RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH MICHAEL J. BLECKER

FOR THE

RUTGERS ORAL HISTORY ARCHIVES

INTERVIEW CONDUCTED BY

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MAY 30, 2024

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Shaun Illingworth: This begins the second oral history interview session with Dr. Michael Blecker on May 30, 2024, with Shaun Illingworth. Thank you very much for sitting down with me today.

Michael Blecker: Fine.

SI: To begin, we were talking about your time at Jefferson in medical school last time. I wanted to ask a little bit more about what the situation was regarding the draft. You had already been enrolled in a program.

MB: No, that was after; you enrolled sometime during your Senior year of Medical School.

SI: Had you been following the news about what was happening with Vietnam?

MB: Everybody followed it, as time went on. I think, at the beginning, everybody was a hawk, and then, little by little, some people came across. They were still, at the beginning, almost pariahs on the Rutgers Campus if they were against it, but, by the end, everybody felt that the war was going wrong and that it was unfair or whatever.

SI: Just to stick with that for a second, when the Genovese controversy erupted, are you saying most people were against it?

MB: I think, by the time of the Genovese thing, most people were against the war or neutral, rather than being hawks, but I think, at the beginning of the war, everybody agreed that we had to stop Communism in Southeast Asia or wherever.

[Editor's Note: On April 23, 1965, at a teach-in at Rutgers University's Scott Hall, professor of history Eugene D. Genovese declared, "…I do not fear or regret the impending Viet Cong victory in Vietnam. I welcome it." A firestorm of controversy ensued and became a focal point in the 1965 New Jersey gubernatorial race, but Rutgers University President Mason W. Gross, with the support of the faculty, resisted public pressure to dismiss Genovese, on the principle of academic freedom.]

SI: Okay. As you got into your senior year at Jefferson, that was 1970-'71.

MB: '70-'71, yes.

SI: In that period, what options were you being shown?

MB: Everybody applied for internships and that was your main [task]. You went on interviews in the various hospitals that you chose there. It was basically a computer-generated, not a lottery, but rather, after you went to all these interviews, you picked, in order of your preference, what hospitals you wanted to intern at.

The hospitals, in order of their preference, picked which interns they wanted. Then, the computer figured out where you were going. So, that was what most of the senior year was consumed with.

SI: What were you looking at at that time?

MB: Oh, at that point, I was looking for internal medicine residencies. I wanted to be in New York or Philadelphia. My wife had a job in Philadelphia. We got married my junior year of medical school. She had been the head copywriter (in charge of the copywriters) on the women's catalog pages of J.C. Penney in New York.

We got married. She came to Philadelphia, obviously, and was working at John Wannamaker in the advertising department. So, either way, she had a job in Philadelphia or she could have her job back in New York. So, I only applied to hospitals in New York and Philadelphia, and I wound up at St. Vincent's.

They had a big day. The medical school would get a list of where everybody was going. Everybody would be in this big auditorium, with all these pictures of former professors around you. They handed you out your envelope and you found out where you were going.

It was a big deal and I matched in New York at St. Vincent's, where I wound up most of my medical career, until the end. The hospital's now bankrupt and closed. It's condominiums at this point. [laughter]

SI: You got the internship you wanted. You also had this commitment because of the draft.

MB: Right.

SI: Tell me a little bit more about that aspect.

MB: You got a letter or something explaining your choices. It was called the Berry Plan. They asked you to pick a service, Army, Navy or Air Force--the Marines use the Navy for their medical care--pick the service and how many years you wanted.

[Editor's Note: The Berry Plan, named for Dr. Frank B. Berry, the Assistant Secretary of Defense for Health and Medical Affairs from 1954 to 1961, provided deferments for medical education for over 42,000 doctors and medical students from 1954 to 1973.]

You could say, "I just want to do my internship and go in." They can't take you without an internship. You can't be a doctor in the military without at least doing your internship. So, you really have to pick that you want a full residency.

Some people picked that they're going to also do a fellowship. Well, I don't know how you could decide, before you'd even done your internship and residency, what you were going to do further, but some people did that. It was sort of a lottery. Then, you were told, "You got this."

Some people only got one year, even though they applied for a full residency. So, they would basically do their internship. One of my friends, he did one year of residency, and then, he had to go in, but I got the full Berry Plan for the Army.

So, then, you got a letter. It said, "You're being made," I don't know if I was made a lieutenant (or I think I was a lieutenant), "Swear yourself in." It gave you the oath; it was there. [laughter] Being an honest person, I stood up in my living room and swore myself in. That was it for the time being.

Almost the day after my graduation from medical school, I got a letter saying, "Come for a physical." That sort of, I think, was them putting in your mind that you'd better apply for a Berry Plan, because they really needed specialists, also. So, I went for the physical, which was--I don't know if we discussed this before, in the last session--but it was really an interesting experience.

SI: We can always cut it if you want, but I don't recall that.

MB: I was in Bayonne. There was a bus in Bayonne. They put us on the bus. One of my friends, who'd also gone to a different medical school, went to the Newark Medical School, we were on the bus with a bunch of other people that I'd known from high school and a bunch of other people that were just regular draftees, I guess.

They took us to Newark and it was like a zoo. There must've been a thousand people getting physicals at the time. You just went through the whole process. I really don't know how they could tell who was sick or who wasn't sick. In fact, when I became a doctor, I realized they can't. [laughter] I think they can find really bad things, but I didn't think they could find much else.

I don't know if it was this physical or the physical that I had right before I went in, but, at one of the physicals, there was this young kid next to me who was trying to get into every service. Basically, I'm listening. The person asked him, "Do you have any joint pain?" He says, "Yes." It must've been the second one, because the war was winding down at that point. He said, "Yes, my knees hurt, this hurts and that." [laughter]

Then, at some point, he says to me, "I applied for the Marines--they rejected me. Then, I applied for the Air Force--they rejected me. Then, I applied for the Army--they rejected me." He says, "I don't know why they keep rejecting me." I said, "Because you're too honest. Don't tell them your knees hurt," [laughter] but, really, I don't know how they could find any disease.

In fact, when I became a doctor in the Army, [I was shocked at] the number of people that would show up (Fort Dix was a basic training base) and immediately be thrown out of the Army, within a week--not thrown out, they hung around like zombies. They didn't train, they didn't do anything, but the bureaucracy was such that they had to be processed. So, it could take like a month. They just wandered around Fort Dix. They were like "the army of the dead."

They listened to your heart. I don't know how they could hear a murmur, there was so much noise in the room. They did a hearing test. I had no clue whether I was hearing anything or not.

They put you in a room. You had these things on your ear and you would hear sounds. You were supposed to press a button when you heard the sound.

I couldn't tell what I was hearing. I was pressing the button and not knowing. Actually, even though this was supposed to dampen outside sounds, you could hear them saying to somebody else, "Stop pressing the button, you're not doing it." [laughter] So, it was not a very good system.

Then, when it was all over and we finished, we go to look for the bus to get us back to Bayonne and it's nowhere to be found. We had to find our own way back to Bayonne, take the PATH, which was then the Hudson and Manhattan Tubes, to Journal Square in Jersey City, then, take a bus to Bayonne. It was the only way we got home, because the bus was nowhere to be found. I don't know how many other people had been abandoned in Newark over the course of time.

So, you went for your physical. That put in your mind that you'd better go for the Berry Plan. So, I took it, I was happy. I did my internship and two years of residency. Then, I was offered the chief residency at St. Vincent's, but I was supposed to go in.

So, the head of St. Vincent's, the Head of Medicine at St. Vincent's and, also, my father-in-law, who had a friend who'd worked for Congressman Koch, actually, both of them went to Koch. Koch did whatever he did to pull strings. I got an extra year out, which I heard about afterwards [laughter] from the person that assigned you.

[Editor's Note: Ed Koch (1924-2013) served New York's 17th (later 18th) District in the United States House of Representatives from 1969 to 1977.]

You got, everybody called it a "dream sheet." You got a letter sometime during the year, when the year started, that you were going to go in at the end of that year's residency. All the residencies end on July 1st. It said, "Where would you like to go?" I put down the things I wanted, which was everything close.

I think we did this last time.

SI: Yes, we skipped around a little bit.

MB: In any case, then, I went down to Washington, met with Major (McGarry?), who was the guy that was going to do the assignment. He was not very spit-and-polished (as I think I said) as my impression of what the military would be like. His uniform was a total mess. He basically commented that Congressman Koch was a pain in the neck. He'd heard from him.

Then, in March, you're told where you're going. My family had been able to pull some strings. So, even though I was supposed to--I mean, he told me I was going to Fort Rucker in Alabama--I actually wound up at Fort Dix, where I spent two years, except for the time at Walter Reed.

SI: Tell me, before we get deeper into your military commitment, your internship and residency, what stands out about those?

MB: It was a very busy time. You got to do a lot. St. Vincent had, it was basically the wards and the private service. The private doctors took care of their own patients and you just went for emergencies. You got them into the hospital, but, then, it was just for emergencies.

The wards was a very sick population. It was a lot of Medicaid. St. Vincent's covered the Bowery, so, you had a lot of really bad alcoholics. I mean, now, the Bowery is fashionable, [laughter] but, in those days, it was a lot of single-room-occupancy hotels.

The hospital had what was called a coronary ambulance. This was at a time before there were paramedics. The paramedics didn't even exist. Dr. [William J.] Grace, who was the Head of Medicine, had gone over to England and met with somebody there who had started this in--not England, Ireland--had started this in, I don't know, Belfast or someplace in Ireland.

He got a grant to take this old, I think it was a Pepperidge Farm truck or something, and he converted it into--it wasn't really an ambulance. It was a big truck and it had all this medical equipment in it, a defibrillator, medicines and everything. There was an ambulance driver and a resident and an intern would go out whenever there was somebody who had chest pain.

Most of these people, very few of them had heart attacks. Most of them had seizures and things like that, because the Bowery was there, but you would go out and take care of these people on the spot. There was one week--this was my big claim to fame at the hospital--one week, they had a reporter from *The New York Post* on the ambulance with us for the whole week.

