

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

John Barry, M.D.

interview conducted on: September 29, 2016

by: Mike Seely



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Date: September 29, 2016
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Seely: My name is Mike Seely, and I'm the Executive Director of the Pacific Northwest Transplant Bank, which is the organ procurement organization attached to Oregon Health Sciences University. Today is September 29, 2016, and we are in BICC bio building at OHSU. Good morning, Dr. Barry.

Barry: Good morning, Mike.

Seely: Now before we launch into some questions, I want to share with you and with this archive that I arrived through recruitment here at OHSU twenty-six years ago. And a very strong motivating factor was the fact that you were here. And I had met you, as you recall, in the mid-eighties at Virginia Mason Clinic in Seattle, where you conducted a porcine lab where we recovered en bloc kidneys of ventilated pigs to be able to go out into Alaska, Washington, and Montana to work with local urologists to recover en bloc kidneys for transplantation. Actually, before the national system was set up. And that experience was defining for me in my entry into working procurement and implantation. When the opportunity came up here and I was recruited, it was a no-brainer to come and have the opportunity to work alongside you over these last twenty-six years. So I'm motivated to spend this time in the gather-up with you this this morning and kind of go through your history and your contribution to both our institution here at OHSU and urology in general and transplantation.

Barry: Thank you, Mike.

Seely: So I guess the best place to start would be some thoughts from you about your early life growing up in Minnesota. What led to your path to medicine? And maybe you could share some of that with us this morning.

Barry: Well, I guess I was a child of World War II. I was born in 1940. And my dad, my uncle, my Uncle Jack by marriage, were all World War II veterans. And my mother tells a story when my dad was getting on the train to leave that I looked at her and said, "I'll take care of you while Dad's gone." Which wasn't bad for a three-and-a-half year old. So I remember that.

I remember during the war that we spent a lot of time on the farm with my grandparents. There was no running water. No electricity. The outhouse was around the lilac bush in the backyard. And we had a wood burning stove and a space heater, battery-powered radio. My grandparents were both edentulous and kept their teeth in a jar at night. And we had a battery-powered radio, and I would listen to the Saturday night fights with my grandfather in his bedroom.

And we lived in an apartment building in St. Charles, Minnesota, population 1,300, which was six miles away. And during my public education, my parents always lived within three blocks of the school, so I could always walk to school. And this all started in St. Charles. And I'd get sick like most kids did, every now and then. And sometimes we'd go to the doctor's office. I'd see all these people dressed in white. It was absolutely spotless and it had this faint

smell of alcohol, and when I was sick, Dr. Page made me better. And every now and then I would get sick and he'd make a house call. And I can remember being on the couch, rolling over, exposing my butt, and he stuck me with a needle that had some magic medicine in it, and I got better.

I also realized early on that I had the luck to have been born with a great genetic package from my parents. I was brighter than most of the students in my classes. And I just kept quiet about it. I enjoyed school. I enjoyed going to the library, and I realized in grade school that I wanted to be a doctor.

And I guess that's about the story of St. Charles, Minnesota, which is still there. And I went back this last summer. And the original school that had been built back in the twenties was still there, but it had been surrounded by a new structure. And I'd gone in on a summer day. There happened to be one person in the office, and I knocked on the window, identified myself, and the nice lady said, "Well, would you like a tour?" I said, "Sure."

So we walked up and on the halls, and they had some pictures of the old graduating classes; and there was my dad's picture and we walked further down the hall, and turned the corner, and there was my brother's picture because both my dad and my brother had graduated from St. Charles High School. And my mother was not a high school graduate, but she had gone to the same school. So that was St. Charles, Minnesota.

Seely: I recall, as you and I have done some publications over the years, you were my guru for editing. And you referenced the teacher you might have had in St. Charles that taught you some valuable lessons.

Barry: Actually, that was Mrs. Erskine, and that was Pine City.

Seely: Okay.

Barry: So I went to middle school in North Branch, Minnesota, population 850. And then when I was in tenth grade, halfway through football season, my dad got a job in Pine City, Minnesota, which was about twenty miles away; and that was population two thousand. And Mrs. Erskine was my high school English teacher. As a matter of fact, she taught me so well that when I went to college, I was exempted from taking college English because my skills were such that I didn't need it.

