But he looked at this and he said "man, we're going to have to put you under for that." I said OK. He said he had to call Johnson. Johnson was the

Interview Transcript (continued)

local anesthesia guy. Johnson was a good drinker. He came in and he was drunk. But, gimme a shot so I don't even have to know what's going on! They put me under and repaired it and I had an unremarkable recovery except for a long time this finger wouldn't straighten out when I saluted, it would kind of drag down like this. I couldn't get it all the way up. Now it's fine. I remember I met this Spec5 truck driver out in the parking lot of the hospital at Fort Carson, Colorado three years later and we were talking about that day I screwed up my finger. He said, "Did you know what they did? You think Doc So and So sewed you up?" I said, "Yeah, he did, he was there." He said, "No, no, Doc So and So decided he wanted to give you the anesthesia and the anesthesiologist was the one who really sewed you up." Now both of these guys had been drinking, they switched jobs and anesthesiologists don't necessarily know a damned thing about surgery and the other way around. So I got treated in a way that if it happened in a civilian setting, you would sue somebody so high. It was three years later that I even found out and my finger is fine, but--who knows. It's not very responsible I didn't feel, to have something happen like that. But I don't really think it did a huge lot. I think when guys were on call, I just don't think it did. There is no doubt of it that sometimes people did their job inebriated. But, by definition that doesn't mean you are going to screw it up. It might mean you just try a little harder and slow down and make sure you think harder and go ahead and get it done.

Mark: Two of the things I want to ask about, you mentioned that you had a lot of nurses - women - there. Did that cause any problems? Did things work well? How did the men and the women get along?

Barnard: There were certainly liaisons that took place. I don't know. I didn't get to know many of the nurses. Maybe I was too faithful a husband, I knew them a little bit. Also, of the MSC's there were quite a few single guys there. I don't think I was enough into that circle of single guys and single nurses kind of stuff to know the scuttlebutt and that kind of thing. If I had been single over there, I'm sure I would have. I didn't know - this same anesthesia (*anesthesiologist*) - some guys would go downtown and get with Vietnamese ladies and this anesthesia (*anesthesiologist*) who ended up sewing my finger, he would go to a massage place, massage place was about the lowest level of servicing they would do would be a massage and it would go up from there. He would go in and check - (*the tape ended and some conversation was lost.*)

Mark: This person had diagnosed himself.

Barnard: Yeah, and he started treating himself and it was two days later that he came down on orders to be a medical evacuation escort of a guy they were trying to ship back to the States. They would do that if it were a real bad case where they

Interview Transcript (continued)

had to fly the guy back to the States they would send medical officers with the person. This poor guy had to turn down - and they always got two weeks leave when they got to the States. This guy was married and he had to turn it down because he couldn't go home because he wouldn't be clean. You know if you haven't seen your wife in six months you can't hardly say, "I got a headache darling, I don't want to do it." So, the poor guy had to take himself off orders and they had to put somebody else on for that particular evacuation.

Mark: What about officer and enlisted relationships? As I mentioned I worked in the medical field myself and it was a very informal military environment. Was it the same there in a combat situation?

Barnard: Yeah. It was quite, I was surprised, it was, it was informal. The only place where I felt awkward through my whole Army career was, as long as they paid me right I didn't care if anybody called me that, and often with enlisted people would often call them by their first name. You know there's always the thing about if there is somebody important around you can't do that. If the hospital commander is there don't call me Jack you better call me Col. Barnard, that kind of thing. It was very informal. Going over, we went on this ship and the officers - we ate in this big dining hall where we had these guys with white coats on with towels, we had a menu, it wasn't a huge menu but we had about three different choices we could have and we'd order and the poor troops were eating hot dogs and they couldn't even sit down when they ate, they ate at these gimbals - you know they stay flat when the ship rolls and they ate just terrible. The Navy is that way. There is a big, big difference between how the enlisted people live vs. how the officers live. We were very uncomfortable with that the whole way over there. We just really didn't like it. We did it - the alternatives really weren't there, but it was amazing to me how strict the Navy is and we weren't really on a Navy ship. We were on a MSTS ship, which means it's run by civilians. It wasn't run by the Navy. But they maintained this. We had to because that's the way the ship was built really.

Mark: When it comes to camp security. This is guerilla warfare and one of the characteristics of the war would be that you were safe nowhere. Was that the case with you?