Most of the week, nothing happens. You just sit around until your beeper went off saying you have to go down because there's a call. We get called to the subway station in Herald Square. There's a gentleman, his name is Larry (Arena?); he's having a heart attack, okay.

So, we do everything. We put an IV in, we hook him up to the monitor, we look at everything, "You're having a heart attack."

At that point, we were--in medicine, half of what you learn and half of what you do is wrong ten years afterwards. [laughter] So, at that point, we were giving something called lidocaine, which is the stuff that they inject under your skin to numb it, but it also can work for extra heartbeats, ventricular premature contractions.

So, the process was that anybody that was having a heart attack would get prophylactic lidocaine to keep them from having an arrhythmia that would kill them, because that was basically what the ambulance was for, was to prevent people from dying of rhythm disturbances, going into ventricular fibrillation, to shock them out, okay.

Okay, so, there I am, the ambulance attendants are with you. We wheel them up into the ambulance, which is just sitting at the bottom of Herald Square. It's like a square on--maybe we're on 33rd Street or something, I don't know what it's called. He's on the monitor, we're watching--all of a sudden, he goes into ventricular fibrillation. So, we shocked him out of it, okay, which got us a *New York Post* article, which I can give you, send you a thing.

It says--the reporter was really hyperbolic about it--he said, "Blecker grabs for the defibrillator, shocks him. The patient goes five feet up in the air," or something, [laughter] something really that didn't happen, "and he made it okay."

The Head of Medicine was really happy, because this was like great publicity for his program. There was a whole page article in *The Post*. Relatives that I hadn't heard of called me and said, "You're in *The New York Post*."

It was something big, and it was all because we did something that, nowadays, you don't do it, because it causes the very thing I shocked him out of. This relatively young person lived to make it out of the hospital. I don't know what ever happened to him after that, but that was the highlight of my medical career as [of then]--and I was still an intern.

It was usually a resident and an intern, but it was the end of the year. The residents were sort of going on interviews and everything to get fellowships, and so, there were less people. So, it was actually two interns.

It was me and (Alan Citron?), who became a radiologist. He was also supposed to go to Fort Dix. [laughter] My wife was happy, because she would know somebody, etc. Somehow, he had some kind of bleeding ulcer at the end of his residency. He somehow got out of the Army completely and got his Berry Plan canceled.

So, he never showed up at Fort Dix, but he was there in the ambulance with me. [laughter] So, that was the highlight of my career. Other than that, you really were taking care of a lot of very sick patients. You had a lot of autonomy.

I can remember, my first night as an intern, my resident was a gentleman named Ned (Weyman?), who went on to become a cardiologist. He went--and the Director of Medicine made him go--out to Indiana. I forget who he worked with, but this was somebody who was--echocardiograms were very new. Dr. Grace said, "You're going." He forced him.

He said, "You're going out to Indiana to work with this guy, because echocardiograms are new and it's what I want." If Dr. Grace told you to go someplace, you went someplace. So, he went out there. Then, from there, he became the person in echocardiography at Mass General and wrote the classic textbook on echocardiography, but he was my resident the first night.

He had just come back from the Navy with his Berry Plan. He was one of these people, he did his first year of residency. Now, this was his second year of residency, but he went into the Navy for two years.

The first night of my internship, he said, "Okay, you're on tonight. They're going to call you. I'm going to sleep. This is Eileen." He introduced me to the nurse, who became my friend everywhere. I was even in an office where she was the nurse when I went into practice briefly.

He said, "This is Eileen. She knows more than you do about medicine. [laughter] If she tells you to do something, you'd better do it or I'll have your neck." That was my first night of internship and, from there, it was a great experience. You got to do a lot. That was basically [it].

SI: Were a lot of the experiences like what we would call emergency medicine?

MB: No, it was taking care of everybody. Almost everybody on the ward had alcoholism. A good proportion of them were from the Bowery. Not everybody was indigent. It was at a time where the hospital had--it was open ward--there would be like fifteen people in a room (well, this huge room).

There were some rooms that were maybe two people in a room, but almost everything was fifteen people in a room. Hospital didn't have air-conditioning in that part. It was a real different experience, but you just learned a lot and you got to do a lot.

SI: How is it different when you're the chief resident?

MB: Chief resident, you're just supervising everybody, making sure that the teams don't make any mistakes. Then, the next morning, you sit with the Head of Medicine and you tell them about every single admission. Meanwhile, the teams are out taking care of their patients, but you're there in the morning.

They have, there's a doctor (a private practice doctor or a doctor paid by the hospital, although the hospital didn't have many doctors that they paid for) who makes rounds with them, to supervise what they're doing, at least once a day. You're telling the Head of Medicine what's going on and if there's anything unusual that went on.

For instance, one of the Bowery people had massive ascites (fluid in his abdomen) and it broke open. We sat there--this is the two chief residents--we said, "It broke open." We can't believe it. We never even heard of the thing [breaking]. Usually, you drain it and everything's fine; not everything's fine, but it's fine for a while.

He reaches back to his filing cabinet, pulls out an article in *The New England Journal of Medicine* of like twenty cases of ascites breaking open at St. Vincent's Hospital, [laughter] five years before or something. So, it happened. I've never seen it again, so, I don't know, but it was just a great time.

SI: Before we move on to the military, are there any other ways that medicine was practiced then that stand out to you now, that you wouldn't do that or you would do things differently?

MB: Everything changes. For a while there, you weren't supposed to give nitroglycerin to somebody with an acute heart attack. Dr. Grace was really focused on acute heart attacks.

He wasn't a cardiologist. He'd come from New York Hospital, where he was into like the psychiatric aspects of medicine, even though he was an internist, but everything was focused on cardiology there. He didn't want anybody getting nitroglycerin in the face of a heart attack.

Then, later on, nitroglycerin was something that you would use, although I'm not sure they do it now. Everybody just gets catheterized if they're having an acute heart attack, right away, and then, other things get done.

People stayed in the intensive care unit a lot longer than they do now. You really wanted people on cardiac monitors, but there weren't enough of them. So, a lot of the time you spent as chief resident was trying to figure out who should stay on the cardiac monitor and who could come off of it. That was one thing. I mean, that was the one thing that was scarce at St. Vincent's.

The other thing, from my medical school days, that I remember, it was right at the beginning, when they were first doing hemodialysis for renal failure. It was like the nephrologist was like a god. There weren't enough machines and the process, I think, was a little longer. So, they were really deciding who was going to live and who was going to die of renal failure.

Now, Medicare pays for it. If you've got renal failure, you automatically get Medicare. There's more dialysis machines than there are patients, [laughter] but, at that time--that made me think of it, when I started talking about the scarcity of monitors--it was really a scarcity of dialysis machines that made a difference.

I don't know what other [things to note]--medicine changes. Everything changes, even now, that I just got a thing that came in *The Annals of Internal Medicine.* They were talking about certain things that are done routinely in certain diseases that probably don't make sense. So, it's ever changing. [laughter]

SI: You reported to Fort Dix first.

MB: Yes.

SI: Tell me about that whole process of actually getting into Army medicine

MB: Okay, so, what basically happened is, you had your assignment. Once we got our assignment (and since it was so close by), my wife and I went down to Fort Dix to meet with Colonel Dixon, who was a black gentleman. He was a doctor

He was the Head of Medicine. He was really good, really smart, and he knew all the things that we "pseudo draftees," [laughter] anything we could pull. So, we introduced ourselves. The first thing he said to me is, "You need to get a haircut." [laughter]

Actually, my first weeks in the Army, I got about three haircuts. They hadn't moved me down to New Jersey yet. So, we were still living in New York. So, I was driving from Fort Dix to New York. I'd got a haircut right before I went down. Somebody looked at it, said, "You need more of a haircut."

I ran into my barber as soon as I got home. He took a little more off. I went back down. The next day or two days later, they said, "You need to take a little more hair off." So, I went back and got another haircut.

My barber in New York was Italian. The barber next to him, cutting hair in the seat next to him, must've said something to him about, "Why does this guy keep coming back?" He said something like, "*Soldato*," "He's a soldier." So, I got a couple of haircuts, but we went down, saw him.

He told us a story. What had happened, when Vietnam collapsed, a lot of the refugees were brought to Fort Chaffee, Arkansas. So, like, three of his internists were taken from Fort Dix at that time and sent to Fort Chaffee, to take care of, among others, I guess, these refugees.

He said, "I hope you're not going to do what one of the wives did." He says, "Her husband was supposed to go to Fort Chaffee. She came in and set his drapes on fire," [laughter] not as a protest, I guess. So, he wound up staying, because she wouldn't have gone with him.

What happened, the rule in the Army was, if they send you someplace in the States for six months, they have to send your family. If they send you for one day less than six months, they don't have to send your family. So, they were going to send him for one day less than six months and she wasn't going to have it. According to Colonel Dixon, she did this.

Colonel Dixon's secretary, Millie, was the most efficient person. She knew every Army regulation. She was in charge of everything, and really a wonderful person. I mean, she did everything from filling out all the papers when we said some kid was going to get out of the Army for medical reasons, to making your schedule, to making sure you showed up at places. It was unbelievable what she did.

So, getting back to going in, on July 9, 1975, I arrived at Fort Dix with like fifteen other Berry Plan-ers, everything from people who'd been internal medicine residents to me, to cardiologists. One guy was a Harvard cardiologist, Harvard-trained cardiologist.

We had a great cardiology department. It was unbelievable, three cardiologists, one from Harvard, one went on to be (I don't think he still is) Head of Medicine in one of the New York medical schools, a really great department.

In any case, we arrived and, traditionally, doctors in the Army (and I'm sure they still do) go to Fort Sam Houston in Texas for basic training in the Army. I mean, it's not like everybody else's basic training, but they've got to sort of get you in--and probably give you your haircuts.

They were so desperate for doctors--and there were so few, because the draft had ended--that we weren't going to go to Fort Sam Houston, we were going to get our basic training at Fort Dix. So, what happened is, you met with Sergeant Salembene, was his name. He went over, first of all, the uniform.

