

# Dr. Bruno Kwapis Oral History Interview

June 4, 2013

Interviewed by Aaron Pylinski

- Pylinski: Alright, my name is Aaron Pylinski. I am with The Pritzker Military Library. We're talking with Mr. Bruno Kwapis. We're going to get his "Stories of Service." Today is the fourth of June, 2013. Mr. Kwapis, thank you so much, sir, for having the time to talk with us on the phone, and get your story of service.
- Kwapis: Okay, we're on.
- Pylinski: Yes, sir. And what's your full name?
- Kwapis: Bruno is the first name, and Kwapis is the last name.
- Pylinski: Excellent, and where were you born and when were you born?
- Kwapis: I was born July 9th, 1925, in Niagara Falls, New York.
- Pylinski: Excellent, and did you grow up in Niagara Falls? Or were you—
- Kwapis: I grew up to the point of graduating from the high school there, yes.
- Pylinski: Okay, and what was that like living around the Niagara Falls area?
- Kwapis: Reasonably comfortable. No special problems. Lots of snow. And my back is still bent over from shoveling snow.
- Pylinski: [Laughs]. Yes, sir. So, did you have any siblings growing up?
- Kwapis: Yes, four brothers and one sister. They are all, of course, at this time, with their ancestors.
- Pylinski: Gotcha. So, what was it like having a big family growing up?
- Kwapis: It was good. We had a very good interaction together and we took care of each other, and I'd say it was a successful, and...relationship and pleasant.
- Pylinski: Good, good. And what did your parents do for a living?
- Kwapis: My father ran a tavern or a saloon, whichever term you want to use.
- Pylinski: Either one sounds good. And did your mother—she stayed home, I guess?

Kwapis: Well, she stayed at home, of course. This goes way back in history—

Pylinski: Those kids, right?

Kwapis: Yeah. Since they're basically immigrants from the old country, why they would work together and work, period?

Pylinski: Nice.

Kwapis: And raising a large family.

Pylinski: Yes, definitely. Definitely. So, was your family affected at all by The Great Depression?

Kwapis: Let's see. I would say they would have to be because of the time frame of the depression and their arrival in this country.

Pylinski: Okay. So, it might have been a little bit tough for 'em then?

Kwapis: Yes, I would say so. I can't—that's before my time.

Pylinski: Yes, sir.

Kwapis: And therefore I can't express, you know, details about that.

Pylinski: No problem, no problem. I know you were in your teenage years during World War II.

Kwapis: Yes, it's an interesting history.

Pylinski: Yes, sir. Absolutely. What are your memories of the attack on Pearl Harbor?

Kwapis: I remember—still have a distinct memory point of playing with a toy—I mean, sort of an advanced toy; it was a model of a boat. And at the time, the radio was on, and this is when I first heard about it. And, of course, I did not fully understand the magnitude of what was taking place.

Pylinski: Right. Did you have any thoughts at all about—I mean, when you were able to kind of digest everything that had happened, and maybe listening to your family talk about it or friends even. What was your feelings post Pearl Harbor, and then the beginning of World War II?

Kwapis: I see. Being a teenager, it was—I can't recall. It existed, it was limited, it was dependent on the information we were getting in the newspapers, etc. And so I was impressed, but not fully understanding what this is all about.

Pylinski: Gotcha. So... what—

Kwapis: Yeah, go ahead.

Pylinksi: What was high school like for you?

Kwapis: High school was... Well, high school was great. I graduated a year earlier. The reason why is because I took some summer classes.

Pylinksi: Okay.

Kwapis: And was able to by-pass the junior year, and from the sophomore year into the senior year. So I graduated a little earlier. And I did not graduate with all my classmates that I started in grade school with. And that's because I took a summer course—several summer courses. And I don't know why I did that, see.

Pylinksi: Well, I mean, maybe you just had initiative, right? You said your family and parents are both hard workers.

Kwapis: [Laughs]. But anyway, I graduated at the age of seventeen, which in that time was early. And, the most interesting part of the episode of the war is the fact that the war was on as we just may discuss for a moment.

Pylinksi: Yes, sir.

Kwapis: And the draft was on.

Pylinksi: Yeah, I was going to ask—were you worried about being drafted and sent overseas?

Kwapis: Yes, but the interesting part is, as follows, I was seventeen. I left and the local draft board had a list of all seniors who were graduating, and it's an interesting episode, but I left to Niagara Falls and went to Milwaukee to Marquette University.

Pylinksi: Okay, yeah.

Kwapis: Before I was eighteen, I enrolled at Marquette University.

Pylinksi: What were you going to study when you got there?

Kwapis: Pre-med.

Pylinksi: Pre-med, okay, good. Very cool.

Kwapis: I registered with the draft board in Milwaukee to...fulfilling my obligation. What was interesting, about a week or two after my birthday, the representatives of the draft board in my home town came looking for me. [Laughs].

Pylinksi: Oh, no. They were knocking on your door, huh, and you just split out of town.

Kwapis: Right.

Pylinski: Yeah.

Kwapis: So, this was already registered in the draft board, they had no control over me.

Pylinski: Gotcha.

Kwapis: So based on that, I was able to continue my education, until ultimately after graduation in 1948, see?

Pylinski: Gotcha, gotcha. So—

Kwapis: Otherwise, I would probably have been in some military situation, see?

Pylinski: Oh, I'm sure of it. You'd probably be, you know, knee deep in the trenches with the rest of the grunts. That's for sure.

Kwapis: So, in a sense, I was deferred together with others until graduation.

Pylinski: Gotcha.

Kwapis: I was just put deferred, period.

Pylinski: Uh, huh.

Kwapis: And so I graduated in 1948 from Marquette University. [Coughs] excuse me. And I had said I was a pre-med to begin with. I couldn't get into medical school because during the war, the slots are filled, and only a few are left for ROTC and ASTP.

Pylinski: Okay?

Kwapis: Which did not exist until that time, and was only a few slots left, and I was able to fill those, so I went to dental school.

Pylinski: Gotcha.

Kwapis: At Marquette University.

Pylinski: So that's kinda what got you going into dental school was the fact that the ROTC and the Special Training Program was kind of filling all the slots.

Kwapis: Exactly, so...which I didn't mind too badly. Graduated in 1948, and when I left there I took an internship at the Indiana University Medical Center in Indianapolis.

Pylinski: Okay.

Kwapis: When I left there, I took another residency—that was an internship. I took a residency in maxillofacial surgery at the Jefferson Davis hospital at Houston, Texas.

Pylinski: Man, you were just bouncing all over the states, weren't you?

Kwapis: Well, [laughs] I was bouncing over... And then, ultimately, I took another residency at the St. Louis University Hospital Group, following the one in Houston, Texas.

Pylinski: And what was the time frame for that?

Kwapis: Now, the one at Houston [interrupting each other]—yeah. The one at Houston , Texas is probably the most important part of our discussion.

Pylinski: Okay.

Kwapis: For the following reason: the other TEO programs are relatively benign and very little exposure to trauma.

Pylinski: Gotcha.