Seely: I appreciate her. She's had an impact on my life. So thank you, John.

Barry: Yes. You're welcome.

Seely: I also recall that you've reconnected also with your high school in supporting them.

Barry: I have.

Seely: Athletic programs.

Barry: Yes. Athletic program and the students. The school I graduated from is in an economically depressed part of Minnesota. And yes, I make gifts every now and then for things that I think they need, both on the athletic field and in the school programs.

Seely: That's really, truly a wonderful thing. So you migrated from that experience to the University of Minnesota for your undergraduate education.

Barry: I did.

Seely: Maybe share a little bit about that.

Barry: After I finished high school and during my senior year, they recommended that I apply for a couple of scholarships. And I did. One was the Marshall H. and Nellie Alworth Memorial Fund based in Duluth. They had made their money with lumbering and mining. And the other's with the Tozer Foundation in Stillwater, Minnesota. I was lucky enough to receive both scholarships. And I went to University of Minnesota, and when I was an undergraduate, my advisor was one of the deans of the School of Medicine. So I guess they thought I'd make it. And I graduated in three years with my undergraduate degree and then went to medical school for four years, the usual four.

Seely: So is that standard sort of pre-med curriculum there?

Barry: Well, I must confess that I decided I wanted to get a BA degree in three years. And to get a BA you had to take a language. So I opened up the book and thought I could do Spanish. So I did; and got my BA in three years.

Seely: And then you moved on in the same system to the University of Minnesota for your medical school education.

Barry: Yes. Same campus.

Seely: And I can't imagine that was routine. You must have had some experiences there, noteworthy.

Barry: There were. I lived in a medical fraternity called the Phi Chi house. And the reason I lived there, simply because it was cheaper to stay there than in the dorm. And I was the house manager my second year. Third year, I was married, lived in an apartment right across the street from University Hospital, and at night I would go in on the medical floor, it was before HIPAA, and spin the rack. And wherever the rack stopped, I'd reach out, pull out the chart, and then read it like a novel.

And one night I went in, and as I was spinning the rack, I noticed a familiar name. And this was the name of a grade school playmate that I'd had in St. Charles, Minnesota. He was a diabetic and he used to interrupt play to give himself an insulin shot.

And so I went into the room, and he was lying in bed and massively swollen because his kidneys had failed and he was retaining all kinds of fluid. And I said, "What's wrong?"

He said, “Well, my kidneys are shot. And they’re thinking about transplanting.” Sorry. It still bothers me.

Seely: That’s fine.

Barry: And they didn’t; and he’s buried next to my grandparents in Hillside Cemetery in St. Charles, Minnesota, just down the hill from my parents. So that lit the fire for transplantation.

And I was a good student. And I had good handwriting. And Ali Hakim, who was a urologist at the time and working in the lab at the University of Minnesota said, “John, if you will give me your basic science notes, I will teach you how to operate.”

So at the end of my second year, in the beginning of my third year of medical school, Ali took me into the lab. We anesthetized a dog. He taught me how to do vascular anastomoses, bowel anastomoses, and to open, close, tie knots, and do it properly. So by the time I was a third-year medical student, I basically had the technical skills of a junior resident.

Then Ali said, “During your junior/senior biennium, I want you to spend six weeks with me, because I’m going to be the chief of urology at Ancker Hospital in St. Paul.” I said, “Okay.”

So I went there. And Ali had a big desk. And right next to him I had a little desk. And we would see patients together. And much to the dismay of the resident who’d been assigned to that, Ali would take me with him to the operating room. So I was able to be Ali’s first assistant in the operating room. And then I had three months off, so I simply hired out as a surgical first assistant in a hospital in St. Paul, Minnesota. So by the time I was a senior in medical school, I was able to actually assist in the operations at University Hospital with the residents.

Seely: So, John, did that—this is an amazing pathway to urology and transplantation. I remember that story. You shared it with me. I didn’t know this piece about your acceleration of your skill set. So how did that impact when it came time to do residency placement?