He says, "Go to the PX [post exchange] and buy a uniform. This is what you need. This is where all the metal goes on it," your rank, what service you're in, a pin for the Walson Army Hospital, because that's a separate unit. I forgot what the Army medical thing was called [Tradoc?], but, on your left shoulder, you had sort of a purple patch that was for that unit. If you were in the 401st Airborne or whatever, you had a patch that represented that. Well, our patch represented Army medicine. That was how you did it.

He showed us how to salute, and then, we also had various [meetings], like every week for the first couple of weeks. We would meet with him and he'd give us some other thing that we needed to know to be in the Army.

Actually, for us, they had a weapons demonstration. They took us out into one of the fields. We sat in these bleachers and they showed us different weapons. They would shoot like the machine-gun or whatever it was.

A rabbit went across and this guy tried to shoot the rabbit. He missed it completely, but I think he did it on purpose. [laughter] Then, they even had--what do you call it, the name of the mine? It's this thing that you press a button and it sends a million projectiles.

SI: Oh, a claymore mine?

MB: Claymore mine, thank you. [laughter] They showed us a claymore mine, which I think it had a sign on it that said, "This end towards the enemy," or something, because if you turn it the other way, you're dead.

They showed us that, but I never got to learn how to shoot a rifle, because I was down at Walter Reed in October when they finally got to show us how to shoot a rifle. So, I never got to do that. Had I been [in a situation where there was] a need to do it, I would've been in trouble.

So, they did that for us, and then, almost immediately, you were to see patients. So, after the first week, Colonel Dixon called me in. He said, "What are you going to do after you get out of the Army?" I said, "Maybe a cardiology fellowship," which I didn't do, but that's besides the point. He says, "No, we have too many cardiologists. I can't make you a cardiologist here."

He says, "You've got two choices. You can be the AMOS-ist MD," A-M-O-S-I-S-T, "or you can go to Walter Reed and become our allergist. We need an allergist." So, I said, "What's the AMOS-ist MD?" He said, "Why don't you do it for a week and let me know?" Okay, so, what AMOS-ist is, it's called Automated Military Outpatient System.

So, now, every day, any retiree that comes in (and some active-duty people who might show up in the emergency room), there's a Red Cross volunteer. He or she, mostly women, will ask them what's wrong with them. Then, they decide, "Well, it's something that isn't a super emergency," and they send them to the AMOS-ists.

The AMOS-ists are like four or five people that have just come through basic training and some kind of basic medical thing, but, I mean, they're raw. [laughter] They haven't had much medical

training, but they had in front of them a book that had algorithms. They were only allowed to see people from the neck up and the pelvis down, in other words, extremities and the head.

So, their book would say, "Patient is complaining of sore throat." They'd turn the page and it would say, "Look in the throat." So, they would look in the throat." It'd say, "Is the throat red, yes or no? If the throat is red, you do this. You take a culture, and then, you give them antibiotics," and this was for every condition they had.

The AMOS-ist MD was there in case they ran into something they couldn't handle, but, also, the AMOS-ist MD was there to write prescriptions, which was a horror show, because, you've got to remember, Fort Dix is in Wrightstown. Wrightstown has a huge retired military population. I mean, people just retired in the area.

So, especially on the day that the pension checks would come out, every one of them shows up to go to the PX. Then, they go to the hospital to get their prescriptions written, because, at least at that point, I don't believe you could go to a private doctor and have them write a prescription and have it filled for free at the hospital, but, if the Army doctor wrote for it, you could have it filled for free. So, they would show up for their prescriptions.

So, especially on the day that the checks came out, the AMOS-ist MD would get writer's cramp. He'd spend the whole day filling out the prescriptions. I said, "I don't want to do this. I'll be the allergist." [laughter] So, the person who eventually took that job actually got stamps with the most common medicines and would just stamp the prescriptions with the name, and then, sign it. I wasn't that sophisticated at the point where they showed me.

So, I said, "I'll be the allergist." The Army can make you a neurosurgeon in six weeks, is basically what it amounts to. [laughter]

So, I went down to Walter Reed in Washington for six weeks. This is the old Walter Reed. Now, the new one is really a combination of what was the Bethesda Navy Hospital and Walter Reed. They moved them together, but this is the old Walter Reed.

It was in a separate building from the main hospital, but the allergy clinic was on the second floor. In the allergy clinic probably was the most brilliant group of allergists, because every one of them was a Berry Plan, except for Colonel Ward, who was the Head of Military Allergy, probably for the world, Army Allergy for the world. All the others, except for one civilian allergist, were these super allergists that had trained everywhere.

Colonel Ward, through the directors of their programs, their fellowship programs in allergy knew Colonel Ward and they were keeping them from going to Vietnam or going anyplace else. They could basically continue the research that they'd been doing at their fellowships, but do it at Walter Reed. So, there, one guy was from the University of Pennsylvania. Another guy eventually became the Head of Medicine at LSU. These were super allergists.

The one woman, her name was Laurie Smith, she was fabulous. Her whole family had allergies. She confessed to me at one point that they had a Christmas tree that she never tore down and it was giving her daughter allergies, [laughter] but she was too busy working to do any of that.

It was really a great experience for me. Basically, it was me and one other person from some other base in Texas or someplace, who went there for six weeks.

What I would do is, on Monday mornings, I would kiss my wife goodbye at like two in the morning. I would drive down to Washington, go to the allergy clinic for the day, then, check into a hotel in Silver Spring, and then, go back every day. Then, on Friday, I would drive home for the weekend, and then, that was six weeks.

Then, I came back and I was the allergist at Fort Dix, but there were a lot of civilians who came in for shots. I had one gentleman who was an ex-corpsman giving shots and a nurse. They knew everything about the allergy clinic. I would just determine what they had to be tested with for their allergies, and then, they would do it.

We couldn't see a lot of civilians, because there was so much military stuff and, also, I had other duties. This went on for the entire time that I was there. If I got in trouble, I called Walter Reed and said, "This is going on. What should I do?"

While I was down at Walter Reed, they gave me this poor woman named Kathy Robinson, who had something called allergic bronchopulmonary aspergillosis. I saw her down there and they said, "Her husband and she are at Fort Dix. You're going to have to take care of her. We'll manage it."

She was really pretty, but the steroids she got and everything, by the end, she became what's called Cushingoid and it was just horrible. She really didn't do well with that. So, that was one person I sort of brought back with me, or she was waiting for me at Fort Dix when I came back.

Besides being in the allergy clinic, I also had to do other things. So, I would, every now and then, have to go to one of the troop medical clinics for sick call. The one day that was probably the worst day--first thing is, I hated saluting, okay.

So, even to go to work in the morning--we'd moved halfway between New York and Fort Dix, so [that] my wife could keep working in New York. So, what I would do is, I would drive down in jeans and change into my uniform in my office, so [that] I didn't have to do as much saluting as I would, among other things. Also, if you were really in uniform, it wasn't a good time. There was still a lot of resentment after the war.

So, this one day, I start off in the allergy clinic. I get a call saying, "The doctor for one of the troop medical clinics called in sick and you've got to go to there," and this was payday. Okay, now, payday, this is before there were checks or direct deposit or whatever you have now. So, payday was cash in the Army, at least for enlisted, for the basic trainees. It was a big deal.

So, there was one place where they went to get their pay. The Army band would play. They're getting like thirty dollars or something, but it was a big deal, with the Army band playing, with two military policemen on top of the building with machine-guns, in case somebody tried to rob it. I don't know what they would do on the top. No one was allowed to park within six blocks of it or X number of blocks of it, because they didn't want somebody pulling up and robbing all this cash.

So, now, I park as close as I can get and I get out of the car. My hand almost fell off saluting people coming back from getting their pay. [laughter] They're getting their pay and they're saluting me. I must've saluted a thousand times on my way to the troop medical clinic. The troop medical clinics were a very interesting place.

Basically, (anybody could) they would come on sick call. There were a couple of corpsmen. I had a physician's assistant who was a wise guy. He'd been in Vietnam and a nice guy, but really a wise guy.

What would happen is, recruits would come in and, if there was something, that they shouldn't be out training, you would fill something out called a profile. There's a piece of paper that said the name, the condition, "This is what they can do. This is what they can't do."

Profiles were given for all sorts of things. The Black soldiers hated shaving, because they would get a folliculitis from shaving with a sharp razor. They would get bumps on their skin and it was horrible. So, my physician's assistant had this whole thing that he talked to them about.

He says, "Get Magic Shave," which was like a chemical defoliant or whatever--not defoliant, that's for Agent Orange--but something to take the place of shaving, which didn't work. So, some of them would finally opt for a profile for a beard, which he gave out very sparingly, but he would do that every now and then.

The craziest thing that ever happened is, there was a profile. Most of them, you did handwritten, but this was something that somebody's going to have to be out for a while. So, one of the corpsmen types it out. It takes him like an hour to type it out.

He goes into the physician's assistant to sign it. He says to the physician's assistant, "Put your John Hancock on this." So, my physician's assistant, being a wise guy, he writes, "John Hancock." The poor corpsman had to type the whole thing over again. [laughter]

That was the experience there. You'd see things, like somebody would come in and say, "They're making me wear underwear," okay, because they issued underwear. He says, "I never wore underwear in my life. It's making me itch like crazy." I looked at the kid--he's got lice. [laughter] It wasn't the underwear.

There were heart murmurs galore. I mentioned the Army physical, things that were missed completely. Kids with heart murmurs, you would send them to the cardiologists and they're getting out of the Army.

My father-in-law was the vice president of New York Trucking in New York. He would've been president, but he wasn't Irish, okay. It was started by Al Smith and the president had to be Irish, but my father-in-law basically did all the heavy lifting.

In fact, during World War II, he was given the choice of going over to Europe and doing something or he could stay as a civilian in New York and decide how trucks would get to the piers for the thing. That's what he basically did for the whole war.