Kwapis: Jefferson Davis Hospital in 1950's was a boom town. It is even now, today.

Pylinski: Uh huh.

Kwapis: At that time, the Jefferson Davis Hospital was the city county hospital.

Pylinski: Okay.

Kwapis: And the very act of community. I mean, people carry guns in their glove compartments.

Pylinski: Uh huh.

Kwapis: And so, there's a lot of trauma coming into the hospital emergency room. And since I was originally a pre-med, my continued fascination with medicine and so-forth. I used to spend all my free time—this is important.

Pylinski: Uh huh.

Kwapis: All my free time in the emergency room. Got to a point where I was provided an extra hand through the busy, busy time period when all the trauma was coming in—assisting the residents in surgery, etc.

Pylinski: Okay, so you were helping out like in the ER with the surgeons and so-forth?

Kwapis: Yeah, got an extra pair of hands, yes.

Pylinski: Okay .

Kwapis: And this is very important. It got to be a time they looked upon me as one of their residents in surgery.

Pylinksi: Nice.

Kwapis: They said, "Go suture this!" –within limits, of course. I was not going into an abdomen, or a chest, or anything like that.

Pylinksi: Right. [Interrupting each other]

Kwapis: There was a lot of lacerations.

Pylinksi: But you knew how to do sutures through your dentistry practice, correct?

Kwapis: Oh yeah, sure.

Pylinksi: Gotcha.

Kwapis: And developed skills in suturing, see? -

Pylinksi: Gotcha.

Kwapis: And closing wounds.

Pylinksi: Uh huh.

Kwapis: And this is—if I did not have this experience, I don't think I could have done what I did in Korea.

Pylinksi: I agree. I agree, yeah.

Kwapis: That's it.

Pylinksi: Uh huh.

Kwapis: To carry on further, because there was a segment of professionals who were deferred during World War II, they were first on the list to fulfill their requirements in Korea.

Pylinksi: Okay.

Kwapis: And boy, you actually... I don't remember what I got—a letter or something that I was going to be— its honor to being drafted, see? But, so I volunteered and ended up in the U.S. Army.

Pylinksi: I gotcha. So just to—

Pylinksi: So, just to kinda back up just a little bit, I was curious. So when you went to the draft board—when you signed up for the draft or what-not—did you feel like that was a checking the block obligation, or was there something patriotic behind that? Did you feel like that was your, you know?

Kwapis: I don't think it was patriotic. I think it was an obligation.

Pylinksi: Okay.

Kwapis: So, I volunteered, you see?

Pylinksi: Gotcha.

Kwapis: You know, so I'm like, "Well, I volunteered anyway." So, I went through the process of being inducted into the army.

Pylinksi: Did you do that in Huston, or...?

Kwapis: Huh?

Pylinksi: Where did you do that induction for the military?

Kwapis: Well, that was in Ft. Leonard in Missouri, and then, there where I learned—and then, from there in Houston, Texas. Not in Houston, I'm sorry. Let's see, Fort Sam, Houston.

Pylinksi: Gotcha.

Kwapis: Where they made soldiers about us in a short time period. See, such as handling a 45 millimeter pistol.

Pylinksi: Uh huh.

Kwapis: Anyway, and climbing underneath barbed wire.

Pylinksi: What did you think about climbing underneath the barbed wire?

Kwapis: [Laughs]. And then, of course, we started—people started getting orders. I had no idea where I was going to end up, you see? And received my first order to report to San Francisco, and the second order to report to Japan. And this is the pipeline, as you know.

Pylinksi: Absolutely.

Kwapis: And then to Japan. And when I got to Japan, I had no fixed terminal point. I just continued on to Korea. And when I arrived in Korea, there was a hospital called the 121st Evacuation Hospital, which was a part of the pipeline—part of the pipeline for all professionals: the physicians, the dentists, and so-forth. It was from there that they were disseminated into different parts in Korea.

Pylinski: Okay, so that was kinda part of the—

Kwapis: I was going for that pipeline.

Pylinski: Right, that was the hub where they spread you out from, more or less.

Kwapis: Exactly. And so, upon arrival, we were in our Quonset huts. And I'm sitting up, or laying down in bed, not sleeping, and in walks a lieutenant.

Pylinski: Uh huh.

Kwapis: And he was a physician; he was a surgeon. And he said, you're so and so. And I said, yes, I was. "Would you like to come and treat a patient?" So, it was a GI with a broken jaw. And so, I said, "Sure." I followed him. We looked at the patient, we looked at the x-rays. And I said, sure, we should attend to it.

Pylinski: Gotcha.

Kwapis: Yeah, we'll schedule him for surgery the following morning. 'Cause if this were in a civilian hospital, you don't go in immediately, you schedule for the following morning if he's not an acute situation, see?

Pylinski: Right.

Kwapis: And he said, "No, you're going to do it right now." [Laughs].

Pylinski: Well, it's combat, you know, man. It's... Do it now, yeah.

Kwapis: Right, this is my introduction to combat surgery under those circumstances, see so...I was introduced to a corpsman. His name was Leonard, and I don't remember his last name—nice fellow through Boston area.

Pylinski: Uh huh.

Kwapis: And he was with me for the rest of the time period while I was in Korea. And fantastic person to work with, see?

Pylinski: That's pretty cool.

Kwapis: And so he took care of his broken jaw, and that was the introduction we had—going to anesthesia and everything worked out very well. And that was it, see? Right after that it was part of the team.

Pylinski: Uh huh.

Kwapis: Part of the team. Part of the 21st Evacuation Hospital, and which was located near a small village called Yong Dung Po—which is not far from Seoul.

Pylinski: Okay, oh wow. Okay.

Kwapis: And the facility. The facility was an abandoned small trade school.

Pylinski: Okay.

Kwapis: And which was converted into this hospital. It was primitive, but adequate. It was primitive, but adequate, see? And this is where—of course, we lived in Quonset huts, not in the facility.

Pylinski: Right.

Kwapis: This hospital functioned like, let's see. Are you familiar with "MASH"?

Pylinski: Yes, sir.

Kwapis: Mobile Army Surgical Hospital.

Pylinski: Uh huh.

Kwapis: The 121st Evacuation Hospital was a semi-mobile.

Pylinski: Okay.

Kwapis: So where MASH there were trucks sitting by to move you. The 121st was semi-mobile. And it was—everything that took place in MASH took place in 121st Evac.

Pylinski: Gotcha.

Kwapis: He's one of the picked up overload of patients, etc. But it had something else that MASH didn't have. See, MASH had primary surgeons to take care of the casualties.

Pylinski: Uh huh.

Kwapis: The 121<sup>st</sup>—they had no oral surgeons there for example.

Pylinski: Gotcha.

Kwapis: The 121st Evacuation Hospital not only had an oral surgeon to take care of certain kind of problems, that it had an ophthalmologist, see? It had an Ear, Nose, and Throat doctor there, and it had a Pathologist because the morgue was there, see? So, it was functioning essentially, almost like a small hospital, see?

Pylinksi: So you were like a plused up MASH unit, more or less?