Barry: Yeah. What I wanted to do for my internship was actually do one year of straight medicine internship to get all those skills to complement the surgical skills I thought I already had. So I applied to several places. But I applied to one mixed medicine surgery program. And that was the one that took me. So I went and did six months of surgery and six months of medicine, basically, because that was what the system allowed me to do at the time. And that was at the State University of New York, Upstate. And that was fascinating, too, because unlike today, the surgery rotation, it was thirty-six hours on, twelve hours off. And my wife and I lived in an apartment right across the street from the hospital. And the six months on medicine was a breeze because you were only on call every third night, rather than every other night.

Seely: That was a different era.

Barry: It was. It was. But when I finished that, one year, I felt like a doctor. So did the Air Force.

Seely: Right.

Barry: So, I was part of the Berry Plan, which allowed you to be deferred until you finished your training. And then you belonged to the Selective Service. And you had a choice of which service you wanted to be in. And although I liked the uniforms of the Navy, I didn’t particularly care for

ships or to be assigned to the Marine Corps, so I asked for the Air Force. They gave it to me. And so I spent three years in a combat support group in Asia during the Vietnam War.

Seely: What years were those, John?

Barry: 1966 to 1969.

Seely: And where were you were you based; off, in Okinawa?

Barry: Kadena Air Base. And that's where I got my Mach 1 certificate. As soon as I arrived, I went through what's called a chamber course. I learned how to respond to decompression at 43,000 feet, and also how to use the ejection seat in a high-performance aircraft. You pull this one, the canopy flies off. You pull this one, and out you go. We had zero-zero capability parachutes. You were attached to a ring on the front, so that if a mishap was occurring as you were going down the runway, you'd be shot up high enough so that the parachute would open; And it was called zero-zero capability.

Seely: Wow. And you're, the surgical component of that experience, you were there as—

Barry: I was there as a general medical officer. And we were given a day off every week. So I would take that day off, get in my car and go down to the Army hospital, which was just down the road, where they had urologists. So I'd operate with them on Fridays.

Seely: Okay. So you concluded that experience. That's actually a long tour, '66 to '69.

Barry: It was. And then it was decision about residency. I knew I wanted to do transplants. And I knew I wanted to be a urologist to do transplants. Because during my formative years, I'd sort of watched urologists and I'd watched general surgeons and how they dealt with the people around them. And I noticed that most urologists were happy and they enjoyed people and they treated each other and the people around them decently. And the general surgeons, not so much. So I thought, who do I want to spend the rest of my professional life with? It was a no-brainer. It was these happy urologists. So I did.

And I do have to editorially say that that's different for Oregon. They're all gentlemen, and anybody in the Department of General Surgery here could have been a urologist.

Seely: Could have been a urologist.

Barry: So Oregon met all my criteria. Number one, no Minnesota winters. Number two, the probability for a civil disturbance to interfere with my education approached zero because of the population mix. And in the '60s, there were riots and tanks rolling in the major streets of this country. It was a sad, emotional time. And I'd been out of the country for three years and didn't know what I'd be returning to. So there was that. The, had to be a university setting. Had to include a veterans rotation and county hospital rotation. Urology had to be doing the transplants. There had to be a lab. There had to be a pathology rotation. I made a grid. Oregon got all the checkmarks. I applied to one residency program, which was Oregon, and wrote Clarence

Hodges, who was the chair of urology, a letter and said, “Look, I can’t come for an interview. But take me anyway.” And he did. And I’ve been here ever since.

Seely: I admire, that’s special, because that’s certainly not how the rotations happen today. It’s an application process.

Barry: No. It’s different.

Seely: And I will share, John, that that grid you talked about, you taught me about the grid. And I’ve been recruited a number of times over the last twenty-five years to move on from OHSU. And the grid has saved me and kept me here.

Barry: Well, it’s saved OHSU from losing a valued employee, also. We’re glad you stayed.

Seely: Yeah, I am, too. And glad you stayed. So the, I think I recall your sharing with me your first experience, or early experiences. But tell us about your first transplant experience.

Barry: Yes. It was 1969, in the summer. [redacted] He was a child receiving a kidney transplant from his mother. And they said they needed an extra hand, would I come in and help? I said yes. Russ Lawson was the surgeon. Walt Derrick was the urology resident, and I was the other resident. The transplant was successful. And he lived for many years with successful kidney transplants.