In any case, he was very friendly with the Teamsters local president, a guy named Joe Mangan. It was the only Teamsters local that wasn't the mob, okay--at least that's what they said. So, I get a call from my father-in-law.

He says, "Joe Mangan's grandson is a basic trainee at Fort Dix and he's having problems." So, I said, "Okay." I said, "What unit is he in?" I send out a thing, "Get him to me," and I talked to the kid. He wanted to stay in. So, it was okay, but that was the kind of stuff that you could do.

I am trying to think. There was one other thing I was going to say.

SI: Were you dealing with anybody who had been to Vietnam and came back with health-related issues?

MB: Not really. Every Thursday, one of us had to go to someplace on the post--I forget what it was called, and [examine] soldiers coming in from Germany who were going to get out of the Army. The phrase is, "I'm short." In other words, if you only had a hundred days left, everybody would say that, "I'm short." They would come there and you'd have to do a physical, which basically was less than the physical I described in Newark. It was much less.

Basically, you waved the stethoscope in the air, because there was so many of them to see and most of them had been flying, etc. So, nobody had taken a shower or any deodorant. It was disgusting. [laughter] So, you basically waved the stethoscope in the air. You would meet with each of them slowly.

They'd say, "Well, I've got this wrong with me, I've got that wrong with me." Basically, what you said is, "Okay, we can keep you here in the Army for another couple of weeks and work this out or you can go to the VA [Veterans Administration]." Most of them opted to go to the VA. That was, I think, every Thursday, one of us had to do that, in addition to the allergy business.

The allergy business, I was too busy to see retirees. They were referred to a Dr. Lane in town, who had been the allergist before me at Fort Dix. Apparently, he had built a practice out of Fort Dix and he was a real allergist or something. He opened up a practice in town, and so, they were referred there.

I would see active-duty people with allergies and a lot of Reservists. None of the Reservists wanted to go to Camp Drum in New York. They said it was the allergy capital of the world and they wanted a profile not to go to Camp Drum. So, I would adjudicate that. [laughter]

Also, there were members of the Army band--once a week, there would be a graduation in basic training and the Army band would have to play for the graduation. A number of them had allergies and they were having problems in the summer, because Fort Dix was also a very allergic place.

The two things about Fort Dix, it was considered by most of the Army people to be a hardship post, because the officers' club, etc., were lousy, the PX wasn't that great. Nothing was good about it. Plus, at that time, the highway ran right through Fort Dix. There was nobody stopping anybody from going through the highway. You could just ride right through Fort Dix as a civilian like it was nothing.

Now, I'm sure, even though it's no longer a basic training base--it's just really a Reserve base--it's got barriers and you can't get on, but, in those days, you could ride through. So, there was a lot of stealing. People would drive through and rob people's houses, etc. So, it was considered a hardship post and allergy was one of the hardships, as far as they were concerned.

SI: This went on for two years. You said one of the reasons, aside from not liking the saluting...

MB: It's not that I didn't like it; I didn't feel like I needed to be any better than anybody else. That's funny, I have to tell you, one of my funniest stories is, I'm in one of the troop medical clinics. This kid comes in, from the South, and he sees--I went in as a major.

The break for doctors is, if you have an internship and two years of residency, you go in as a captain. Then, after the next year, you become a major, but I'd had the chief residency, so, I went in as a major. In the Army, you get "spaghetti" on your hat, the braiding on the front of the hat as a major, whereas, in the Navy, I think you've got to go one more rank up before you get spaghetti.

In any case, so, my hat is there. This kid comes in, early in my Army career. He comes in--I don't even know what he was there for--and he looks at the hat. He says, "Wow," he says, "are you a general?" I said, "No, I'm a major." He says, "Wow, a major," he says, "how long have you been in the Army?" I said, "Two weeks," [laughter] because I'd only been in two weeks. So, that was basically [it].

SI: You said that there was still a stigma from Vietnam. Did that manifest itself in any way? Would people say things to you?

MB: I didn't wear my uniform off of the base much, so, I didn't get much of that. The only thing, the cardiologist who became the Head of Medicine in one of the groups was basically living in New York and just commuting to Fort Dix. For some reason, he would wear his uniform home, because he felt--he was proud of it or something like that, don't ask me what that was [laughter]--but I didn't at all.

Now, the one thing that was happening is, everybody and his mother wore a field jacket in New York. I mean, whether they'd been in the Army or not in the Army, they had these olive-drab

green field jackets. Here I am, I'm in the Army and I don't have a field jacket. So, this was probably in my second year there.

My corpsman (and I was really friendly with him) comes in to me. He'd been in Vietnam and everything. He comes in to me, he says, "You've got to do me a favor." He says, "My buddy from Vietnam is here," because people go from McGuire to Europe.

He says, "He's ordered to ship out to Europe tonight, but he has to stay in the States for another day," for whatever reason. "So, can you do anything for me?" I said, "Sure, I'll put him in the hospital for a day." [laughter]

So, I put him in the hospital with some phony thing. Then, my corpsman came to me and he says, "Is there anything I can do for you? I am really happy that you did this for my friend." I said, "Yes, everybody and their mother is walking around in a field jacket. I'm in the Army, I don't have a field jacket." He said, "You want a field jacket?"

The next day, I had a field jacket. Some basic trainee that was thrown out of the Army, they took his field jacket. Instead of turning it in, they gave me his field jacket. I still have it; I put all my Army insignias on it. I don't fit in it anymore (I've gotten too fat), [laughter] but that was my thing.

The other thing is, one of the Air Force people there offered me a ride in his, whatever it was, I don't know, F-whatever jet. I told my wife, "I'm going up in an F-whatever jet." She said, "If you go up in an F-whatever jet and I hear about it, I'm divorcing you." [laughter] So, I never got my ride.

SI: As you're getting towards the end of your obligation, what were you thinking about in terms of the next stage of your career?

MB: Okay, so, Colonel Ward came to me and he said, "We really like you. You do everything we want you to. You're not like some of the others," because, like, troop medical clinic opened up at, I don't know, six in the morning or seven in the morning. I was there when it opened up. Most of my fellow people didn't. He says, "So, why don't you stay on?"

The allergy people at Walter Reed called me and they said, "Why don't you come down to Walter Reed and do an allergy fellowship?" I told both of them there was no way. [laughter] So, I was finished. So, I had those offers. I forgot what the beginning of the question was.

SI: What were you thinking about for the next phase of your career?

MB: I felt that, because I'd been doing mostly allergy and sick visits, that I really had lost a lot of my skills that I'd gotten in residency. So, I decided I would do a fellowship. The Head of Pulmonary at St. Vincent's was starting a fellowship. So, I basically took that, to do the next two years, just to get back in the spirit of things, rather than immediately opening up a practice someplace and just going about my business.

SI: When you were at Fort Dix, was that when the--I forget if it was bird or swine flu?

MB: Swine flu. Oh, yes, that's another story. I'm in one of the troop medical clinics one morning and somebody I'd done residency with--he was a year ahead of me at St. Vincent's--comes marching in. He was also a major, but he was, I guess, at Walter Reed. He was like the Army version of the CDC or something. They investigate things.

I said, "What are you doing here?" Richard Hodder was his name. He said, "You've got a disease." He said, "One of your recruits died of swine flu." Now, what happened for basic trainees was, if they had a temperature or if they were sick, they had to report to sick call. If the temperature was above a certain amount, they were put in the hospital.

In the winter, three or four floors of Walson Army Hospital were full of these kids just drinking hot chocolate or whatever and just waiting for their fever to go away, because the Army was petrified of somebody dying of meningitis. The nurses on these floors could smell meningitis a mile away.

If you were on call in the hospital and they detected somebody, they would call you and say, "This kid has meningitis." You'd look at the kid and say, "I've seen meningitis, not a lot of it, but I've seen meningitis. I don't think so," but you do a spinal tap and the kid would have meningitis. These nurses could smell it, I swear. [laughter]

So, if you had above a certain temperature, you couldn't train. In the summer, they went by a wet-bulb thermometer. If the temperature was above a certain level, training was less. What basically had happened, this trainee, who had a temperature, his drill sergeant ignored the whole thing, made him train, and the kid died.

When somebody dies in basic training, they check it out. It turned out he had swine flu. So, I guess they must've tested everybody at Fort Dix. I didn't have it--I had not been exposed to it, I guess. There was enough that, Gerald Ford was the President by then [1976], he authorized the vaccination for swine flu.

In fact, I got the vaccination, because everybody at Fort Dix had to have it, but it was just one person died. He shouldn't have died, because he shouldn't have been training. I mean, the training is really intense. That's basically what happened to him.

SI: It wasn't tied to this specific case. It was just, in general, there was a lot of swine flu.

MB: No, the specific case was [it]. I don't know how much they saw or whatever. I just know that, because this kid had died and it was swine flu, that's why there was this whole investigation. That's what basically happened. I didn't see any of it, that I know of. I could've seen somebody in troop medical clinic and not realized it.

It's not like we tested people for swine flu or knew even how to test for swine flu. DNA testing wasn't available at that point, but that's basically what happened to him. The drill sergeants were taught to look for what might be like a heat injury.

One of my other funny stories is, I mean, it's cold as anything in the winter. This group, I'm working in the emergency room, everybody had to work in the emergency room, okay. Even the psychiatrists could be on call for the emergency room, but as the doctor for the emergency room, which was the craziest thing in the world.

Poor psychiatrist--if you were on from medicine the day the psychiatrist was down there, it was all hell, because you had to see all the patients in the hospital and, also, the psychiatrist would call you every three seconds. Most of the psychiatrists have no clue about anything other than psychiatry. So, they would call you.

The drill instructors were taught that if a kid's having a heat injury, he might not be sweating and he might have these and those signs. So, it's the coldest day in the winter in a while at Fort Dix. This group is bivouacking out there and a basic trainee faints. The drill sergeant checks him out and he's not sweating.

So, he sends him in as a heat injury, in the middle of the winter. The Army mentality was such that, "Not sweating, it's got to be a heat injury," even though it's like five degrees out or something like that. I have a lot of crazy stories.