Barnard: No. We were with the Koreans and there was a Korean division that was in the area of Qui Nhon and two of their regiments were deployed out in the perimeter around Qui Nhon out in the hills. Their third regiment was back in Vietnam on what they would call R&R for the Koreans. They're tough soldiers, the Koreans are. This one regiment on R&R their one job was security and they did airport security. All the local officers of the local units would be Officer of the Guard, I pulled it a couple of times and oddly enough, the young Lieutenant who was the

Interview Transcript (continued)

Security Officer for the airport, that was his permanent job. You got briefed by him, and you were OD and he would tell you what to do and he would always say, "I wouldn't sneak up on a Korean - they're too trigger happy. Make sure they know you're coming when you're out checking the guard, 'cause you're apt to get killed otherwise." I did, honking the horn, lights flashing on the jeep. I wasn't a hero! The funny thing was that I heard when I got back to the States somebody else I know over there said that this Lieutenant got killed by a Korean! He didn't follow his own advice. He climbed up a watchtower and as his head came up over the edge of the watchtower, blam! The Koreans shot him in the face with a shotgun. But we all felt pretty secure with the Koreans there. They were nasty enough and nothing went on in Qui Nhon the whole time I was there. There were some artillery units that used to kind of throw star shells out and kind of harassing rounds and so forth, but very, very little activity. There was no combat that I know of or no enemy or anything in the whole year we were there. Security wasn't much of a problem.

Mark: Did you have much contact with the South Vietnamese and if so, what kind?

Barnard: At the hospital registrar, we had a liaison enlisted person, whose name was Lee, but then I guess two-thirds of everybody in Korea is named Lee, and sure enough we had a Lee. In fact, the 85th's guy was named Kim, so that took care of 100% of all the last names in Korea. He was the liaison guy and he would keep his units out there informed about what the status of the Korean was when he was hospitalized at our hospital or the 85th. If he was going to go back to duty, we just told Lee that this guy was ready to go back to duty and he did all the Korean paperwork and everything that had to be done and that kind of thing. So, we did know them and the young guy who worked for us was a real sharp troop and very personable and was a very good English speaker. We got along fine. He was a nice young guy. The only - we heard stories about the Koreans that one of the Korean soldiers got caught raping a Vietnamese and he was put in front of the whole division and the Division Commander General went up to him and shot him in the head in front of the whole division. Now I have no idea if that was true, but everybody told it as through it was true. One thing that did happen - I went downtown once with a friend, we were going to the PX, and we looked across the street and saw this Korean Sgt. haul off and hit a guy in the - another Korean soldier - as hard as he could. The Korean soldier was drunk. Koreans did not like public drunkenness and he made this guy stand up three times and every time the guy would drag himself up he'd hit him in the face. I've never seen such - you'd never do that in the Army. You'd end up with your butt in Leavenworth. He hit this guy until the guy really just couldn't get up again. The last we saw there were two other enlisted guys carting this guy off someplace, wherever guys like that went in the Korean Army. Boy, I mean their discipline was nasty. But our contact wasn't huge with them.

Interview Transcript (continued)

Mark: How about the Vietnamese? Did you get off post much? I assume this is your first trip to Asia.

Barnard: Yeah. And Qui Nhon was a little fishing village but it was growing by leaps and bounds and I think it was a typical downtown. In every videotape or movie I've every seen looked just like Qui Nhon, with everybody sitting around selling whatever it was, GI underwear or Gilby's gin or a Vietnamese product of one sort or another and they'd all be squatting there along the sidewalk. The first time I went downtown, I had a watch that was given to me by my grandparents when I graduated from college. Hell, that didn't last a week. Some little urchin came up pulling my arm, "Hey, you want my sister? You want my sister for a dollar?" I said, "No, no go away". Meanwhile he was stealing my watch. But on the whole, we had a little Korean girl who kept our place in the tent. We'd all chip in a buck a week or something like that.

Mark: Vietnamese?

Barnard: Yeah. Vietnamese, I'm sorry. Because there was a big difference between the Vietnamese and the Koreans. Like we had this little girl, I can't remember her name now, but she made sure nobody took anything out of our tent. She washed and ironed our fatigues; she would dust all the dust off the boards. Our tent did have a wooden floor, I don't know if I mentioned that. She would smile a lot and laugh and we'd kid her, but it was a very good, healthy relationship. We ended up screwing up their economy; it got so hyped up from all these American dollars floating around that after we left everything just went flat. I thought when I was there that our relationships were - I'll tell you one thing - they sure didn't treat their little Vietnamese cousins very nice. If they thought a guy was a North Vietnamese, the South Vietnamese - man they were nasty! You would go out to the airfield and there'd be a dozen of them stacked up like cord wood, trussed up with wire around them and so forth.

Mark: They were the suspected North Vietnamese?

Barnard: They were suspected. I don't think proof had to be - not many elements of proof had to exist before they treated the guy pretty nasty as a suspect. For instance, we didn't have trouble with theft in Vietnam. I understand the Koreans will steal anything. In fact we had a lot more trouble in Germany with theft than we did in Vietnam. If you drove your convoy through a German town very slow, when you got through the other end of it almost all your Jerry cans, if you were dumb enough to have them strapped on the outside of your vehicles, they were gone. They just weren't there anymore. Everybody learned that you just don't strap them on the outside of vehicles. When you went to the field one of your

Interview Transcript (continued)

high security areas was the area where you had all your gasoline and stuff because they'd come out - we'd go back in the boonies you would think there hadn't been anybody here in the history of man - we're out in the woods so far. Within three or four hours there would be 30-40 Germans just looking at us and wondering what we are doing there. Like I say, stealing our gas at night too. They were very honest, the Vietnamese were. We got along with them very well.