Seely: I remember you sharing with me once the experience of that moment when the transplant, the anastomosis, is made. And you step away, watch the kidney change.

Barry: Yes. It’s magic. It’s magic. Not because I do it, simply because it is. To take an organ from one person and put it into another – especially if that person has died – this is the way they can live on in another individual and provide new life. And it just happened to be that we started with kidneys. And then we here did pancreas. Then we did hearts, then we did livers. Actually, I think it was kidney, heart, pancreas, liver.

Seely: Yes.

Barry: Lung was in there somewhere in the ‘80s, but because of the volume of the program, those are all done on a regional basis now at the University of Washington.

Seely: Right. As I recall. Share some of your experiences with Dr. Lawson and Dr. Hodges.

Barry: Russ Lawson was the director of the kidney transplant program when I arrived. And his office was on the sixth floor of the research building. And I met Russ, and he was a former Navy pilot. And we chatted a bit. And he was intelligent, motivated and accomplished. He’d gone to Denver and worked with Dr. Tom Starzl to get some skills, because we’d already done the first transplant ten years earlier, 1959. So I picked up technical skills from Russ. And then changed them based on what I had learned from reading and just my own thought processes. But it was a great start, great mentor.

Clarence Hodges was the one who with J. E. Dunphy and Joe Murray, who won the Nobel Prize in 1990, to do the first transplant in 1959. And the three of them did the donor recipient pair, and that recipient was a twin. And she lived for decades after that with normal kidney function, and died eventually, of non-related disease.

Seely: I attended her funeral. And her community, a very small community, at the last minute the preacher asked me to come up and speak. I was overdressed in a suit. I wasn't necessarily prepared for that. But I saw an opportunity that her community didn't realize the contribution she made.

Barry: Yes.

Seely: To the future. And to Dr. Murray's endeavors and success and everyone's, with that first transplant. And that was news to the community. And it was a wonderful experience, their reflection back about this courageous patient, actually, with all of her challenges through life. She was part of an amazing event that saved many thousands and thousands of lives.

Barry: Yeah. Yeah. There's more to that story that Clarence Hodges told me about. And he said that first of all they had to prove that they were identical twins. And so they went back, looked at the birth record. It was single placenta. Then they did the blood types for both of them, and they matched. Then they did something unique for histocompatibility testing. They took a skin graft from one twin, a skin graft from the other twin, and put them on each other. And when they didn't reject the skin grafts, they knew they were identical. And the transplant was done. And both donor and recipient did very well.

Seely: Fifty-one years.

Barry: Yes.

Seely: Fifty-one years.

Barry: And the other interesting thing is that this was the first or second successful pediatric kidney transplant in the world.

Seely: Deep, long history here.

Barry: Yes.

Seely: And taken to great heights. When you joined the faculty here in '73, right?

Barry: Yes, I did.

Seely: What was the Department of Surgery like then over all? And how has it changed over time?

Barry: Well, urology was a division in the Department of Surgery. And it worked well, because most of the heavy administration was done by the Department of Surgery. And urology was relatively free, in the sense that the administrative oversight wasn't there. Urology never abused it. And Clarence Hodges quietly taught me that the best way to manage this sort of thing was to quietly set out a goal and go about doing it. And then if it turned out to be the wrong thing administratively to do, simply beg forgiveness. But the project was done. And so I kind of followed through with that.

And things have grown. The department has gotten huge. It's probably the largest surgery residency program in the United States now. And I enjoyed my time with general surgery because part of my rotation as a resident was in the Department of Surgery. And I paid attention and picked up a lot of good things.

Seely: Your work also is included, the VA Medical Center—

Barry: Yes.

Seely: Which eventually took on transplantation. But in general, you've had a long-standing relationship there. Share a little bit about that.