SI: Let me pause for one second.

MB: Sure.

[RECORDING PAUSED]

MB: The other thing I just thought of is the general resentment of doctors by the drill instructors and the regular Army people was there, such that, like, if you were wearing your uniform on the base, they would come up to you. A sergeant might come up to you and salute you and tell you that your uniform wasn't on perfect. [laughter]

My one other story (talking about the psychiatrist reminded me), the psychiatrist at Fort Dix was Miles Schneider, who he was in my class in medical school. I think he practices in New York now. What we would do is, when I was in the allergy clinic, there was an hour where there was nothing to do for lunch. So, instead of eating lunch, the two of us would go play tennis.

This drill instructor saw that we were playing tennis like three or four days a week. So, what he started doing is, we would be playing tennis, he would bring all his troops to the tennis court and have them do pushups for the entire time that we were playing tennis, [laughter] out of resentment or something.

The other thing that happened is, the second year at Fort Dix, the base got a new commander. Two things--he called Colonel Dixon and said, "All of my troops are going to be running every morning at five AM. I want your doctors running every morning at five AM." Colonel Dixon, realizing that this would be a total disaster, said to him, "My doctors are busy seeing patients at five AM and we're not running."

The other thing he did, he instituted something called "combat basketball," okay. This was basketball with more than five players on each side and there was no such thing as a foul. You could do anything you wanted to. So, on the nights that they were playing combat basketball, the emergency room was full of people with injuries, like broken bones. It was brutal. Those were just two things I thought of.

SI: You had the fellowship. That was for two years, you said.

MB: Yes.

SI: What stands out about that period, getting back into that type of medicine?

MB: Nothing. The hospital hadn't changed much. It was just getting myself together again. I started a practice in pulmonary medicine. I didn't get board certified.

Then, when AIDS hit, it was just brutal and I couldn't take it. So, I got myself a job in the emergency room. Whatever patients I had in my practice, I kept, but I stopped taking new patients. I just couldn't handle what was going on with [AIDS], because St. Vincent's was right in Greenwich Village and the amount of patients with AIDS [was large].

I mean, there was one day I'm helping the fellow--I'm the attending--helping the fellow bronchoscope a woman with AIDS. If she had something called pneumocystis carinii pneumonia, you really needed a biopsy. So, we did what's called a transbronchial biopsy.

He pulled the needle out after the biopsy and she started vomiting, coughing up blood in massive amounts. She lived, which was probably the worst thing that ever happened, because she wound up staying in the hospital for like a year and died a miserable death of AIDS, because, in the beginning, you couldn't do anything for her.

That was happening so often, stuff like that, I really got totally depressed. I said, "I can't do pulmonary anymore." So, I talked to the Head of Emergency Medicine. They gave me a job in the emergency room. That's where I worked for almost the rest of my career, until they turned [on us].

What happened in emergency medicine is, when I got into it, it was internists and surgeons were in the emergency room. There was no such thing as emergency medicine. Then, not at St. Vincent's--we didn't have a residency--but they formed emergency medicine residencies, they formed a board in emergency medicine. They turned around and said, "You guys aren't trained in emergency medicine. Get out of our emergency rooms." [laughter]

So, when St. Vincent's was in its death throws, about to go bankrupt, they brought in another emergency group. The gentleman who ran it said, "Everybody has to apply for their job." The hospital said that I was a legacy, basically, because I'd been there for like twenty-five, thirty years, that they should keep me. They turned around and fired all the internists.

So, I went to Lenox Hill for four years. The boss at St. Vincent's got me a job in the emergency room at Lenox Hill. Then, I saw the same thing was going to happen there and I got the job in New Jersey.

So, I didn't stay in pulmonary. There was nothing special about the residency or nothing special that really happened at that time, but it was like two years just learning how [to do] medicine again without allergy.

SI: Can you tell me more about how AIDS showed up in the hospital?

MB: Yes, it was horrible. I guess, in my practice, I had one person who probably had it. I didn't realize it, but, then, there started to sort of be rumors that there was this new disease. It was affecting especially the gay population. Then, patients started showing up with Kaposi sarcoma, multiple purple spots all over the place, people coughing and deathly ill.

Nobody knew how it was transmitted at the beginning. We figured we were all going to die, that we'd all been exposed to it and we were going to get it. It was really a horrible time, and especially at St. Vincent's, because that was in Greenwich Village.

A couple of the doctors just took it on their part to take all the AIDS patients. When medicines started coming out, they knew more about them. So, most of the doctors, if you had somebody that got it, you'd funnel them to--David Kaufman was one of the people. He would take care of them as it evolved.

It was horrible. The hospital, at first, they didn't know what room they're going to put them in. So, a lot of these people wound up staying in the emergency room for like three or four days, which was crazy. They would've been better off on the floor, but it was a bad time. Then, little by little, medicines started to appear.

SI: Tell me a little bit about the state of emergency medicine when you first got into it. What was a typical day like?

MB: Well, I assume every hospital was a little different, but it was you just come in and the charts would be there. You picked up a chart and saw the patient.

What I miss about New Jersey is, we don't get any celebrities. In New York, we had all sorts of celebrities, which names I wouldn't give you because it's a HIPAA violation, but these people would just come in with routine things.

The nurses had seen everything. They were really helpful, and the St. Vincent's nurses were really good. The nursing program there was run by the nuns and they made nurses that could really take care of patients, nothing like them, the greatest. Then, the nursing school closed and things started to go downhill.

You just picked up a chart, saw the patient. In those days, it was you really had to make a diagnosis. It was before--CAT scans were in their infancy, probably the third or fourth year that I did emergency medicine.

Nowadays, I look at what happens, because, now, I'm getting patients from the emergency room--basically, the average emergency medicine doctor just sees the patient and decides what CAT scan to do, where, in the old days, you had to decide what you were going to do.

The dictum in surgery was, if you took a hundred people to the operating room with "appendicitis," in quotation marks and ten percent of them (or whatever percent it was) didn't have appendicitis, then, probably, you were missing ten percent of the appendicitises because you didn't take them to the operating room.

Nowadays, they just do a CAT scan and either you have appendicitis or you don't have appendicitis. That's true of almost everything, to the point where people are getting radiation therapy--I find that appalling--the amount of CAT scans that are done for various things, for minor things, but that's the state of emergency medicine now.

I joined the American College of Emergency Physicians. At one point, they were toying with getting rid of all the internists, so much so that I wrote a letter to them that actually got published in their journal, saying, "You don't know us. We're your grandfathers, but we're not grandfathered in."

For instance, in internal medicine, I passed my boards as soon as I finished my chief residency, but I wasn't eligible for emergency medicine boards. I would've had to do something else at that point. So, when I got my boards in Internal Medicine, I'm grandfathered in, I don't have to get reexamined and I haven't gotten reexamined, whereas everybody in the last twenty years has got to--every six years, they have to take [an exam]. They're not grandfathered.

So, I wrote a letter saying, "We're your grandfathers, but we're not grandfathered in in emergency medicine, but you've got to show us some slack," but they wanted us out and managed to do that. I don't think there's any internists still doing it, unless they're in someplace in the middle of Kansas.

It was an interesting time, a lot of overdoses at St. Vincent's and a lot of sexual assaults and things like that. Police would bring people in. They'd ask for your name. It was easy for me because Bleecker Street was nearby. So, I'd always say, "Blecker like Bleecker, but one less 'E.'" They'd put your name down. Then, sometimes, you wound up having me go to court on things.

One, she was a student at NYU and somebody assaulted her in a dormitory bathroom, got into the dorm and assaulted her in the dorm. She started screaming and all the fellow students came in, tied the guy down, got the guy down. He got arrested. I saw her for her injuries. Special Victims Unit came and interviewed me and said, "We're going to have a trial. You're going to have to testify."

Before a trial, the prosecutors always tell you [what to do], go over what they're going to ask you, etc., beforehand. He showed me, they'd made a replica of the bathroom, complete with the black-and-white tiles on the floor, to show where the guy came in and everything. It was really unbelievable. They put this in for the trial.

So, I testified. Then, maybe three months later--that was all I heard of it--later, the same prosecutor or whatever, or detective for the Special Victims Unit, came in--no, I saw the same prosecutor. I said, "Whatever happened with that?" He said, "Oh, nothing happened."

He said, "Basically, what happened is, when we got to the point where we were going to call the girl to testify, her father decided that he could make more money suing NYU." So, he refused to let her testify and the guy got off scot-free.

While I was in the emergency room, we got sued at least eight times. The only suit I ever [lost], we gave in, was somebody who--and this was in the infancy of CAT scans--she was a lawyer. She claimed that it took too long for the resident to get a CAT scan for her appendicitis and she suffered pain because it took so long. They said, "She's a lawyer--there's no way we're going to win the case." So, they gave her like a hundred thousand dollars and called it a day.

Other than that, the six or seven other lawsuits never even got to court. There were things like somebody sued me--he was seen for asthma and he died six years later. The lawyer was suing every person, every doctor that had ever seen him.

They said, "He wasn't told that asthma was a chronic disease." [laughter] Duh, asthma is a chronic disease. If you're seeing that many doctors, it must be chronic. So, that was the kind of thing that would happen.

Every time there was a lawsuit, you'd meet with the attorneys, they'd tell you what to do and you go to a deposition. Every one of them got thrown out before the deposition. It's just a weird feeling, because you worry about it and it turns into nothing.

SI: That must have increased in volume over time. It's only a few cases in your case, but the litigiousness of folks today.

MB: Yes, I assume it's more now, but that was the way they were. There was one case where I wasn't being sued. There was a medicine--this was a number of years ago--it's called ephedra.

SI: Yes.

MB: It was taken off the market, but it was the rage. Okay, so, somebody, he came in, he was dead, really. So, we coded him, gave CPR and everything, and then, we pronounced him. So, I got a subpoena to testify in a lawsuit. They were suing the gym that he collapsed at, the doctor or whoever gave him the ephedra, the maker of ephedra. There were like ten people, ten entities, being sued, companies, insurance companies, the whole works.