Mark: So you spent not quite a year there. If you would just walk me through the steps of your departing Vietnam. Under what circumstances did you leave early and tell me about your trip back.

Barnard: It actually was a personal situation that got me out of there a little early to get back. I was needed. There is a personal situation that had a lot to do with what happened to me in Vietnam. Again, it's a personal situation, I don't really feel we have to be too specific, I would certainly do it, but it was a family thing that was going on.

Mark: That's fine. I wasn't going to ask.

Barnard: And, I got out of there actually in December, so I didn't have to miss a Christmas over there, so it turned out to be kind of nice because I ended up leaving maybe five weeks earlier than I should have. I was put on orders, they were fairly special orders, and I flew out and went to Japan first and then I spent a couple of days in Japan waiting for a flight and met a couple of guys in the BOQ I was living in and did a little partying with them and then we got on a Northwest Orient plane and flew into Seattle. Partied all the way and finally the stewardess came and hell, it was ten o'clock at night and you're going to land in two hours and it's going to be eight o'clock in the morning, so maybe you guys should stop partying and get a little sleep and sober up a little bit - which we did. It did not bother me, it didn't seem to bother me anyway to transit so fast from being in this mess - I think even the couple of days I spent in Japan helped, but I can understand how it could - I mean particularly if you go and get out of the service when you land. Some guys would just go home and get mustered out and then they would go home to be hit in the face with all of these feelings of their participation in the war.

Mark: This was also early in the conflict too.

Barnard: Very early in the conflict. There was not - you're right - near as much, in fact, I don't know that I - I think some of it was starting but I think it was fairly low key.

Interview Transcript (continued)

Mark: The question I was going to ask you before we left the topic was what do you understand about the social and political climate in America at the time you were in Vietnam and the sort of _____ antiwar movement, I mean where did it all

Barnard: I think we were aware of it. It seems to me we were aware of it because it was in the Stars and Stripes. I don't think there is any doubt in the world that the Stars and Stripes censors news. I don't think it censors it in a strict sense, but let's face it - somebody decides what's going to get printed. Every editor does that. I think probably we didn't get the - just a couple of nights ago I was watching Good Morning, Vietnam with Robin Williams, you know, and I was looking at Hollywood's depiction of what a Vietnamese street looked like and it's not even close. The background didn't - and of course - this guy was fine too. That's what he was trying to do - get more meaningful news out to the troops and maybe we didn't get the best news but I think most of it was that there wasn't a whole lot of heavy - that kind of stuff wasn't really going on that heavy yet.

Mark: So when you got back, spitting incidents, things that became legends after a while--

Barnard: I had no trouble in Seattle. We got off Northwest, I found a flight back to Denver, that's where my family was and got on a plane and I know the guy next to me in the plane, he didn't want to talk to me, but I thought "Hell, you smell like a brewery. I wouldn't want to talk to you either." It was early in the morning! I just didn't see any of it. Denver was a very, particularly out where I lived, was a very military town - out by Fitzsimmons there's an air base back there - back then there was, a couple of air bases as a matter of fact, so I just didn't see it. I think the guys who saw it were the guys who went back home literally to a small town where there wasn't anybody around who related to the military. Rest assured, I saw all kinds of stuff when I went to graduate school. I got here in 1970; two days after that guy bombed the Sterling Hall. When I left San Antonio my NCO's gave me a helmet that they had painted passionate pink with a bunch of peace symbols on it and they said that I was going to school at Wisconsin that I'd better have this thing. They gave me a gas mask. Oddly enough, the helmet I didn't need, but I certainly smelled tear gas and CS because they would use it - I remember in several meetings sitting there and they'd be out bombing people in the Library Mall and we were in the Union having a meeting about the School of social work. The School of social work was papered - every available wall space was papered with anti-Vietnam War propaganda stuff. It's like I said earlier, people got to know me before. There is an interesting story, when I got chosen to go to graduate school, by boss's boss, I was on the faculty of this school down in Fort Sam Houston at the time, and

Interview Transcript (continued)

my boss's boss said to come in there a minute. He sat me down and we talked about my going to Vietnam. He had just before his assignment down at the school, he had been at the University of Michigan getting a Ph.D. in education. When he went to Michigan as a full Colonel, stopped in and out of courtesy saw the PMS&T who is the senior ROTC guy, who is usually a colonel at a place like Michigan or Wisconsin. Just checked in with him and told him that he would be on campus getting his Ph.D. and it wasn't that he had to do it - it was just a courtesy call. Well, the damned PMS&T asked him if he would teach medical subjects to his ROTC students because they just didn't have anybody on the staff who knew anything about medical care in the Army. So he said "Yes" and said it was the worst mistake I ever made in my life. He said he had to wear a uniform and he ended up having stuff burned into his wall, his kids got victimized, they had a pet poisoned. It was miserable.

Mark: At Ann Arbor?