Barry: Well it sort of starts when I began to look for a job when I was about to finish my residency. And Clarence Hodges had talked to me about staying on the faculty. And Dave Utz from the Mayo Clinic had talked to me about coming to the Mayo Clinic. And those were the two places that I was interested in working. I preferred Oregon. Mayo Clinic would have been second. And I interviewed at both places, and I didn't know what was going to happen. And so Dr. Utz, who was the chair of urology at the Mayo Clinic had come out as a visiting professor to give a talk. And I'd gone behind the screen at the Congress Hotel, which has subsequently been torn down and replaced by something, perhaps what used to be the Nike building. And he was loading his slides out of the carousel into his glassine packets. And he said, "John, there's no reason for me to do a second interview with you because Clarence Hodges tells me that he's hired you." This was the first I'd known that I had the job that I wanted, which was in Oregon.

So the next morning, I went to Dr. Hodges' office and I said, "Dr. Utz tells me that you've hired me. What's my job?"

He says, "Well, you're going to be Chief of Urology at the VA, and the number two man on the transplant service." I said, "Okay." And the interesting thing was that the concept of compensation never came up. It never occurred to me to ask about it, because I expected that I'd be treated fairly. And I was different from the approach that people have to employment nowadays. I just wanted the opportunity to be in Oregon and do what I thought I was destined to do.

So I was Chief of Urology at the VA for three years. And then Russ Lawson left to become the chair of urology at the Medical College of Wisconsin in Milwaukee. And so they asked me if I would be director of the kidney transplant program at the university. I thought for a nanosecond about that and said yes. So I was director of the kidney transplant program from, I think 1976 to 2009, which seemed appropriate because it was the fiftieth anniversary of the program.

So at the VA, I then became a staff urologist and then a consultant urologist. And I think about fifteen years ago started the kidney transplant program again. There had been a few transplants done back in the '70s that I assisted my junior faculty with.

Seely: All living related?

Barry: Mostly. I think there may have been a deceased organ donor or two. But most were living donors. And then I stepped back at the tenth anniversary of that program, which was probably mid-2000s.

And there's an interesting story there, too. I was getting ready to go to Dallas, Texas, because I'm an oral examiner for the American Board of Urology. Just packing up the stuff in my office. This manila envelope was plopped on my desk from the VA. So I opened it up and there was this whole bunch of security stuff that I had to complete for my privileges to be renewed at the VA. It was a rapid turnaround time, like it was due in forty-eight hours. And I looked at that and I thought, you know, I had top secret clearance when I was in the Air Force. I'm a Vietnam vet. I've worked at the VA for decades. And apparently I have to fill this out in order to continue my privileges. And I have to do something similar for the university. They don't seem to speak to each other about this. And I haven't got time for this.

And so I went as an examiner for the American Board of Urology, came home, sent a nice letter to the VA, and resigned. And I've continued to work at the university.

Seely: Right. Shifting gears just a little bit, move around.

Barry: Yes.

Seely: You are significantly published, you've written a lot. You've engaged in a lot of research. Share what your interests are in research urology and transplantation.

Barry: Well, I'm a curious person. And I inherited artistic skills from my mother, I guess. So I was able to do line drawings of operations and other things. And probably the only two things I'll be remembered for are nocturnal penile tumescence testing with stamps. See, ED, erectile dysfunction, becomes a problem because of diseases as men get older, and also the simple process of aging. And when men tell you something, it may or may not be what's actually happening with this magnificent organ. But when men dream and sleep, they have erections, anywhere from one to five a night. So the way to differentiate organic from psychogenic erectile dysfunction is to do nocturnal penile tumescence testing.

And there was a man named Karacan at Baylor whom I'd visited back in the '70s who'd done this with penile tumescence monitors, to strain gauge recorders they'd put around the penis. Then this would go off to a machine. And when tumescence occurred while the man was sleeping and dreaming, regardless of the content of the dreams, somebody would go in and check the quality of the erection. And men are having a lot of tumescence at night while they were sleeping. And this was a way of differentiating organic from psychogenic impotence. But it was expensive, time-consuming, because at that time, it was three nights in the hospital.

And so we looked for a screening test. And we used fishing line of different strengths. And then the Christmas seals came across my desk, and it was Eureka! Two of the urology residents, Mike Boileau and Bruce Blank and I had been working on this project, tossing around

ideas. And so we did it with Christmas seals. It worked. Because when a man would have a complete erection while he was asleep, the stamp ring would break along its perforation. And so we developed nocturnal penile tumescence testing stamps because the U.S. Postal Service had a problem with us using one-cent stamps and then including it in the article. So we did the study. It worked. We published it.