Kwapis: Yeah, so this where I ended up doing my surgery, and at the 121st Evac, and of course the casualties came in, and it sporadically—but in large numbers. And the operating room, the operating room was—may have been in the past a small gym or something. And this is converted into a common operating room, which you don't see very often. There're five operating tables parallel to each other, without any partitions in between. There was no other alternative, and so there are time periods when five surgeries are going on simultaneously in that facility. All different types, see?

Pylinksi: Right. And I know, like, through studying a lot on The Korean War, so far as the MEDEVAC was concerned and the MASH hospitals, and so forth—like, I know that the rule of thumb was, you know, you had an hour to get him back to an evac hospital, or to a medevac hospital, or a MASH hospital, you know, in order to save that life. And that hour was like the golden hour, more or less.

Kwapis: You got it, mate. And, you know, we can get into the next subject, of course. So the helicopter.

Pylinksi: Yeah, well I wanted to talk about some other things before we get too far along. I did want to ask you a little bit about your training before you even got to Korea. I know you said, you know, did crawling under the barbed wire and trained in the 45 pistol, and you were in Fort Leonard Wood. What were some of those experiences like? I mean, did you feel like you were adequately prepared, getting ready to go to war?

Kwapis: I can't say—do I feel now whether I adequately prepared? Probably not.

Pylinksi: Okay, what about then? [Chuckles].

Kwapis: In other words, holding a .45 is not the answer.

Pylinksi: Right.

Kwapis: But crawling under barbed wire was probably okay.

Pylinksi: Gotcha. So how long was your training at Fort Leonard Wood?

Kwapis: I don't remember the exact time frame, but it couldn't have been more than a couple of weeks to a month.

Pylinksi: And The Korean War had been kicking off by that time that you were—

Kwapis: Oh, yes. Oh, yes. Yes.

Pylinski: And what did you know so much about The Korean War that you had going into it?

Kwapis: Not as much as I found out later.

Pylinski: Yeah, I know it was –

Kwapis: I knew that there was a war going on, and of course as time went on, you know, being a part of it, you learn more, so that's about all I can answer. And a possibility I might be there someday.

Pylinski: Gotcha. So when you left Fort Leonard Wood, you said you went to San Francisco, correct?

Kwapis: Yeah, it was a point of embarkation to the Far East.

Pylinski: Right. Did you take a ship? Or did you fly?

Kwapis: I flew, I flew all the way.

Pylinski: Okay, so you went straight into Seoul then, from—

Kwapis: I flew into...I think in Japan, and then from there to Korea.

Pylinski: Okay. And was there anybody from your training at Fort Leonard Wood that you stayed with or followed you all the way through?

Kwapis: No. No, I was a loner.

Pylinski: Okay, gotchya. Well, I guess being such a specific field in Madison, It's not like you had a 150 grunts and you're also a grunt, you know, so that makes sense. What were the reactions of your family back home when they found out you were getting sent back to Korea?

Kwapis: Well, I was married at the time, of course. And they obviously—I don't recall any expression from my family in Niagara Falls. Of course, my wife was always concerned, and she stayed in Houston, Texas where she was a nurse at the Jefferson Davis Hospital. That's where I met her and married her.

Pylinski: Was she from Houston?

Kwapis: No, she was from Massachusetts. This was the time when Houston was booming. People were coming down from the north looking for work, and boy they got it there: the oil field, the shipping canal, etc, etc.

Pylinski: Yeah, I had a cousin of mine was in Houston later than the fifties. Yeah, it definitely was an up and coming place. There's no doubt about that. So, you got to Korea, and, of

course, it was kinda on trial by fire as soon as you got there. You know, having to work on that gentleman's jaw like...[Laughs]. I know that Seoul changed hands a couple of times during The Korean War. Where you ever involved in that? I know you said you were...

Kwapis: Repeat that, please.

Pyliniski: I know that Seoul had changed hands, more or less.

Kwapis: Oh, yes. No, the only time I was there. The only time I was there, of course. Well, I saw how—let's see. I got to use the right words... it was in shambles. There were very few buildings with windows intact. It was rubble. Yeah, so probably at the time I went there was after the North Koreans or Chinese came in and left, see?

Pyliniski: Gotcha. Okay. Yeah, so everything was fairly stable for the most part. Was there ever any hostilities in the city when you were there?

Kwapis: No. No. No. No.

Pyliniski: Well that's good, I mean. At least you were able to get some distance under relatively safe conditions. Even though you were still in a combat zone. What were your impressions of Seoul? I mean, as far as, you know... obviously it was in shambles, everything was in one shape or form or another destroyed. But I mean, there's things about this, there's things about...

Kwapis: Not very impressive, see? I mean, the buildings that were there, the capital, etc., was a of modest dimension. Essentially, all the windows are gone etc., etc.

Pyliniski: Did you ever find yourself treating any of the locals while you were stationed there?

Kwapis: I had the opportunity to treat the wife of Syngman Rhee.

Pyliniski: Oh, get out. And you tell me a little bit about that?

Kwapis: Well, she had a dental problem that needed a review and an opinion, so to speak. So, they obviously came to what was 121st Evacuation Hospital. Don't remember the exact details, but I do remember having her as a patient.

Pyliniski: Okay, was there a lot of people around, so far as—

Kwapis: Oh, no. No. It was, you know, not compared to today's, see? One in her position at the time, see?

Pylinski: Excellent. So, you were getting ready to say the helicopters made a big part. I know through some studying and research, it was kinda a deciding factor for saving lives, was the helicopter in the Korean War.

Kwapis: In World War II, there were no helicopters; I mean, they probably were not in existence. I would say that the helicopter, together with antibiotics, are two of the main factors in survival of these wounded soldiers.

Pylinski: Yes, sir.

Kwapis: And they were two helicopters used a small bell helicopter, which had pods on either side, and just a pilot, and they could fly anywhere. You need to consider the fact: Korea was mountainous.

Pylinski: Oh, yeah. The terrain...

Kwapis: And a lot of the brutality took place especially up north. And along the coast line—a ridge of mountains all the way. Well, the Bell Helicopter, the most adaptable—although, there was a Sikorsky was used one in a while. But not for the same purpose, see? Because in the evacuation, of course, as you know now, corpsman sees a patient as soon as he's wounded, makes a decision. Some methodology to get him to battalion aid, and from there they move ya' to MASH or somewhere else. And in the old days, you have to carry 'em, or if there was a truck around, or if it was a different type of circumstance. But in these mountainous areas, you talk about the hour, the golden hour. This is it, see? I think that was probably one of the greatest contributions to survival. In fact, the statistics—I'm a student of history, too—in World War II, 4.5 percent of injured people died and in Korea; it only got to 2.5 percent. I would say the—probably the helicopter was the most important thing. And the establishment of MASHs units, and so forth.

Pylinski: Right, just to changing tactics, techniques, and procedures definitely improve the chance of living, you know what I mean?

Kwapis: Yes. Historically, after World War II, there were no MASH's in World War II. After World War II, they decided to put a MASH unit with each division, and supposedly, there were going to be four in Korea, but ended up there're only two, plus the evacuation hospital. And at the time I was there, there was only one. So, this is why the 121st evac—which could receive helicopters in the golden hour or two.