Barnard: Yes, Ann Arbor. That's where my parents went to school, at Ann Arbor. Ann Arbor was a very liberal, antiwar - much like Madison. He said when you go, and this is not really being published because of the nature of it, he said the Army and then he said he was telling me this almost in an under the table kind of unofficial way, the Army would have no trouble at all with you going to school, don't have anything to do with ROTC, don't check in with the PMS&T, hang your uniforms as far back in the closet as you can, let your hair grow, and get an education, but don't have anything to do with the Army. I did exactly what he said and enjoyed it.

Mark: Were there people in uniform who got harassed?

Barnard: I don't know. I lived out in Sun Prairie when I was in graduate school here. The Truax Field housing area was still open - about half of it was still open anyway. Most of those people were students or ROTC people, recruiters and of the friends that I had there, there was even an old friend of mine from the Medical Service Corps there that we were very close with. I didn't hear of them having trouble. I really didn't. We were in a gourmet club that was made up of people who were not affiliated with the military that much. We didn't have any trouble. But I, because of my attitude, wasn't going to - you know some people in the military are just a little bit to the right of George the Fifth. They'll..

Mark: They want to go out and confront.

Interview Transcript (continued)

Barnard: Yeah. They'll argue with you. I didn't argue with them because I kind of agreed with them. I had decided I wasn't going to argue with him anyway. I didn't get into any military discussions. I got along very well with people and it wasn't a problem.

Mark: By 1970 there were veteran protest groups too, which I'm sure you were aware of.

Barnard: Sure, I didn't belong. In fact, I went to some rallies. I remember when Nixon went into Cambodia the School of social work just went into spasms. I remember going to some of their meetings and sitting in living rooms having discussions. I felt almost like I was partaking of the Russian revolution in 1917, sitting around and listening to people give these rather exaggerated, you know people would smoke marijuana, that's where I really found out what marijuana was when they sent me back here to go to school. I went to some of these and again, when I look back at it, people may have been a little restrained in their attitude towards me but it never certainly came out in any real negative way. Maybe they were just a little more reticent to me or less bubbly with me than they would other people, but it certainly - but again, I went almost out of my way to make sure it wouldn't feel that way. I always thought I probably had a dossier up in the FBI building because the FBI used to come to those damn things and take pictures of people. You can now under the Freedom of Information Act, get your FBI dossier. You probably ought to get it just to find out if you're in there. I guess it doesn't make any difference.

Mark: Not anymore I suppose. It's at this point in the interview where I ask veterans about their life after the military but as you stayed in.

Barnard: Well, I got out. I retired 13 years ago.

Mark: So when it comes to the immediate post war problems, employment for example, wasn't a problem for you.

Barnard: No.

Mark: Did you have any sort of psychological problems? That's a big thing for Vietnam veterans.

Interview Transcript (continued)

Barnard: No. It is. God bless guys that had trouble with it. It was a screwy situation. I had talked to, as a social worker, because when I came to graduate school, that's what I became and my job changed from medical administration into doing mental health care in the Army and I certainly had patients who had trouble with things that happened to them in Vietnam and some of the combat things that happened to these people were just unbelievable horrendous, that a person can live through that and have any sanity whatsoever. Personally, as a therapist, as a counselor, I worked with some people in it, but I didn't have any trouble at all with the readjustment and I was one of them that finally - I said it with no malice at all but back during back when all of this thing about we're not treating the Vietnam vet right kind of business I finally got to the point where in a very soft way, with no malice towards anybody wanted to say, "But, you know an awful lot of guys went to Vietnam and came back and didn't have any trouble at all". It seemed to us they didn't have trouble for a while, hardly nobody would believe you were there unless you had some kind of post-traumatic syndrome kind of thing. The vast majority of the people went to Vietnam and came back and even people who had a lot of combat experiences, they probably had nightmares for a while and so forth, but they adjusted and went on with their lives. Again, that was my experience and my experience was that most people that went to Vietnam was just that.

Mark: Why don't you tell me about your military career post Vietnam? You became a social worker for the Army I take it.

Barnard: I came back and worked for a while in Colorado Springs as a medical administrator still at the hospital registrar. Then I went to the Officer's Career Course which is a full year course, about ten months) down in Sam Houston. They try and do it the 11th, 12th, 13th year of service. It's a full year course of very intensive military medical course that all career officers go to. I went down there, did well, ended up on the Dean's List and at that time, if you got on the Dean's List in the Medical Service Corps 'cause it just wasn't MSC's in there. The dentists were there, the doctors were there, everybody was there. It was a mixed class. But, if you got on the Dean's List you could almost always get a degree out of it if you had a Bachelor's Degree like I did, if I put in for it I would almost always get a Master's Degree program if I want it. If I had a Master's Degree, I'd get a Ph.D. program. I did. I was there teaching patient administration after Fort Carson I was on the staff and I decided I really was a little fed up with medical statistics and administration and I thought maybe I'd like to do something different and I've always been interested in things like psychology and to get a good working degree in psychology, you had to get a Ph.D. and I just wasn't going to compete very well going from a Bachelor's Degree to a Ph.D., but the working degree for social worker is Masters so I applied for school and made it and came here for two years and went to school.