And the other thing happened, it's called the Nephrostent. Again, this was in the late seventies. So over a couple of years, we had the idea that when you fixed an obstructed ureter, at that time the tube system that we had available was not very good, and so we designed this system that came in from outside the body, into the kidney, coiled up, and went down through the repaired structure. Coiled up in the bladder. It was designed in such a way that you could pull it out in sequence. Or if you wanted to use what's called a double J stent, you simply cut off the limb that went outside, and could put that in from inside. So that worked, and it's a concept that's been used for years. And I was paid some money for this, and of course the university was paid some money for this, also. Everybody was happy.

There have been other things, too. I would get an idea about how long can we successfully preserve a kidney for transplantation. And I would go into the lab on the sixth floor, the research building, and do a series of animals. I didn't care whether I published it or not. But what I would do would be remove both kidneys from the animal, And save one, preserve it, and then seventy-two hours later, do an auto-transplant. And most of those kidneys worked. So I knew that an ideally harvested kidney could be simply cold-stored for up to three days if we had to. So I'd never been too concerned about an ideal kidney that was simply cold-preserved.

So we used that information and compared pulse machine perfusion with simple cold storage. We wrote the paper, because the only difference was in cost. It was much more expensive to do the machine preservation. And so in the late seventies, we turned one of the pumps into a planter, which I kept in my office. Because we no longer needed them with these ideally-harvested kidneys. And then Howie Nathan, who was in charge of the organ procurement organization in Philadelphia, made me an offer. I sold him both of our machines.

And then as time progressed and we began using organs that were of lesser quality, it became important to bring pulse machine perfusion back because it allows you to predict whether the kidneys are going to work or not. It was a better way of preserving kidneys.

And so as I recall, because the university was a little slow to catch on and offer the funds that were needed to set this program up, I offered the university a fifty thousand dollar, interest-free loan. But they decided not to take it for some odd administrative reason. But eventually we got our machines.

Seely: Yes, we did.

Barry: So that story's over with. And I was director of the histocompatibility lab for several years, too. And then gave that project to Doug Norman when he came on board from his fellowship in Boston. I think that was 1979 or 1980. And Doug was interested in all these new immunosuppressants. And so we adopted cyclosporine and we studied OKT3, which is a monoclonal antibody, OKT4A, which was another antibody. Since we could write papers, we wrote them. There were lots of other things, too, but those were the--

Seely: I will say that time doesn't go by, I know Mr. Nathan very well. He's a colleague of mine. He always asks how that other pump's doing. Because he thought, he was intrigued that you made it into a flower pot or such.

Barry: Yes.

Seely: So that's notorious in the field of organ procurement.

Barry: Really?

Seely: Oh, absolutely. People know about the John Barry perfusion machines that came to Philadelphia. But one stayed back to be a planter. And it's still, Howard's still there. And we laugh about that from time to time. And they recall the great sessions here at the retreat center up in the gorge where you would do the training for the NATCO group. All the early people who work in procurement remember you for that.

Barry: Yes, we did some, yes, we did some here in Oregon. There were also some back in Boston. Just outside Boston. East Hanover, I think.

Seely: Yes. So it all resonates with me.

Barry: Oh, good.

Seely: You, in the eighties, you were a visiting professor in Saudi Arabia. Tell us about that experience.

Barry: Well that's another interesting story. I was sitting in my office one day and the telephone rang. Everybody who answered the telephones had apparently gone to lunch. So I picked it up. I said hello. The person at the other end with a slight accent said, "What time is it there?"

And I said, "It's noon. What time is it where you are?"

He said, "It's ten p.m."

I said, "Okay. Where are you calling from?"

He said, "Riyadh, Saudi Arabia."

I said, "Well, what can I do for you?"

He said, "Well, we'd like to start a kidney transplant program. And we'd like you to come here and help us do it."

I said, "Sounds like fun. When do you want me to come?"

"Well, can you come within the next couple of weeks?"

I said, "No. This will take a little bit of thought, because there's all sorts of protocols that need to be in place. And I can come and do a site visit. We can look at everything you have already in place, decide what it is that you need in order to do the program." And I said, "You know, it's international travel and I like to be comfortable when I travel, so it has to be first class."