Pylinski: Right.

Kwapis: In that golden hour or two was quite busy 'cause we had the surgeons, we had everything the MASH had, plus more. That was the key.

Pylinksi: Absolutely, so when you arrived in the country, what time of year did you get there?

Kwapis: Let's see, I think it was Fall. It was in '52. I don't remember. I can't—that's a half a century ago, I can't give you that. I don't know whether it was snowing or not; although, as you know, cold in Korea.

Pylinksi: Yes, sir. I know it's like—the weather just gets below freezing and totally miserable.

Kwapis: Well, I'll tell you.

Pylinksi: Yeah, so I know your service dates were from July '52 to July '54. So, I would assume you were there at the beginning of the fall.

Kwapis: Right. You run moving into Fall, see?

Pylinksi: So, what were your impressions of the country in itself, so far as the weather is concerned, and the people...?

Kwapis: Yeah, having growing up in in the....well, the weather—we were dressed appropriately, of course. But as far as coming from a civilized civilization in the United States, and coming to a country that was also civilized, but primarily ruled, primary rule was—and enlightening in the sense of the disparity that exists between, you know, an advanced country that I left to that country. And the fact that it was in the conditions of war, so seeing civilians was a difficulty. Civilians, women carrying things on their heads, and so forth. It was different, see? It was for me, when not before left the country of the United States, this was an eye-opener, and an education in a sense.

Pylinksi: Yeah, I know the civilian populous definitely took the brunt of a lot of that fighting during the Korean War. There were so many displaced civilians, they were everywhere. Did you—I know you also mentioned in your questionnaire about photographing, and had the opportunity to take photographs.

Kwapis: Yeah, this is important. The reason why I originally communicated with the Pritzker Museum was because I have a collection of photographs, see? Prior to leaving the United States and going into the military service, not knowing where I was going to go, I and a father-in-law assembled a photograph apparatus—designed for clinical use. And I took this with me, and while I was able to document, I was documenting everything that I did—or most of this I did in the operating room. If you check out the files of the Pritzker Museum, there's a slide box with 100 slides in color of the cases I did before and after.

Pylinksi: Oh, excellent.

Kwapais: And here I'm an octogenarian, getting close to being a nonagenarian! But anyways, so I—what am I going to do with these? They are no value to anybody, except a museum or its counterpart. So, soon as I learn that this existed, I thought that's the place for it. So, going back, I did have this photograph of a piece of equipment, which is marvelous. I was able to photograph a patient before surgery and after surgery.

Pylinski: How did you—can you describe this apparatus? You mentioned it as an apparatus. I'm curious.

Kwapais: It's a camera. It was an exakta at the time. And it had two photo-flood bulbs on either side. One was switched—pushed to release button. The lights being on and immediately following that, the film was exposed.

Pylinski: So, was it a quick-shutter then or did you have to kinda hold still for it?

Kwapais: No you have to hold still for it, see? But it had a little handles on it, see? And, in fact, on locations, the general surgeons had a case they want especially photographed someone unusual. I remember one case that a soldier—GI being cared for doing a skin graph. He had a flare accidently went off and the whole crouch area was burned, and the surgeon would like to have it documented, so I took some photographs of it. It was an excellent... If you have the chance to look through the files, you see what I mean?

Pylinski: Yeah, definitely going to look at these slides and see some of your work. Having gone through college as a journalist, I dabbled in photojournalism myself. I shoot a lot of 35mm. I have a digital—you know, like, a real nice digital camera, as well. But—

Kwapais: There was Kodachrome, and of course, there was a reasonably good mail service, so there was no worry using up a roll of film. I do not know if they converted it to slides in Tokyo or went to San Francisco, but only last couple of cases. I never saw the slides or never saw the film again. But generally speaking, it was very good.

Pylinski: That's very interesting. It's great that you took those pictures, too, because, I mean, historically, there's going to be—there's that aspect, you know, there's that aspect of, you know, there's things that you see.

Kwapais: The proof in the pudding is in eating.

Pylinski: Exactly, that's a very good way of putting it. I mean, it's something that you have seen, but now it's something that everybody can see, and along with our interview, it's—

Kwapais: Periodically, you know, when an opportunity—well, it's not an opportunity—when I encounter or need to, or someone wants to know what I did in the war, it's like, "Daddy,

what did you do in the war?" But I tell them what I did, of course, it is not as impressive as if I show 'em photos of the cases.

Pylinksi: Right, exactly. Would you say there were any cases that stuck out in your mind the most?

Kwapis: Yes, one—and this irritates me. This is a case I photographed, but I never got back, see? It was an Air Force Captain that was brought into the 121st Evacuation Hospital, and apparently, the airplane he was flying...somehow an aerial explosion from the enemy smashed the window and the cockpit—not the cockpit. Well, the area in which you—he was in, and cut his face. I could lift his face up. It was almost like a face transplant, see?

Pylinksi: Oh my gosh, yeah.

Kwapis: And this instance in which the key is the ophthalmologist, see? Because many of these cases, you want to have somebody with the proficiency to evaluate the eye, and he did, and he said both of these are gone.

Pylinksi: Wow... So he was—

Kwapis: To put the pieces together, see? These fit together like puzzles. Put the pieces together took us almost eight hours, see? And then I'll never forget, that's the longest case. Most of them will take about four hours and so forth, see?

Pylinksi: So, did he come in with no eye sight? I mean, I'm assuming he was able to land the airplane and make it to the hospital. He didn't crash land, did he?

Kwapis: You know, I didn't ask can you see or not, see? But the nature and the position of the injuries, such as it was close to the eye, and it was routine for me to ask the ophthalmologist to look at some of these.

Pylinksi: Gotcha, that's incredible. And I'm sure he's, you know, any other time, you know, without the medial system we had in the Korean War, that man might have bled out and you might have lost him.

Kwapis: Yeah, one of the interesting things in my type of service in that situation—and similar situations—is the fact that there's, of course, a combat injury which consists of a missile—a bullet or shrapnel fragments, etc.—will go through, disrupt soft tissue. A general surgeon can do a good job of suturing it up, see? But who's going to do something inside, if a bullet goes through the jaw, goes through the mouth, it fractures the bone, etc.? Who takes care of the roof of the mouth, who takes care of the tongue, the cheeks, etc., etc.? You see? This is the...This is the basic things, see? In other words,

any good surgeon, and I'm sure they did this, could suture up the skin, but who's going to take care of what's underneath?

Pylinksi: Right, the really important parts. 'Cause, I mean, you can't just put a Band-Aid over a part—

Kwapis: They came up with protocol for—I actually concentrated on more of what was underneath, deeper than the wounds. Then, because I knew this soft tissue in both instances can be closed, and the final part of the surgery.

Pylinksi: Right, so what would you say was the common wound that you saw coming to the 121st when you were there?