Interview Transcript (continued)

It was a nice assignment. It got me back around my family again, you know, and my wife's family - she's from Steven's Point - it was a very nice experience. I found graduate school not very challenging. I didn't find it to be a real difficult kind of thing. I thought it was going to be harder than it was.

Mark: As a military social worker, what sort of problems do you encounter?

Barnard: Well, you can do lots of things in social work and I, indeed, got into the mental health part of social work initially. I went from school to, I was reassigned to Ft. Ord, California in Monterey and there I ended up commanding, first I was just on the staff of and then I ended up commanding a big mental health clinic. Probably was one of the biggest ones on the west coast because we had three general psychiatrists and a child psychiatrist and about ten psychologists and about six social workers and a huge number of enlisted technicians and then secretaries. It was a big damn operation. If you're in a facility in the Army that treats patients, you cannot have that unit commanded by anybody other than a physician. They went to the Surgeon General and got permission for me to command that mental health clinic and so as an exception to policy I was put on orders to be the commander there and I enjoyed it. I've always kept enough time so I can see patients and I had a good NCO and I think we ran a very good - you're dealing with a lot of egos when you're dealing with shrinks and psychologists. Some of them can be fairly bizarre folks. As a behavioral scientist, believe me, there were times when I'd be in a whole room of behavioral scientists and I'd say "God, why did I ever leave medical administration?" [laughs] I've never been much of a bleeding heart liberal. I am a liberal, but I'm not - and as I've gotten older I've gotten more conservative. It was strange being in the Army as a social worker because social workers are normally liberal and Army people are normally conservative and I was very aware sometimes of how the fit wasn't necessarily real easy. I don't think it ever really caused me any trouble but I was aware of it. There were a couple of times when I had to kind of tap dance real fast to get everything to mesh. This clinic, it's interesting - Vietnam was over and they were starting to let anybody who just looked like they wanted to get out of the service could go to the mental health clinic - we got to where we - initially, they had to be seen by an officer but we got to where our technicians would interview these guys and if the guy said he wanted to get out it was practically "Okay, well get out." We had printed letters and these guys would go back to the unit and they would be administratively discharged.

Mark: This isn't a dishonorable discharge?

Interview Transcript (continued)

Barnard: No. It's a general discharge. Which is not honorable, although it can be very easily upgraded, I understand a lot of them did get it upgraded, but I don't think with a general you lost any benefits or anything. Boy, they were just in droves we were letting people out of the service then. They were trying to downsize it; they really wanted people to get out.

Mark: This is what's called a "Blue discharge" is it? That's a World War II term, I guess.

Barnard: I've never heard it.

Mark: Apparently, it was printed on blue paper and was less than honorable and used to try to get people out of the service real quick.

Barnard: These were administrative discharges are for two categories of people. One essentially, was for the guy who could be a good soldier [END OF SIDE B, TAPE 1] but he just damn well wasn't going to be a good soldier because he didn't want to be. The other category was for the guy who really wanted to be a good soldier but because of personality and character-logical things that he had, just probably wasn't going to make a soldier no matter how hard he tried and wanted to. Those were the two categories that you got out of the service administratively. One who could but he won't and one that wants to but he can't. As I understand it they both got out under a general and as far as I know, it didn't affect their benefits, as far as I know. It wasn't like a Section 8. I always heard that from World War II to be a Section 8 apparently there was a big stigma attached to it because the whole idea was you were crazy. These people really weren't crazy at all. They were kind of a sign of the times and some of them had problems that probably would - you know - we have trouble with those today. They're very hard to screen out. They almost always have a history but the trouble with the Army also was where a lot of these guys would have identical histories of trouble with the police, they didn't finish high school, they never had a real good job history, there were four or five things and you can take a group of 1,000 and separate out 100 of them that are maybe going to do this. The trouble is within that 100 you can't tell which ones the Army is going to bust out and which ones the Army is really going to be there salvation because the majority of people with these deficits will - the Army will be the place where they turn their life around literally. We could never discriminate and judge which one was going to do that so you kind of had to treat them all the same way and that's a pretty coarse way of doing it.

Mark: When did you finally retire from the service?

Interview Transcript (continued)

Barnard: In late 1981, October of 1981.

Mark: That's just at the very eve of Reagan and the build up. Did you have much to do with that ever? I'm getting at the question of how the military changed in the course of the buildup.

Barnard: We were just beginning to start seeing a change in the Army. Several things had happened. One, the volunteer Army had started so all of a sudden you didn't have people who were drafted. For instance, graffiti in military bathrooms is one of the more colorful things of any military - it was all over everywhere. All of a sudden you didn't see graffiti like you did before. In some places it was nonexistent or you would just see it seldom and it really made a difference because you didn't have a whole bunch of people that just didn't want to be there.

Mark: So this is positive?