So, I got called to give a deposition. I went into New York. I told my wife, "I'll meet you." It was like nine in the morning. I said to her, "I'll meet you at one o'clock," wherever we were going to meet.

So, the deposition starts. The first lawyer--there's like ten lawyers around, one for each company--and the first lawyer asked me all these questions. I answer them. Second lawyer asked me almost the same questions. I answered them. This thing went on for like six hours, everybody asking me the [same] thing.

They give you, the malpractice company (my malpractice company), gives me a lawyer, just so [that] he can object in case there's something that might get me in trouble and get me into the suit. So, there was a break, because you've got to take a break when it goes that long.

I said to him, "Why are they asking me the same thing over and over?" He says, "You've got to understand that each insurance company, for every one of these entities, is paying these lawyers. They're going to look at the transcript of the deposition. If the lawyer doesn't ask a couple of questions, they feel like they've been cheated. So, the lawyers ask same question over and over again." [laughter]

It was horrible. I had to call her and say, "I'm not going to be there. This is going on forever."

SI: You also were there during some historic events.

MB: Yes, the first World Trade Center, okay, among other things. When the World Trade Center first opened, St. Vincent's made a deal with the Port Authority and put an ambulance in--well, it's the old World Trade Center--down in the basement, because it was like a city, in case somebody got sick there. Also, if somebody got sick in Lower Manhattan, they could always go out of the garage.

[Editor's Note: On February 26, 1993, terrorists detonated an explosive device mounted in a van below the North Tower of the World Trade Center, killing six people and injuring over a thousand.]

So, when the explosion happened, the two paramedics that were there were stationed in--because, by then, there was no coronary ambulance anymore, there was the paramedics--the two paramedics that were stationed there, basically, they were sitting in their seats. They were thrown off their seats by the explosion, but not hurt. They went down where the explosion was, picked up the salesman who was killed, put him in the ambulance and drove him to St Vincent's.

I was on that day. We heard something had gone on. They brought him in. I pronounced him. He was dead. He was on the stretcher; he was covered. He was just totally black in soot. Then, we realized it was going to be a bad day because of what had happened. So, the assistant head of the emergency room said, "You're going to be the triage person."

They put me out on the loading dock. As ambulance after ambulance came, I would say--basically, in addition to the emergency room, they opened up other parts of the hospital, to send

just the walking wounded and people who were just crazy because they were worried or whatever, having psychiatric conditions. I basically stood out on the loading dock and said, "This person goes this way, this person goes that way." The worst person we had was a pregnant lady seizing from there, "They go there."

So, when I finally got home that night, I don't know, it was really late, I put on, it was a show with Ted Koppel, *Nightline*. There I am, with my hair--I had hair then--my hair flying in the breeze, because it's a really windy day, on the loading zone.

I tried to look for it about a year ago, Google it, but I couldn't find any pictures of me. I think I taped it after, because, that night, it was on over and over. So, I put my VCR in and taped it, but I don't know where the tape is now. So, that was that one.

The second World Trade Center disaster was on a Tuesday. I worked every Tuesday night in the E.R. I was actually at Rutgers when it happened. I was President of the Court Club, the basketball boosters' association. I was meeting with what was then Scarlet R to plan what events we were going to do or how we were going to raise money for the basketball program for the year.

[Editor's Note: On September 11, 2001, terrorists carried out the deadliest attacks in US history by hijacking and flying civilian airliners, including United Flight 93, which crashed into a field outside of Shanksville, Pennsylvania, into the World Trade Center Twin Towers in New York City and the Pentagon, killing 2.977 and injuring tens of thousands.]

I got out of the meeting in Winants Hall. I walked to the Ferren Deck, which was the parking lot in New Brunswick, got in my car. As I'm driving, they said a plane went into the World Trade Center, and then, they said, "Oh, my God, another plane." A plane went into the other building. So, I went home, went to put on the TV. Then, I couldn't get into New York, because there was no way to get into New York.

The doctor who was on at St. Vincent's overnight, Craig Tenenbaum, the way he relates it is, he finished his shift. He walked out onto Seventh Avenue and saw the plane go into the World Trade Center. He said, "Uh-oh, this is the same thing all over." He went back in and he was the doctor for most of the day, in addition to the people that had come in for the day, but I never made it in that night.

After that, basically what we had for a couple of weeks was people cleaning it up. It was this brown slime that they were working in, from all the water and all the dust. They were tripping in it and falling in it. They'd come in covered in brown stuff. There was a stink in the air.

You couldn't get south of 14th Street without an ID of some sort, which I had. Then, surgical residents and other people would go down to volunteer to help clean up down at the World Trade Center. I never went down, first because I didn't live in New York and I was either on duty or I went home or went to my practice. Luckily, I didn't go down there. I don't know what they were exposed to, but it was a lot of bad things.

The other thing that would happen in the emergency room after the World Trade Center disaster was the constant phone calls. Every phone in the emergency room would be ringing. It would be families saying, "Do you have this patient?" They were looking for their relatives, who'd been incinerated, basically, but that went on for weeks.

The same people would call over and over. They would call every single number in the emergency room, the doctors' room--how they got these numbers, I don't know. It was just people that were really frantic for their relatives.

So, that was basically those two disasters. If you look at the pictures at that time, when the second one came, for some reason, the Head of the Emergency Room sent all these stretchers out to the sidewalk on Seventh Avenue, waiting for people to come in. Nobody came.

The first one, people had walked down all those stairs. They were covered in soot and they were frantic and they were having psychiatric problems, but, for the second one, there was really no ambulances coming or anything like that.

Somebody who worked in the World Trade Center said that, after the first one, basically, everybody who worked in the building was told, "If anything happens, if there's another explosion, instead of going down towards the explosion, go up to the roof and we'll get you out by helicopter." So, God knows how many people who could've been saved went up rather than going down and lost their lives.

SI: How long does it take to get back to normal after something like that, or relatively normal?

MB: The hospital?

SI: Yes, after 9/11 particularly.

MB: By the second day or third day, they were fine, after the first one. For 9/11, it was just the people coming in with all these things, injuries, because it was so slippery down there. Other than that, the hospital was functioning normally. Most of the people that came in from the first one were out of the hospital almost immediately, if they didn't have an injury of some sort.

SI: You mentioned it was around 2004 or so when the hospital went under.

MB: Yes, it was 2004. Basically, the Sisters of Charity, who ran the hospital and started it in the 1840s or something, were into treating patients. They were not business ladies, for the most part. So, the Archdiocese supported them a little, but didn't support them completely. As the schools were having trouble, the Archdiocese was putting more money into schools, less into the hospital. Little by little, the hospital was bleeding money.

Ultimately, they started bringing in these consultants to take over. Some of the consultants just robbed them blind. So, the hospital eventually went bankrupt. When it was in its death throws, they looked at everything possible to save it. One of the things they did is, they brought an emergency medicine group in to run the hospital.

The director of that group had a meeting with us, said, "Everybody has to apply and we're not going to discriminate against internists, non-internists," but they did. I know for a fact that one other doctor who's working in the emergency room (whose father had been a doctor at the hospital) and myself, the administration basically told them that we were legacies and they had to give us a job regardless, and then, they didn't.

So, the Assistant Director of the Emergency Room was friendly with the Director at Lenox Hill and they basically got me the job at Lenox Hill, where I worked. Lenox Hill was a lot fancier than St. Vincent's, a lot of celebrities. Almost every day there, there's another celebrity. In fact, I started making copies of celebrity EKGs, so [that] I would have a collection of them. [laughter] I don't know why, but I worked there for four years.

Then, they sort of had an uprising against that director who'd hired me, because a lot of the doctors in the hospital didn't like him. They brought in a new Director of Emergency Medicine. He was supposed to come on January 1st. He came from Sparrow Hospital in Lansing, Michigan.

My wife went to Michigan State. We go out there at least once a year to see her roommate, who's now passed away. Now, we go to see her roommate's daughter and her roommate's grandchildren. We coordinate that with the Rutgers-Michigan or Michigan State game. So, I've been in Sparrow Hospital, because when her roommate's husband had his thing, I visited him in the hospital. We happened to be out there that week.

They were going to bring him in and he didn't show up. It was supposed to be on January 2nd or whatever. He didn't show up. Somebody came down from the administration and said, "He's not here. We're going to do something. We're offering every one of you a one-year contract."

I said, "I'm sorry, I'm..." how old was I? sixty-something years old, "I need more than a one-year contract, because I may not be employable elsewhere at my age in emergency medicine." Most of the other doctors at Lenox Hill were really lazy. They gave the physician's assistants [their cases]. They said, "You do this," make them do the work, and then, they would sign the chart.

I really worked, because I'd been fired at one place. Basically, if you looked at the money that was being brought in, the number of people being seen, I was the highest earner of all the emergency physicians there.

I said that to him, "I need that," and he said, "I'll talk to the administration." The administration turned around and said, "No, one-year contract only." So, I said, "Fine." The Head of Emergency Medicine who'd given me the job there, who subsequently had been fired by this person, right before he left, had said, "The group that I'm at now in New Jersey is looking for internists and emergency medicine doctors to work there."

So, I basically took the job. Then, the emergency medicine part of it, I was supposed to work in the urgent care clinic, but they said, "No, you're not board certified in emergency medicine." So, I'm just a hospitalist now. What basically happened is, a year later, Lenox Hill fired all the

internists. So, if I had stayed, I would've been without a job, but that was the state of emergency medicine.

Even then, you basically had to get permission to do a CAT scan. You would call the radiologist, say, "This is why I want to do a CAT scan," and they would say yes, for the most part, but, now, it's just willy-nilly. [laughter] Everybody gets a CAT scan for something. You get a hickey, you get a CAT scan.

SI: Was that a big adjustment in this new job?

MB: Hospital medicine? I was going to be just a hospitalist, taking care of patients in the hospital. I got myself a book on internal medicine and I read it cover to cover in the month that I was still at Lenox Hill, just to make sure that I wasn't that rusty.