Kwapis: Well, common wound was a shell fragment or a bullet. If you saw the photos, you would see what I mean. Going through the lower part of jaw, sometimes close to the eye area. Just to...one of the things is, a fragment—since you are military I can talk to you--a fragment, whether it's a hand grenade, whether it's a shell fragment, a bullet, when it enters the facial area at the high velocity, and it strikes bones as it goes in your cheek or through the jaw, etc. when it strikes bone, it fractures the bone into little fragments that produces more missile. So, at the point of exit, you have a much larger wound than at the point of entrance, which is basic—this is a well understood concept, see? And so, whenever a wound's in the maxillofacial area, and the bones are involved, and there's bones involved, wounds of exits are much larger than those of entrance, and need management in that sense, of course. In the process of treating these patients, the first step, as I said, was enter the wound, stop the bleeding. If there's still any, remove these foreign body—and most of the time, it was a shell fragment deep in the wound. And irrigate like crazy with saline solution because this was minimizing complications later, because these are sometimes dirty wounds and they can get infected. And this is why I mentioned earlier, the use of penicillin together with streptomycin—we had those two together, pen strep together—with the helicopter, I think they were very important elements in management causalities, see? When you consider the fact that in Korea, as in Japan—in Korea and Japan, human refuse is used as a fertilizer.

Pylinksi: Oh, yeah. That also causes, like, all kinds of, you know, disease.

Kwapis: Yeah, microbes or germs, see?

Pylinksi: You name it, right?

Kwapis: Penicillin didn't come into being until the end of World War II. And that's probably why a lot of the amputation and so forth took place, and all the other wars. Infections are a big thing; but here, diligent irrigation, washing the wounds out very carefully. And of

course, putting them on the antibiotic combination really permitted type of surgical closures, etc., in the more conservative manner.

Pylinksi: Gotcha. Yeah. So, did you guys, at the 121st, did you have any problems getting equipment or resupply at all?

Kwapis: Yeah, what was there was left over from World War II. There are few items I would have preferred, but I was able to work around their absence. Generally, it was primitive, adequate. We were able to accomplish our objectives.

Pylinksi: That's good, okay.

Kwapis: Only after. And I think— wanted something very badly, and if we were available, we would be able to obtain them, see?

Pylinksi: Would you say that has ever marginalized your operation or success in your operations?

Kwapis: No. No. One of the—I have to comment about the following, which is I think is very important: anesthisea.

Pylinksi: Okay.

Kwapis: Because your face is all shattered and the anesthesia to operate—how are you going to give him anesthetics, see? In other words, you gotta put a mask on, you can't put a nasal in a trickle tube down, and so forth. So the tracheotomy—patients arrived with tracheotomies. If not tracheotomy—was preformed to be able to put a tube down through your throat for anesthetic.

Pylinksi: Were these tracheotomies done on the line or were they done at the MASH hospital gets to you guys?

Kwapis: Some were done on the line, depending on the capability and the circumstance. Some were done—they were probably done at battalion aid. And of course, MASH made it in our situation, for doing facial surgery, it was definitely a month, see? In addition, we had nurse anesthetizes. There were either four or five of them. They were excellent and they—one physician anesthesiologist who sort of supervised them or over saw them, see?

Pylinksi: Were the nurses male or female nurses?

Kwapis: Female nurses.

Pylinksi: Okay, so you had female nurses working in the 121st with ya?

Kwapis: Yes. In fact, there must have been about forty nurses all in there. All together. And they were all—they were not as attractive as the ones in MASH movie. [Laughs].

Pylinski: They were not all hot-lips Hoola Han. [Laughs].

Kwapis: We... I first saw the movie, MASH, I almost—I was disgusted with it because the hilarity and all of that went with it did not exist in these operating rooms. It was some real serious, somber activity. And so, but then I—finally like today when I see it, it was designed to be a comedy.

Pylinski: Absolutely. They were trying to, like, put a light spin on a relatively grim situation.

Kwapis: They're taking a serious military situation, a hospital, and add comedy to it and be successful as it had been, see. But when I first saw, I said this wasn't the way it was. But, you know, much of it was, but just the fact that we didn't have hot-lips around. We didn't even have a "cold-lips" around. [Laughs].

Pylinski: Yeah. Well, I mean, you're there for a mission. It's not a beach party, that's for sure. Where—

Kwapis: We didn't come back in Hawaiian shirts from Tokyo and so forth. [Laughs].

Pylinski: All the girls in Hula skirts. Where did your patients go after they were treated at the 121st?

Kwapis: That is very important, very good point. Statistically, and you should be an expert on this, if you studied the history of the Korean combat. Who was fighting who? Let's go back...this will get back to evacuation, you see? United States and South Korea was fighting North Korea and China.

Pylinski: Right.

Kwapis: Okay, so I probably saw far more South Korean casualties than I did the United States ones. The percentage of South Korean's in the military, in the combat situation, was much higher—it was higher than the U.S., even though we were there in large number. Don't misunderstand me, you see? And, okay, so, evacuation—I don't know what happened up North with the North Koreans or the Chinese, but the evacuation cases that I have treated were evacuated. We keep them for two or three days, then soon as they are able to be moved, they would be moved to some hospital in South Korea for the South Koreans. The Americans, the UN—we acted as a United States, it was United Nations, but the reality is, there were many other countries there, see? It was United States doing by far most of the combat, so the evacuation from Americans would be to— most of them would end up at Tokyo Army Hospital. They would be flown from Kim

Po airfield to Tokyo and end up in Tokyo Army Hospital. There, they would probably be kept for a week or two, or until they were suitable to be flown—condition to be flown back to the United States; perhaps the VA hospital or one in Washington, etc. That's the channel of evacuation, see?

Pylinksi: That's good to know. So, did you have any—aside from the corpsman you worked with the whole time—there it was a good set of hands, like a battle buddy or friend or anybody that you kinda...you spent your down time with? Or any kinda off-time with?

Kwapis: We lived in Quonset huts, and so did the nurses. But not in the same Quonset huts.

Pylinksi: Right. Right. No, yeah. Everything is segregated, so far as the sexes are concerned.

Kwapis: Anyways, yes, because you're cooped in a Quonset hut, you develop friendship with the other people. I remember the Ophthalmologist was one. And several surgeons, etc. And there were also—that was primary, see. That you might share something with, if you had a martini, see? We didn't have martinis. But you can share it with the inhabitants in the Quonset huts that would be—there was a dermatologist there, I forgot about that. There was a dermatologist there, which is interesting. Yeah, I would say he was from New York and I got a little friendly with him.

Pylinksi: Do you remember his name?

Kwapis: I loosed it.

Pylinksi: Okay, how many people lived in your Quonset hut with you?

Kwapis: I'd say, probably eight people.

Pylinksi: Eight.

Kwapis: Yeah, it's inevitable. I mean, you're sleeping in cots next each other, you see? You know, if you couldn't get along with them, you'd be a difficult—

Pylinksi: It'd be a long trip. Did you write home a lot to your wife and family?

Kwapis: Yes, of course, rather frequently with my wife. And somewhere down—I think I may still have—I haven't looked recently, but maybe we still have some of that correspondence. Either that or...yeah, there might still be some of that around somewhere.

Pylinksi: Pretty cool. What did you guys talk about mostly?