Barnard: Yeah, right. All of a sudden people didn't have to write on the latrine walls. It was just an indication of how things were changing. Now things in the late 70's in the Army were not good. We had got our butt thrown out of Vietnam, I mean, that was a very embarrassing thing that we had to do when we left and morale in the military was not particularly good after that. NCO's, officers, all of us knew that we got our tail whipped in some ways. Most of us said it really wasn't our fault; the civilian leaders had a hell of a lot to do with it, but McNamara's book - Geez!! My son gave it to me for Father's Day. He said that I would really want to read it, he had read it before he sent it to me. One of the Army Chiefs of Staff came down and I remember I had a call from the hospital and I can't remember the gentleman's name. He was a four-star general - you don't see four-star generals all the time. The commander said he wanted me and the chief of psychology and somebody else, I think the commander was going to be there and he said we were going to meet with General So and So and he wants to talk to you for about 30 minutes. We met in this teeny little room, not even as big as this room, with this four-star general. He said that we were going to talk serious business because we were going to turn this Army around. It was a very interesting time that this gentleman was coming down talking to people at kind of the operating level and in the health care field and to find out what was going on and, "How do you think we can turn this thing around because we are going to do it?" My guess, he didn't say it in so many words was that he was already reading the handwriting on the wall with Reagan and budgets were going to go up and we were going to make a fighting force out of the American military and I wish I could be more specific about what we told them that we thought would work and I can't really remember.

Interview Transcript (continued)

Mark: Do you remember his name off hand?

Barnard: No, I can't remember the guy's name and I remember when I got your questions I thought that would be a nice thing to be able to say is what did you recommend in that 30-minute meeting? The guy really listened too. I remember that. My guess is we probably told him fairly obvious things that got transposed into the volunteer Army. Get pay and benefits up, quit dwelling on Vietnam, we thought that it would pay to go into some kind of basic major reorganization of the Army, just change the way it configures itself. Make a different plan for how divisions are going to work and so forth - not for the military part of it but just to try and get out of all of the molds that were around back when we were in Vietnam and to make the Army look different organizationally. Things like that. I think that - it seems to me we talked also about letting people out who wanted out. We felt that was important. This was the time when the Army was in this all volunteer Army mode. They had beer in the barracks and beer machines in the barracks and a lot of very liberal things like beer in hospital mess halls. Right there at the end of the line, coffee, tea or Blatz. I really can't remember what we said in there. It's just one of those things that for some reason, it isn't there in my memory.

Mark: So you left the service in '81 which was one year before I entered. At this point did you have any sort of adjustment or readjustment problems?

Barnard: Yeah, I did a little bit.

Mark: I don't want to pry into personal matters, but I'm just curious about the effects of the military on your life.

Barnard: I was divorced by then and I was bringing up my son as a single parent. I came to Ft. Ord and ran this mental health clinic and then I went to William Beaumont where there's a big hospital and I ran, I was Chief of Social Work services at that hospital so we did a lot of hospital social work. I still kept counseling patients, I liked to do that. Then I went back to Ft. Ord, that was the agreement when I went to Bliss, after I went to Bliss out of the middle of absolutely nowhere in West Texas that they would let me come back to Monterey and that's what I did and that's when I retired. One of the nice things that happened, I had a period of about a year and a half when I had gone back to Ft. Ord and I thought I'd get out in 20 years and I ended up staying two extra years. One of the reasons was I had probably the best assignment of my life was the last assignment. I had a social work service in that hospital. I didn't run the mental health clinics and I had the best group of people and it was so nice that it happened right near the end of my Army career, we just had a beautiful

Interview Transcript (continued)

experience as far as running a good social work service in every sense in that hospital. We got inspected by civilians, the joint commission people, and by the Army and we were good and we knew we were good and the hospital knew we were good - I would get compliments riding up on the elevator in the morning. It was just a super time when everything went together. I had a mix of people who were very, very good and motivated to do good jobs, were intelligent and we knew each other, we got along well socially, we got along well at work. It was just a great time and it's one of the reasons I stayed. Then like everything else in the military, because it's all moving around, people get reassigned and it started to unravel a little bit and I really got to the point where I said, "You know, I gotta leave. I gotta get out". When I finally said, "I want to get out", I really wanted to get out. I had just had it up to here and I wanted to go. It was probably me, it wasn't the military, the guy that I worked for at the end was a super guy, and he ran a good Army hospital - it wasn't just social work, the whole hospital was really a neat experience. It was a nice last assignment. When I finally said, "I'm gonna go", I really needed to go. When I got out I kind of cut myself off from the military. I'd go on post if I needed health care or dental care and I went to the commissary once every ten days, but other than that, I didn't have anything to do with the military. Then, because my rent was being increased in California, I moved here to Madison in 1984 and lived here until 1991 when I wanted to go back to the military. When I went back to San Antonio to buy a house, the minute I drove on Fort Sam, I said, "Hey, I like this." I do volunteer work there in Army Community Service which is an agency that helps the Army family and the soldier and I like it. When I got out, I had to cut myself off from it almost entirely and maybe that was some kind of an adjustment mechanism that I went through and then when I came to Madison, I didn't have anything to do with the military here. There is really nothing here. I lived in Fitchburg and didn't have people who knew much about the military around me. Now, I thoroughly enjoy Ft. Sam, I love being a part of the community and doing something and giving something back and doing my volunteer work. I think we're gutting the military, I think we're cutting back on it way too fast.