Then, the biggest adjustment was just certain things that hadn't come up with what few patients I still had at St. Vincent's on the floors, because I still had people left over from my practice. I didn't abandon anybody, but, when I went to the emergency room, I didn't take any new patients.

So, I would have office hours. Somebody let me have his space one day a week. I had office hours one day a week, in addition to working in the emergency room, but I hadn't had that many people that were hospitalized or anything. I felt that I needed it, so, I brushed up.

Then, it was okay, except there were certain things, like, if you're in the hospital bed long enough, you get deconditioned. You have to go to some kind of rehab facility, although the group (and most people) wanted to have people go home and just have a visiting nurse give them exercise, rather than go to rehab, because rehab is really expensive.

A lot of times, the rehab places almost abuse [the system]. They'll keep them there for a whole month until their benefits run out. In New York, there weren't that many rehab places. So, that was like a new experience, that I had to get these people to go to rehab.

There were certain other things that were different from the way I had practiced in New York that I had to learn, but, after a while, it became easy. I didn't have any problem.

SI: You are still working there.

MB: Yes.

SI: Tell me a little bit about the impact of Covid on that hospital.

MB: Okay, so, Covid, that's my third epidemic, basically--swine flu, HIV and Covid. Everything you heard, most of the news was on the news, rather than in medical journals, because medical journals had to be edited. It takes a while for them to come out. So, you heard that this was happening. The hospital said, "You'd better get fit-tested for a mask."

Now, after 9/11, what they did at St. Vincent's is, they had an ambulance bay. They closed off the ambulance bay and made it a detox area, with showers and everything. We had drills as to what we were going to do if there was another thing, another 9/11 type thing or somebody set off a bomb in New York City. We weren't going to have stretchers out on the street like we did there, because you don't know how contaminated it is. That was stupid.

They fit tested us for masks, to make sure the masks fit tight, like the N95, although I don't think they were called N95s then. So, then, what happened when Covid first started is, we got a thing from the hospital, "Come for a fit test." So, they fit tested me for a mask and I had it.

Okay, so, then, Covid is starting. My group takes care of my group's patients. In other words, a patient comes to the emergency room and their primary doctor is part of my group, which is now expanded. When I got in, there was like eighty-five doctors. Now, we've got doctors in Oregon, who've been bought out, etc.

So, I got fit tested. Now, all of a sudden, there's like four of us on--three of us are seeing patients, one is the admitter. The admitter gets a call saying they've got a Covid patient. The admitter says, "I haven't been fit tested yet." I'm sitting in the doctors' computer area, typing charts on my patients. There's two other doctors on from my group, the admitter and one other person. One guy says, "I haven't been fit tested yet. I can't do this."

The second guy says, "I haven't been fit tested yet. I can't do this and I have a beard. They're not going to fit test me," because, like in the Army, we had to be shown how to use a gas mask. When you do the gas mask thing, you have to be totally clean shaven. You can't even have a little hair, because it might not let you fit the thing on.

So, I was the only one fit tested. So, I went and saw the hospital's first Covid patient. I haven't even told my wife that I saw him--I'll explain that in a second, okay. [laughter] So, I went and saw him and I admitted him. I can talk about that in a second.

What happened was, I go to a lot of Rutgers sports things. So, what was happening is, the next week (or like two days later, three days later), we're going down to Indianapolis for the Big Ten Tournament, which got canceled, but we did go out there. So, I wasn't going to tell her I saw a Covid patient, because she'd panic.

So, I saw him, I admitted him. He was the third patient in the State of New Jersey with Covid. He had gotten it in Germany or Italy from a woman who had been in Italy or Germany with it, or got it there. He came in. Before he saw me, before we admitted him to the hospital, he had seen his primary care doctor at the medical group twice--once, I guess, without a mask and another time with a mask.

In the end, he had Covid. None of his kids, who he'd been with, or his wife ever got Covid. The primary doctor, who took care of him in the office twice without a mask, or maybe with a mask the second time, never got Covid. So, I went up and saw him. He didn't have it bad, but we had no idea what was going to happen, where he was going to be. In fact, he got discharged in two days, but I saw him, I admitted him.

Then, what happened, because he was the third case in the state, every morning, I had to go down to the boardroom in the hospital, where half the hospital administration was there, Head of Medicine and all these people, and tell them what was happening with him. Then, they put us on a conference call with the Commissioner of Health in the State of New Jersey to tell her what was happening. I think it was a woman.

Then, fine, he got out of the hospital. I don't know if I discharged him or he got discharged the next day. He did fine. Nothing bad happened to him. So, then, I flew to Indianapolis and, of course, we were told, at some point, "You're not going to be allowed into the game."

Rutgers had a breakfast that was supposed to go on before the game. We were at the breakfast, at Ruth's Chris Steakhouse or someplace, and then, we were going to watch it on TV. Then, it didn't take place on TV, and then, everybody went back to the hotel. The team was there. Everybody said, "This is what's happening." We tried to make arrangements for flights back. We flew back.

I never got Covid. The two doctors that were sitting next to me, that had never been fit tested, by the time I came back, had had Covid. [laughter] It's a crazy world. So, basically, then, Covid came, and I didn't get another patient with Covid. Still, to this day and age, I haven't told my wife that I ever saw this guy, because she would say, "You never told me about it!" [laughter]

So, little by little, Covid started happening in the hospital. I didn't see another patient with Covid. Then, in the second or third week, I got a call from our head from my group in the hospital. She said, "You're too old. You're not going to see Covid patients. The hospital has made arrangements."

Because we're so overwhelmed now, what's happening is, they opened up an extra intensive care unit, in addition to the two intensive care units and the cardiac care unit that they were using for Covid, but they had just closed the psychiatry area and moved them downstairs.

So, they took that and built an intensive care unit really quickly. Also, because you need negative pressure in the rooms and they only had like twenty, thirty percent negative pressure rooms, like for people who might have TB or whatever, but you don't have that much need, they bought these fans and cut holes in the windows to exhaust from all the rooms. So, they had extra respirators, an extra respirator area and Covid area.

She called me and she said, "You're too old. You can't see Covid patients, and the hospital is no longer going to be the medical group and the hospital's hospitalists," which is what it basically is, "everybody's going to take care of everybody. Even the specialists," like the surgeons, "are helping the intensive care unit people, because there's not any surgery going on," said, "But, you're too old."

"So, the oncologists are going to take care of the oncology floor, where they're not allowed to have anybody with Covid. They're going to have to be tested twice before. Even if they have cancer, they're tested twice before they go there. You're going to be on the oncology floor, but

the oncologists are working during the week. You are going to work every weekend from now on." [laughter]

Basically, it was me and one oncologist on the weekends on the oncology floor. I wasn't allowed to see a Covid patient until I finally got Covid myself. Once I got Covid, I said, "This is ridiculous. I'm immunized and I've had Covid. I'm not going to die of Covid."

So, then, I started seeing Covid patients, maybe six months into it or whenever it was. No, it had to be more, because the immunizations were in January and Covid was in March. So, nine months, ten months, eleven months later, I started seeing them.

Before that if I was admitting at night and I got a Covid patient, I just didn't examine them. I took the emergency room patient's word for it and, in the morning, somebody else took over. So, we get back and the hospital made all these special arrangements. I'm admitting one night and I go down and the emergency room is a total disaster.

There are Covid patients all over the place. One of the internists is a little heavy, has Covid. The emergency room guys are going crazy, because they need to put him on a respirator, but there are no respirators left. He's alive to this day. He looks okay. I don't know how bad he got it or whatever, but, [when] I went home that day, I was crying.

It was just a horrible experience. The emergency room looked like a MASH unit at that time. Here's this guy and I think he's going to die because they can't get him a respirator. Obviously, eventually, they did, but that's basically the way it was.

The other thing the hospital did is, every now and then, over the loudspeaker system, you would hear the Beatles singing *Here Comes the Sun*. What that meant was, somebody had survived Covid and was being discharged, [Dr. Blecker becomes emotional] didn't happen often. It was a rough time, but, then, they got the immunizations.

I think the strain is really weakened now. The last Covid patient I saw was maybe two months ago. That was somebody, he was in the hospital and, all of a sudden, he got a cough. They tested him and he turned positive in the hospital. There are some, but, even this past year, respiratory syncytial virus and metapneumovirus were really the big things, not Covid, at least in my hospital.

SI: I have some other questions about other aspects of your life, but were there any aspects of the medical portion that stand out, that you want to share, or anything I missed?

MB: Not that I can think of right now. I'm sure, when I get out of the room, I'll think of something, but that basically summarizes it.

SI: What do you think has been the biggest challenge in your field, aside from something like Covid, more in terms of how it affects how you do your job?

MB: Dealing with insurance companies. I say to patients when we reach a snag, I say to them, "What do you think the business of insurance companies is?" Then, I'll say, "You think it's insurance, but it's really making money. Insurance is their secondary business." A lot of times, you'll say, "This patient needs this or needs that," and I'm not affected by it.

In a hospital, you just order CAT scans and MRIs, you don't worry about [it], but something like if they need to go to a certain rehab program or they need a certain device or something like that and their insurance happens to be a certain way, they can't get it without a fight. The insurance company denies, denies it. Then, you appeal. Most of the time, they give up on the appeal. They don't always give up on the appeal.

The second thing is the idea of--and I think people are coming around to the realization that it isn't that way--but that resuscitation, CPR, is great in certain cases, but, for the most part, it's useless in most of the people we're doing it on.

It was invented in the Korean War for soldiers with certain wounds. They may have gotten through it, but to do CPR on like ninety-year-olds with cancer and multiple other things, it's just futile. All we're doing is breaking ribs, and then, maybe they make it through. Then, they're on a respirator, where the family feels miserable for two weeks.

So, a lot of times, you've got to spend time talking to people and asking them, "Do you really want [this]?" Because unless somebody says, "I don't want to be resuscitated," or the family says that, you have to do everything within reason.

It's less now. People have more of a realization that it's futile in many cases, but, in the period between the time I got out of the Army (or even when I was a resident) and maybe 2015, '16, it was hard to convince people.