Kwapis: Well, just, you know, the conditions that I was existing in were there, and she would be, of course, empathetic. And each of these means sixty three years; we're still married.

Pylinksi: That's pretty awesome. They don't get any these days. Was there ever everything you would omit from your letters at all, or was it open?

Kwapis: The only thing I did, let's see—no... I knew I had—see, when we arrived to Tokyo, you had much more baggage with us, and this was stored for us. And I can recall that I had nice photograph of her, and took the occasion on "R and R"—Rest and Recreation—to go down there and retrieve it, and that helped pass time, too.

Pylinksi: So you did your R and R in Japan then?

Kwapis: Yes, yes. Uh huh.

Pylinksi: Did our wife come out to see you?

Kwapis: No, that's another story. No, no, no, no. What happened to me after Korea, is the next question.

Pylinksi: Okay, well I was just curious.

Kwapis: See, I was—

Pylinksi: You did not get any R and R while you were there, so, like, you know.

Kwapis: Part of the R and R actually was sent to Tokyo Army Hospital for a week, and met an oral surgeon there. And he was supposedly going to tell me how to do things, but I could have told him how to do things. But that was a part of the R and R.

Pylinksi: Okay, I got you.

Kwapis: So, when I was terminating my Korean experience, one more year of obligation in the military. I had a choice of being sent to Kyushu, which is in Southern Japan. But there is no housing available for dependents, and I was told that housing was more readily available on Okinawa. So I ended up in at Okinawa; my wife came over and spent the rest of the time at the Kuwae Army Hospital, which is fairly benign compared to the previous experience. And while there, to my surprise, as soon as I received accommodation.

Pylinksi: A medal from the war?

Kwapis: Yeah.

Pylinksi: What was the medal for?

Kwapis: Meritry service. Can I read it to you?

Pylinksi: Absolutely.

Kwapis: Okay, this is from General Ogden. I have a photograph of myself pinning it on.

Pylinski: Oh, very nice.

Kwapis: Let's see. I was a first lieutenant at the time. Ended up as captain. Medal pendant: "First lieutenant Bruno Kwapis," with my serial number, "Medical United States Army, Lieutenant Kwapis, member of the 121st Evacuation Hospital, semi-mobile is cited for Meritorious service in Korea during the period 10 October 1952 to 3 August 1953 as an Oral Surgeon. Lieutenant Kwapis was responsible for the care and treatment of combat casualties suffering maxillofacial injuries through his comprehensive knowledge of surgical techniques and its consciences and genuine concern for the welfare of each individual—who care under his supervision, Lieutenant Kwapis not only successfully attained outstanding surgical result, but maintained the morality of the troops suffering these injuries at an exceedingly high level. His loyalty, initiative, and devotion to duty earned his—this respect and admiration of all those with whom he served. The Meritorious Service rendered by Lieutenant Kwapis throughout this period reflects great credit on himself and the military service." Amen.

Pylinski: [Laughs]. Very nice, sir. Well deserved, I'm sure. So, you were able to spend your last year in the army in Okinawa, and your wife was there. What was life like there?

Kwapis: You know, it was pleasant. We had a nice, small house to live in, and the climate in Okinawa was very pretty good, and we had an officer there, etc. And a very nice officers club. And then, of course, I had—because there was no combat casualties essentially coming in, there may have been accidents, but so much free time that I had, I went into the rural part of the country, and engaged with a physician whose also a surgeon, and helped him with a couple of cases he had problems with. One was a hair lip on a little girl, which I repaired, see?

Pylinski: Wow, that's really cool.

Kwapis: There's a little extra.

Pylinski: Yeah, did you take some before and after pictures of that?

Kwapis: No, I didn't. I did not. I should have, but I did—then the—I did not.

Pylinski: What were your—aside from this job, what were your interactions with the local populace? Did you enjoy the time there with the local populace? Did you enjoy the time with the locals, like, Japanese locals?

Kwapis: There wasn't much exposure to them because we live in the more confined area. Although, the opportunity—they intended to visit different parts of Okinawa—in which the combat was quite serious, as you know.

Pylinksi: Right.

Kwapis: And the rural populations, or the native populations, suffered immensely following the invasion of Okinawa by the United States. I mean, we visited many sites in which large numbers of Okinawa population civilians ended or died, either of suicide or were killed by accident.

Pylinksi: Did you ever partake in the local food, in Japan?

Kwapis: Not much, no, not much. In Korea, the big thing is Kimchi.

Pylinksi: Yeah, Kimchi [Laughs].

Kwapis: The form is Sauerkraut.

Pylinksi: Right, yeah. When I was on my last tour of duty in Afghanistan, we had of some South Korea's on our installation. They had their mess facility—had a lot of Kimchi. It was really good, don't get me wrong. I'm a big fan of—I like to explore new foods myself, so... yeah, that Kimchi is something else. Just rotten cabbage. And the cabbage is going back to the soil. The cabbages were enormous.

Pylinksi: Oh, yeah. I can imagine.

Kwapis: The cabbages were enormous.

Pylinksi: So, did you try a lot of Kimchi then, when you were in Korea?

Kwapis: No, no. I stayed away from it for several reasons; I didn't want to eat native food because I didn't trust. I did not know what I was getting into.

Pylinksi: Right. Yeah, you definitely got to be apprehensive.

Kwapis: Yeah, it was a defensive maneuver. I might try Kimchi here in the local restaurants.

Pylinksi: Right. So, after your year in Okinawa, you returned home to get out of the army?

Kwapis: Yes, yes. I returned and I took a position in teaching at St. Louis University

Pylinksi: Right, and you got out in 1954, correct?

Kwapis: Correct.

Pylinksi: Okay.

Kwapis: And I've been in academics ever since.

Pylinksi: Excellent. Where did you do your discharge at when you got back?

Kwapis: That's a good question, I'm trying to think.

Pylinski: 'Cause I'm assuming did you came back through San Francisco or...?

Kwapis: Yeah, I think for some reason, Oakland seems to come up in my mind, but that that's a missing link.

Pylinski: It happens, definitely. I—okay, so after your discharge, you said you went into academics. Before—I mean, thinking back on your on your military service going to Ft. Leonard Wood, signing up for the draft, going to Ft. Leonard Wood, being sent to Korea, spending your time there in Seoul, and then going to Okinawa, was there any one part of all of that experience that really sticks out in your head the most?

Kwapis: Yes. The—I got to think about beginning the appropriate terminology—the words here, I think going to Korea, having the opportunity to work on the patients that I did was one of the highlights of my entire career, and I—and it was a basis for further development as a civilian in surgical procedures.

Pylinski: Absolutely, absolutely.

Kwapis: See, and it's just being able to manage doing types of problems under no circumstances—just empowered me to be able to do other things here in civilian practice, and see, from a surgical standpoint, I made long jaws shorter, I made short jaws longer etc., down the line.

Pylinski: That's just so impressive. My hat goes off to any anybody in the medical field. I just don't think I'd ever have the stomach for it.

Kwapis: Well, sure, you might, you never know.