Mark: Living in a military town like San Antonio, that's where I had my basic training.

Barnard: Oh sure, Lackland, of course!

Mark: How was that...

Barnard: Well, Kelly, you know is--

Mark: --few years?

Interview Transcript (continued)

Barnard: Not much. We came through the first _____ with nothing. Some things in the Air Force would get transferred away, some more would come in. And, there were some losses. If you look back over the last four or five years, quite a few jobs, if you look at all of the air bases and Fort Sam Houston, there were quite a few jobs that have disappeared as part of the downsizing, but they've all kind of driveled off. A lot of people just retiring early because they've tried to fill a lot of those by giving a person a bonus, a \$25,000 bonus to leave and retire early and people do that, but no big whole chunk thing happened until Kelly Air Force Base just this year, in the last month.

Mark: I don't follow it as closely as I used to.

Barnard: Well, I tell you it's - a lot of things have happened. Of course, everybody, the whole city, wants Kelly to stay, but I've noticed in the paper there are a lot of letters to the editors and even some writers are talking about the fact that Kelly has earned itself a very poor reputation with the Air Force. It is not known as an extremely effective or efficient depot. It takes them an awful lot of time to do a little bit of work and they don't do it very well. It also has a reputation of everybody, it's almost all civilian, and there aren't very many military people out there.

Mark: So they get paid a lot more.

Barnard: Damn right they do! But also, apparently over the years, the civilian employees at Kelly have become more and more union militant in their attitude and apparently there are more bull shit complaints by the union against the Air Force as far as what it demands of it's workers and this kind of thing and it's starting to look like to me is the wailing of these people have made their own bed. The Air Force is saying, "Well, you been jabbing us in the eye about twice a day with all of this stuff and now you wonder why the hell we're going to say 'No, Kelly, we're going to close them down'". I think they have conducted themselves in not a very good way and they're just getting it back. Everything goes around comes around and they do not have a good reputation and they're going to close it.

Mark: How about Wilford Holm, you mentioned that might be closing too.?

Barnard: Yeah. As a matter of fact, the military is setting up big HMO regions in the Army because...

Mark: As part of the military medical system.

Interview Transcript (continued)

Barnard: Well, almost. There are so many strange things being talked about as far as military health care goes, it's strange. I, for instance, as a retired member am not going to be able to get anything out of military hospitals pretty soon and they will not even - when they quit treating me they're also going to quit treating the active duty person's family. The military wants, obviously, to treat nobody other than the person wearing the uniform and they're setting up these HMO's and retired people have to pay \$240 a year to be in the HMO and that's fine with me. The dependent family doesn't have to pay that \$240, but the health care is changing and if they ever get it down where alls they want to do is treat active duty people, I don't see how San Antonio is going to be able to justify two big medical centers. They just built Brook, which is a beautiful hospital. It isn't even open yet. It isn't going to open until next year. The building was just turned over to the Army, now it takes them a year to put in all the equipment and work all the bugs out and all this kind of stuff. They say the Air Force is especially over at Buffalo is looking at good old - there was a time when nobody would have felt threatened by that at all because the Army would say "Stick it in your ear", this is our hospital, go back to Wilford Holm. Things are so fluid now that it wouldn't surprise me - the regional headquarters hospital in that region down there for these HMOs is Wilford Holm, it isn't Ramsey, it's Wilford Holm, it isn't Brook. So Wilford Holm is going to have some clout. They're the central hospital and it wouldn't surprise me to see the Air Force take the damn hospital over. There would be an awful battle over that and maybe it will never happen but they are saying some posts that have small hospitals, they're just going to close the hospital and the military doctors will render their medical care to the active duty person in the civilian hospital in their community. They'd probably just have a dispensary on post for sick call and that kind of thing and everybody else goes downtown. So they are talking about completely dismantling the medical system.

Mark: It's interesting to me anyway.

Barnard: It is to somebody who's a beneficiary of it, it's very interesting! It's important. There's no doubt about it - big things are changing. It remains to be seen. I think they're cutting too much, I really do. It is not a sanguine world out there quite yet and I have a friend, who is a retired pathologist, the Army asked him to leave, a full colonel. The whole time I was in the Army they were beating the bush for any kind of MD they could get to be in the military. Now they're asking them to leave - they just don't need them. This guy has had some very nice assignments and he's going. The whole time I was in they were beating the bushes for docs and now they're throwing them out. He really wanted to stay. He loved the military and they're throwing him out anyway. I just have a notion