"You're going to kill Mom." I'm not killing Mom. We're just saving her from you and the family being tortured watching her on a respirator for six weeks, and the end is the same. I had one patient where the son refused to give up. She was in the hospital for like a year, just having things over and over again. You call the ethics person in the hospital and they don't want to give you an opinion. [laughter] It's just bad.

SI: Shifting gears, you've been very active with Rutgers as an alum. Can you tell me a little bit about that, what you've done?

MB: What I've done? [laughter] Yes, okay, basically, I mean, Rutgers made me. Without Rutgers, I wouldn't be here, and so, I feel like I have to give back. I didn't go to my first class reunion. I think I might've gone to the second. At that point, we were having five-year reunions, but I started going at least maybe the second time or the third time. I went to every one since.

At some point, I started going to the reunions even on odd years and just carrying the class banner in the parade that they used to have. It would be me and like one other person in off years, but I felt that I really wanted to do that.

I've said to a lot of people that, "When Rutgers sports are really good, that's when you get committed alumni." I really believe that. I really believe that the reason that even though there are 600,000 alumni, there's 400,000 of them that are proud that they went to Rutgers, but couldn't give a damn about supporting Rutgers is because they had a bad experience.

The bad experience wasn't that they were treated meanly or anything, but that there was nothing exciting. I happened to be there when Bob Lloyd came and we went to the NIT. Those sports were good. So, that was what really got me committed.

[Editor's Note: Under head coach Bill Foster, star players Bob Lloyd and Jim Valvano led the Rutgers Men's Basketball Team to a string of successful seasons in the mid-1960s, culminating in the 1966-67 season, when Rutgers made the post-season for the first time ever and finished third in the National Invitation Tournament. Bob Lloyd became Rutgers' first All-American in basketball that year.]

When I got to Fort Dix, we moved to Somerset, so [that] Nan could go into New York and I could go down to Fort Dix, halfway each way. There was a bus right in front of what was then called Harrison Towers on Easton Avenue. It was, actually, Suburban ran a bus down Easton Avenue that went into New York. So, she didn't even have to take a car to a park-and-ride or anything. So, I would go to Fort Dix.

So, the first year, in September, there was going to be a football game that weekend, I asked her if she wanted to go to a football game. She'd been at Michigan State. She had gone to football games. In '66, they were the National Champions with Bubba Smith. She went to the Rose Bowl, the whole works. So, she's into sports.

So, I said, "Do you want to go to the football game?" She said, "Yes." So, I stopped and got a ticket in the ticket office. We went to the football game. The next home game, I went to that game. I kept going to it. Then, I don't know if it was that year or the year after, we went up to the Army game. I was still in the Army.

We went up to the Army game at West Point. I'm not giving you the Rutgers part. [laughter] So, I had a Ford Mustang. In those days, you had a sticker on your front bumper and your back bumper for whatever post you were on.

You'd see stickers from all over the place, because the war had ended and people were coming back in and they never took the stickers off. If you're driving around, you see them. So, I had them. Plus, my sticker had an "A," which meant I was an officer, whereas the non-officers had something else on their sticker.

So, we drive up to West Point. I don't know if you've been on a military post, but the military policemen, they don't wave traffic in, they salute traffic in. So, this is the way they wave traffic--they go up to their head and it's a salute-and-keep-passing. So, I pull into West Point with my stickers on.

I'm not in uniform or anything, because I'm rooting for Rutgers. I'm a major, but I'm rooting for Rutgers. I always rooted for Army when I was a kid, because my father was in the Army Air Force. I mean, I watched the Army-Navy Game. (I've got to tell you a story about Fort Dix and the Army-Navy [game], also, now that I think of it.)

They saluted me in and I'm in a parking lot right next to the stadium, which was great. Okay, the next time I go, we have a different car and it doesn't have stickers on it. We had to park down by the Hudson River and walk up.

Every time we went to Army, I say to people that the closest I've ever come to divorce in my life is when we go to an Army football game, because something always happens when we're moving. When my kid was young, he wouldn't walk. I had to carry him. My wife has tripped on wet leaves because it's the Hudson and you have to climb up areas.

There was one game where Rutgers sponsored a bus up there and a luncheon before the game or a dinner before the game, because it was a night game. Bill Liddy, who was a Korean War veteran, not a Rutgers graduate or anything, but our good friend, [who] went to all the Rutgers games--now, he's sick now, he doesn't go to things--but he was there with his grandchildren. The bus was parked in a certain lot, far out. They told us where it was.

So, after the game and it's dark, he gets on with his grandchildren and he gets to the end. The bus driver says, "This is the end of the line. You have to get off." He says, "But, I have to go to parking lot..." He says, "Well, you missed that three stops ago," and the bus driver said, "I'm sorry, I'm leaving."

Poor Bill (Liddy?), a Korean War veteran with a limp and bad things, with his two grandchildren, had to walk all the way back, like the Bataan Death March, back to find the bus, which waited for him. In any case, I always said that every time I go to the Army game, I get in a fight with my wife. Something bad happens getting to the stadium or leaving the stadium.

In any case, what I was going to say about the Army-Navy game is, at Fort Dix, when I was there, every year--and I wasn't assigned to it--but, for the Army-Navy game, which, in those days, always took place in Philadelphia, the Medical Department of Fort Dix would send an internist or two internists to an Army depot in Philadelphia, someplace north of the stadium.

Stadium's down--it was down by the Walt Whitman Bridge, but this was north--because, if a general or a high-ranking Army officer got drunk at the thing, they did not want him going to the then Philadelphia Naval Hospital, which was right across from the stadium. That would be an embarrassment to the Army. They brought them up to the Army depot.

So, getting back to Rutgers, we went to every single home game that year. Then, the next year, I bought season tickets and I've had season tickets ever since. Really, it's my thought that if we hadn't been successful in basketball when I was there, I might not be as into Rutgers as I am. I probably would've moved back to New York after I got out of the Army, [laughter] but we stayed and just kept getting more involved.

SI: Have you been involved in any committees or anything like that?

MB: Just for sports, basically, although I've been on the--they don't do it anymore--but for each fifth-year reunion, you have a group to raise money. So, I did that three or four times. In fact, what happened is, Kimberly Hopely, the Director of the Foundation, and, I guess, [current Rutgers University President Jonathan] Holloway, decided there would no longer be five-year reunions, but that every year would be a reunion.

The five-year might take place during Homecoming or something, but there'd be no parade or any of those other things, and that there wouldn't be money raising in that way. There wouldn't be a committee, each, for the five-year reunion that met starting the year before, would plan what events they were going to have, would start soliciting for money, that that was going to end.

So, my class had a scholarship. Then, one year, when I was on the committee, we donated the flagpole at the stadium. Then, I went to--I had Ron Garutti go, actually--to one of the people in the athletic administration and said, "When you have people do *The Star-Spangled Banner*, you've got to mention that it's the Class of '67 flagpole," but I told Ron Garutti to do that.

They still do that at football games and lacrosse games, "Direct your attention to the Class of '67 Flagpole." I'm hoping they do that *ad infinitum*, but we donated other things. They had the new Academic Building, the one with the big stairs. On one of those levels, there's like places where people can sit at tables with umbrellas. We paid for that plaza.

SI: In the middle area.

MB: Yes, and we have a scholarship. What happened, the committee doesn't really exist, but the president-for-life, Bob Gravani, he's a professor in the Department of Agriculture at Cornell. He's been our president forever. He sent us a message saying, "Dr. Holloway doesn't want brick-and-mortar anymore. He just wants donations. So, we have about a hundred thousand dollars. What do you want to do with that money?" because we're not going to have any more committees or fundraising by our group.

Some people said, "Well, the scholarship." I said, "Well, yes, but that's not brick-and-mortar, it's just a mortar board," [laughter] the scholarship. What we did was, we decided there wasn't much available, but we're donating something in this new Brandt Center that they're opening up. The dedication I'm going to is on June 4th or June 10th. That'll be the end of our money, at least as a class.

It's really a shame, because, now, instead of having a Reunion Weekend, they folded it into Homecoming. The problem with that is, invariably, you don't schedule Homecoming against a really good team, because the Athletic Department wants to make money and they're not going to make money. Ohio State, they can almost sell it out against Ohio State. Gladly, we're not playing them this year.

If you have Homecoming against Wagner, you might sell a lot of extra seats to people just coming back for Homecoming, but the problem is, because it's Wagner, the game's going to be at

noon. No TV station in their right mind wants Rutgers against Wagner at four o'clock in the afternoon. So, that gives you very little time to meet with your classmates to do anything. So, I think that's a big mistake, but that's the way it is.

SI: Is there anything else that I've skipped over, anything in terms of community activity or if you want to say something about your family?

MB: Not really. I sort of covered it at the beginning. I really don't have much of a family. Most of them have passed away or I've lost track of them. My sister-in-law is in the movie business, or was in the movie business. She was a second assistant director on *Grease*. Then, she was like the producer of *Cagney & Lacey* and the end of *Charlie's Angels*, but other than that...

My wife goes crazy, I said, "The worst part about the new teams that they put in the Big Ten is that we're going to have to see my sister-in-law at least once a year, if we go out to a game in Los Angeles." [laughter] Other than that, there's really not much about my family that's of any note that I haven't mentioned already. I think I mentioned Miriam Blecher, I think it was the Martha Graham dancers or something like that, is who she danced with, but that's basically my life in a nutshell.

SI: Great, thank you so much. I really appreciate it

MB: No, I had a great time, things I remembered that I hadn't even thought of in years.

SI: If there's anything else that you remember, I encourage you to jot it down and you can add it to the transcript.

MB: Well, I'm sure I'll think of odds and ends

SI: We can do a follow-up or whatever, but, for now, thank you very much, I really appreciate it

MB: Okay, it's my pleasure.

----------END OF INTERVIEW----------

Reviewed by Shaun Illingworth 10/18/2024
Reviewed by Michael Blecker 12/5/2024