Pylinski: Yeah, well I don't know. I just—I don't get queasy, I just know that people are geared a certain way, and for some reason, that's just not the way [I am geared].

Kwapis: You refer to a lot of individuals; say the military experience is undesirable, etc. You know, it may be true if they were when they're under fire, so to speak, it's a different—it's insecure, it's a different lifestyle.

Pylinski: Absolutely.

Kwapis: But I must say, that in fact, probably, I could of maybe joined the military service at that time.

Pylinski: Yeah, I know I kind of leaned toward the analytical side of the house. I spent all of my time as an analyst working in the intelligence world. So, I mean, I bounced around from a lot of different units in my in my long time.

Kwapis: Well, that was a great learning experience, too, besides... and adventure.

Pylinski: Oh, absolutely. I take a lot of my experiences from the military with me almost every single day.

Kwapis: Yes.

Pylinski: So, then you went to St. Louis University, the School of Dentistry there, correct? After your military service?

Kwapis: Yes, correct. And then, of course that closed in 1970. And so, let's see, you're in Chicago, so you couldn't. So, the state of Illinois—way back about that time—decided that it needed more educational institutions in downstate, so they established—they had a law school at Carbondale.

Pylinski: Right.

Kwapis: In Illinois University, and they established a medical school of basic science in Carbondale and clinical experiences in Springfield, and they decided that we—I, plus a couple of other people—are the principle, and the founding and developing of Southern Illinois University Dental School.

Pylinski: Excellent.

Kwapis: Which is in Alton. And then, I—since the school in St. Louis University closed, I, of course, not only helped found it, but in the development process and stayed to teach there. And I retired after, let's see... well, anyway, total time of 43 years in academics, and I retired as a professor emeritus.

Pylinski: Excellent, very nice. What's it like being retired?

Kwapis: That—hmm... It must of been about 13, 14 years ago.

Pylinski: Yeah, you've had plenty of time to just, kind of, like, relax and take it all in, more or less, huh?

Kwapis: You mean afterward?

Pylinski: Yeah, yeah. I mean 13 years can be—

Kwapis: Well, I do a lot of reading.

Pylinski: That's good.

Kwapis: I have a library, that's a military library. This is what I've been sending to Pritzker .

Pylinski: Oh, okay. Yeah.

Kwapis: Yeah, I know. I have daughter and a son-in-law that live in Chicago, and they visit me once in a while, and for right now, I got a stack of books to give, to pass on. Over the years, I've come across a book; I would buy it and put it in my library.

Pylinski: Okay.

Kwapis: I didn't have time to read it, but now, I'm finding them again, see.

Pylinski: Right, that's really cool. It's almost like a time capsule.

Kwapis: And so, I've discovered volumes that—in other words—that I can't pass on to anybody.

Pylinski: Right.

Kwapis: Military. I've got one for example that I discovered in my library on German airplanes: see Messerschmitt's, see details, see that's for military library.

Pylinski: Yes, absolutely.

Kwapis: And so, I've been progressively building up. I got a box full of books that they will be delivering there next time they're going around.

Pylinski: Oh, excellent. Thank you, sir. What book are you reading now that—or have you read that you—

Kwapis: I read a book a week.

Pylinski: Okay, is there any one that kind of stands out to you? One that you've been, like, “Man, I'm so glad I found that and I purchased it.”

Kwapis: Oh, let's see. You know, you read books, and then after you read more of them, you lose what you have read a month ago.

Pylinski: Absolutely. It's like watching a TV show. You're like, “Oh, yeah. That was a great episode of MASH.” And then, you—like a week later...

Kwapis: Yeah.

Pylinski: On to something new.

Kwapis: Yeah. Well, the last one I read was The Lost Chalice. The Lost Chalice, the term C-H-A-L-I-C-E.

Pylinski: Okay.

Kwapis: it's Greek.

Pylinski: Okay.

Kwapis: I mean, well, no. Chalice is not Greek, a chalice is a cup.

Pylinski: Right.

Kwapis: Or a container, see. And this chalice is made in Greece, you got time?

Pylinski: Oh, absolutely.

Kwapis: This chalice is made in Greece before the Romans, etc. And anyway, by an outstanding pottery maker and painter.

Pylinski: Mm-hmm.

Kwapis: And his name is Nephronius. You probably read his book, never heard of these people. Nephronius, N-E-P-H-R-O-N-I-O-U-S.

Pylinski: Okay.

Kwapis: And he did this beautiful people, but this is in the category of Michelangelo.

Pylinski: Okay, wow.

Kwapis: So, this chalice had paintings on it, and they were exquisite because they show it in the book, see. They're exquisite and they're a painting of Sardonis, you don't know, a Sardonis. Sardon—I'm sorry Sardon, S-A-R-D-O-N, is the son of Zeus

Pylinski: Okay, yeah.

Kwapis: You mean you knew that?

Pylinski: Well, I mean, I'm not the biggest mythological genius or anything crazy like that, but, I mean, you know, I...

Kwapis: Oh, right. Anyway, so this is the mythology, of course, see. So, on this chalice—which is a fair, it's a nice size—is soldiers carrying the body of Sardonis Sardon, who is the son of Zeus.

Pylinski: Mm-hmm.

Kwapis: And it's pictured so effectively, and—but the process, one learning about such a thing. And they found it in Sicily

Pylinski: Interesting.

Kwapis: In Sicily because that was Etruscan.

Pylinski: Gotcha. Okay, yeah.

Kwapis: Etruscan, and eventually the Greeks were all over before the Romans and the Greeks had a colony in Sicily or in the Etruscan area. And so, some of these fine pottery and things like that got there and, of course, they were put in tombs, and tomb robbers...

Pylinski: Right, and—

Kwapis: It just goes on and on.

Pylinski: Changing hands and all that, and...

Kwapis: So, anyway, it was sold for a million dollars. If you want to go to the Metropolitan Museum in New York, you can see it.

Pylinski: Excellent. I'm sure it would be really cool to look at.

Kwapis: So, that was what the last one said.

Pylinski: Sweet. That sounds like a really interesting book.

Kwapis: So, anyway, see, I'm a curious bird, too.

Pylinski: There's nothing wrong with that. I mean, curiosity is something with the spice of life.

Kwapis: Oh, yeah. I've always said curiosity and imagination, you put those two elements together, you can do anything.

Pylinski: Absolutely. So, I guess, from your perspective, and the time that you had in the military, and the people that you've met through either being a patient or working with them, what would your message be to present day soldiers, and how do you feel that—your time in service—how do you feel that has affected your life?

Kwapis: Well, it's in the—reinforced my education, my experience to a better health provider. In other words, my military experience was extremely beneficial for the future of being a health provider.

Pylinski: Right.

Kwapis: Now, that's a mouthful, see. And I would say, as—and I remember they listened to, you know, I've got to think back to half a century ago. I remember one day in the operating room there were some visitors coming through; they were military.

Pylinski: Mm-hmm.

Kwapis: I don't remember whether I think they were surgeons or something, and we were working on doctor—not doctor, but Leonard, my corpsman, who were working together on it, and the comment they made was, “Boy, this is the place I will come to.”