Interview Transcript (continued)

that something is going to happen and every time we remobilize or make up for a deficit like this, when something happens it's very, very expensive. This pathologist works now in computers. Now he's a civilian, but he has a contract and is working for the military doing a lot of medical planning by medical specialty and so forth. He said the Army, if we have to go someplace and do a job, we got the first day covered but on day two, we got nobody. That is not the way medical things work. Look at the logistics and the build-up that went on in the Gulf. What he's saying is that we could do day one but day two we're in trouble. I think that's too much too fast and I don't really - Clinton on most of the base closings so far have come from Bush and almost all of the troop reductions have come from Bush and not from Clinton. Clinton, as a matter of fact, this last BRAC was supposed to be as big as the first two BRACs put together. This BRAC was about equal to the last BRAC so it fell way short as far as the dollar amount of bases that are recommended closing. Way short, and that's controlled by the President and the Secretary of Defense. So, I mean, it's as though Clinton is saying, "Maybe we have gone too far, we better slow this machine up" and Clinton has used the military a lot. We got units where morale is very poor. The 10th Mountain Division out on the east coast, they go everywhere. They go to Somalia, they get back from Somalia and before you know it they're down in Haiti.

Mark: Who knows, Bosnia next?

Barnard: Who knows - Bosnia - you're absolutely right. It's hard on morale when there is one unit they keep using and using and using. So now they've changed policy and they don't do that anymore. You'd think they would have figured that out, that if you make one unit do all the work, they're going to get a little fed up. Families get fed up. What do you mean you're going to go for another six months, you just got here!

Mark: I've just got one last area that may or may not apply to you. I wonder if you've joined any veterans groups or any of those sorts of things. You mentioned that you do volunteer for military hospitals and that sort of thing. Have you joined any of the major veterans groups?

Barnard: No. I have been asked and I've always declined after considering it. I'm always flattered when they ask me. I've been asked for the American Legion. Although some of those groups like the Legion, they seem like everybody joins 'cause they have a cheap bar again. I don't even drink any more and I have always declined. A fellow officer, a guy who lives two doors down from me is a retired Army Lt. Col. armored type, asked me to belong to the San Antonio Retired Officers Assn and I thought about it. He gave me all the literature and I just said no. It's primarily a lobby organization quite frankly is what it is and

Interview Transcript (continued)

other than that it's a bunch of Colonels who probably still want to be colonels and their wives get them together and I don't know, my head just has never operated that way and I like my association with the military the way it is through my work and I feel that's very satisfying and that I'm doing something and I declined.

Mark: Have you attended any reunions of people you've served with in Vietnam?

Barnard: No.

Mark: Have you run across people you've served with?

Barnard: No. When I was sitting around doing a little work on answering some of your questions I realized that a lot of these guys that I lived in that tent with and was around for a year, I don't remember their names. I can see their faces and I can remember things that went on, but when I try to put a name with them, I can't. Sometimes I can get a first name, but. Because some people really get caught up in this reunion thing! Holy Cow! Maybe it's this personal thing that was going on in my life that shut me down because some of these guys, their experience was obviously so meaningful to them. With the whole 50th anniversary of World War II, I've seen so many on television. These guys, they tear up and they still remember names.

Mark: Is there anything you'd like to add, you've exhausted my line of questioning and you've got five minutes or so of tape?

Barnard: I can't think of - I'm trying to think of some of the things that I've been thinking about the last few days and I think we've gotten around to a lot of them. I right now would not advise somebody to take up the Army for a career, I think there are just too many things going on that are wrong.

Mark: You mean in the military or in the world situation?

Barnard: In the military primarily. Some of them are nothing more than benefits that all of a sudden are disappearing. The military has some exciting aspects to it and some good aspects, but it also is a job where people teach you to destroy things. In the medical department it wasn't quite that way. You always got the feeling that you were working in a much more positive way, but I think you always have to remember that the basic mission of the military is to destroy. To destroy enemies. One of the craziest God damned things we do as people is go to war and as I've gotten older I have thought, "My God! That was just horrendous!" I just read a book about Vietnam and I looked at everything that went on there and all of the resources we spent and the number of people that were killed and

Interview Transcript (continued)

the disruption in our society and it was just terrible. God, there has got to be better ways of doing it than that! There just has got to be and I think our national leaders understand that. We won't go to Bosnia because - now we may go in to get the NATO or UN people out, but Clinton's going to - I think people learned from Vietnam that unless the nation's behind you cannot commit American troops and you can't. You can't. Look at the American people in Desert Storm. They came home heroes. For six months they were gone. A lot of guys in Vietnam went back twice and lived in - and went through all of that stuff and they say, "My God, I got spit on and these guys were over in Saudi and they never got down to fighting much of a war we killed more with our friendly fire problems that we didn't do in the enemy and they're heroes. We don't mind them being heroes for what they did. They looked like a good military - like the money we spent on them has really paid off, the military is really a top drawer - it isn't anymore because we've hacked away at it, but there's gotta be a better way of doing things than war. I don't know what it is; because we're going to fight another war as sure as you and I are sitting here - someday.

Mark: Thanks for spending two hours of your vacation with us.

Barnard: My pleasure.

[End of Interview]