Pylinski: Nice.

Kwapis: In other words, if they're wounded...

Pylinski: Right, exactly. That's a vote of confidence.

Kwapis: Yes, so this goes back to the fact that in this day and age—and I don't know what's going on in Afghanistan or what went on in Iraq—the medical... there's no limit to what is being achieved. For example, I'm sure they're doing microvascular surgery. I'm sure they've got microvascular surgeons on teams right now, something we never heard of at the time, see.

Pylinski: Mm-hmm.

Kwapis: Innovation. Of course, these are different wars, these are bombs versus shell fragments, and so forth.

Pylinski: Right, right. Yeah, the enemy is definitely different, and the tactics.

Kwapis: The point is, the government, the army, the military, navy, whatever you want, does its utmost to preserve these people in combat.

Pylinski: Right.

Kwapis: That's so important, see.

Pylinski: Absolutely. Have you have you been back to Korea or Japan since you been—since you been?

Kwapis: No.

Pylinski: No?

Kwapis: No. Let's see. I did three months on the Hope ship.

Pylinski: Oh, okay.

Kwapis: Are you familiar with the Hope ship?

Pylinski: Yes, I am.

Kwapis: Yeah, that was the original consolation during World War II and the Hope Foundation secured it. I don't think they bought it; they secured it, and it would go to different ports around the world.

Pylinski: Right...

Kwapis: And the purpose would be to take Americans, essentially, and to educate the local medical people, physicians, whatever it is, so they could educate their own people. And so, I spent three months on the Hope ship.

Pylinski: When was that? With the...?

Kwapis: It was in Jamaica, in Kingston Harbor—which, you know, wasn't the worst place.

Pylinski: Okay. What year, what time frame was that about?

Kwapis: And that was another interesting experience of exposure, and working in Kingston General Hospital.

Pylinski: Right.

Kwapis: Which is British medicine.

Pylinski: Right, yeah. A little bit different?

Kwapis: Yeah, it was. I mean, it was very—it was good, don't misunderstand me, but...

Pylinski: Right.

Kwapis: The procedures were a little different.

Pylinski: Right.

Kwapis: They all wore boots; all out boots and so forth, specific for that purpose, see. Something in the United States, we wear a little cover, and then take it off, see.

Pylinski: Right, right. So do you remember?

Kwapis: Now, this is what I'm saying.

Pylinski: What was the time frame on that? What year?

Kwapis: Three months.

Pylinski: When were you there though?

Kwapis: Oh, I can't give you the dates. I can't give you the dates for that one.

Pylinski: 60's, 70's, 80's?

Kwapis: Probably, let's see, that would probably have to be in the late 70's, see.

Pylinski: Okay, okay.

Kwapis: Which—but, you know, I've done travelling. I've been to—I've travelled to—I've done a Mediterranean Cruise and saw Turkey, I saw Russia. I mean, I did some. We—my wife and I—have done some travelling afterward. I've been to the great wall in China.

Pylinski: Oh, very cool. Yeah. That's something my wife and I want to be want part of.

Kwapis: Yeah, see, my—see, the time we went to China was in the transition when they were still wearing Mao jackets.

Pylinski: Oh, wow.

Kwapis: So, in other words, that meant we had to mind ourselves.

Pylinski: Right.

Kwapis: In other words, there was at the transition point, and so it was not like it would be today, see.

Pylinski: Right.

Kwapis: And so going back, if you can afford it, you got to do the travelling at an earlier age. 'Cause when you get as old as I am, you can't do it anymore, but yes, if an opportunity presents itself, and in your background you may have those opportunities to visit some exotic areas.

Pylinski: Oh, absolutely. The wife and I are, it's—

Kwapis: Reinforce the history.

Pylinski: Definitely. So, to you, what does it mean to have served, to have served the country, to have gone to the Korean War, and being part of our military forces?

Kwapis: Well, I feel good about it, of course, for being able to achieve what I did, and contribute significantly—I feel—to a military engagement.

Pylinski: Absolutely.

Kwapis: And so, I—it's a feel good situation for me in contrast to maybe some other individuals, who were in more difficult or not desirable or situations.

Pylinski: Right.

Kwapis: In other words, for me, patriotism, yes. But it was a feel—it's a, still, to this day, it's a feel good that I was able to do something good there.

Pylinski: Absolutely, absolutely. And we definitely thank you for your service. I think it's—without men like you, and all the men and women that have served, we wouldn't be in—able to do as we want or as we see free men and women should be able to do in this country. You know, it's...

Kwapis: I feel that that the circumstances that evolved in this whole process were such that I was able to perform a service of a nature that was exhilarating.

Pylinski: Right.

Kwapis: When you're in an operating room, emergency room, you smell fresh blood, it does something to you.

Pylinski: It evokes some sort of something, yes. Well, excellent.

Kwapis: Well, Aaron, tell me more about yourself.

Pylinski: Ah, well.

Kwapis: Now that you know me.

Pylinski: Well, yeah. I mean, before any of that, I just wanted to ask you—

Kwapis: You're in Chicago?

Pylinski: Well, yeah.

Kwapis: Are you a native of Chicago?

Pylinski: No, sir. I just wanted to ask you one more thing, though. I mean, is there anything else that that we haven't covered that you wanted to talk about?

Kwapis: No, I think that we went over most of it. I'm sure there were—there are—I can't remember all of them now, but tonight when I'm laying in bed I'll think of one.

Pylinski: Well, put it in a letter and write us or give us a call, definitely.

Kwapis: Do you have a copy of the presentation of the commendation, memorial commendation ribbon memorial service in the files there?

Pylinski: I would have to look through our archives, I know that.

Kwapis: Check it out in your time, and if you don't, I'd like to send you a copy of it all.

Pylinski: Okay, I know we have some books here from you.

Kwapis: Yeah.

Pyllinski: Some Korean War photos, a lot of your slides are here, some uniforms as well, so yeah. I'm going to definitely take a look through a lot of that stuff, so.

Kwapis: Sure.

Pyllinski: But a—

Kwapis: And, of course, the history of the Korean War is fascinating. I didn't learn, I didn't know much about why we were—well, I didn't. I knew we were there to defend South Korea, but that's about it. But I didn't know we were also fighting Russia at the time.

Pyllinski: Right, right. Exactly, yeah. That's something that, being a student of history if you will...

Kwapis: Yes.

Pyllinski: Just seeing how the Cold War really played out in all of these different skirmishes and wars, and like all these different situations, there was all these different power plays that were going on between the East and the West, and the Cold War was just—

Kwapis: That was Stalin's first test.

Pyllinski: Yeah.

Kwapis: Mao Zedong Stalin's first, because they were the Russians, were flying airplanes.

Pyllinski: Yeah.

Kwapis: And, of course, the Chinese were, they were there—were Russian airplanes we were in combat with, see.

Pyllinski: Absolutely, yeah. They were using those Russian Migs.

Kwapis: Yeah.

Pyllinski: Alright, thank you so much for letting me ask you these questions.

Kwapis: Maybe we can communicate again. And if I get a chance to get to Chicago, I—well, where are you from originally?