He said, "No problem."

I said, "My wife's never been to the Middle East. We understand you have sort of a different approach to cultural things, and she'd like to come along."

He said, "No problem."

And so we developed all the protocols. I went with two suitcases. One was nothing but protocols. The other was clothing. And so we went to Saudi Arabia, set up the program; were basically tourists. They were very hospitable. And we were impressed that things were not quite as bad as we'd been led to believe with the culture in Saudi Arabia. It was a great experience.

And we set everything up, and then I went back and did their first transplant at the King Faisal Hospital in the early eighties. It was a nine year-old girl from Yemen and her mother donated a kidney.

Then I came home. And then we would periodically set up a group of transplants, like five at a time. I would say, "Okay, but I have to have everything done by 5:30 in the afternoon because of jet lag." And so, that was how we did it. We did donor-specific transfusion protocol where we'd take blood from the donor, give it to the recipient, repeat the cross batch match. If the cross match was negative, we would expect the same result as we would if the each had an identical sibling. And so that's how we did that.

And then Tom Hefty, who was a resident with us, decided that he was interested in Saudi Arabia. So I took him with me on one of the trips. He decided he liked it even more and he wanted to go back and be director of their program, which he was for two and a half years. So he and his wife Debbie, who was a nurse, went there. And Tom worked, ran the program. And then he came home and joined our faculty here.

Seely: He was our medical director when I arrived at the organ procurement organization.

Barry: Yes.

Seely: For a number of years. I didn't realize he was in Saudi Arabia for two years.

Barry: Yes, it was kind of sad. Tom is one of the ones that got away, if you will. He went up to Virginia Mason, became director of their program up there.

Seely: Yeah. Well, you trained him well, because he's well-received up there.

Barry: Oh, thank you.

Seely: The program's done well. You, I'm not sure if this is the accurate number, but you've performed over 2,400 kidney transplants here. I think it's true. Is it bigger than that? Seems like the number's bigger, or our program has a big number.

Barry: Haven't done one for nine days now.

Seely: Is there any particular case that there's a memorable or complicated one that stands out?

Barry: There actually are several over the years. The first, of course, was [redacted]. The next was a retrieval case that I may have to hide my face behind the paper again. And this took place in the seventies. I was on call. And it was a child who, death by drowning. And we'd gone over to do the retrieval after the parents had generously consented to organ procurement. It was a blonde, white child. My daughters, three daughters, all light blondes. And her little hand, which I

hadn't noticed was not draped. And when we started, because the body sometimes has reflexes afterwards, even though they're anesthetized, this little hand closed. So that's bothered me and I've remembered it always.

And another one is a child who after kidney transplant with normal function on the fifth or sixth post-operative day developed brain swelling and died. And I went to her funeral service.

I could remember walking down the transplant ward as a resident and looking into a room where a kidney transplant had been removed that had been infected. And the patient had looked down and done this. And I could see that he was starting to have an acute bleed. And so I ran down to the treatment room, grabbed a towel and scissors, ran back to his room, opened the wound and put the towel in to stop the bleeding and held it. And then we went to the OR, me in my street clothes and him on the table. And they prepped around my hands. And when everybody was ready, took my hands away and the towel and they took out the diseased segment. So I remember that one.

Seely: Yeah.

Barry: There was another one when we were using antilymphocyte serum that we made ourselves here in Oregon. And the patient had an allergic reaction to it with airway distress. And I intubated her in her room. So I remember those.

Seely: Yeah.

Barry: I guess there are lots of others that I remember and that continues to be magic for me. I remember the first pancreas transplant. There were three of us: Truman Sasaki, Tom Hefty, and me. And [redacted] was the name of the recipient. He'd already had a successful kidney transplant. He was a diabetic. And so we did the first pancreas transplant. And each of us took turns doing the different anastomoses, there were three of them, so we could all be co-surgeons on this. And it worked. And [redacted] was insulin-free for several years.

Seely: Your impact, you made a video of en bloc kidney recovery, which I had the luxury of having out in the wild of Montana, Alaska. In those days, you were known to many people that you never met. Because we would review, the urologist and I would review the video together. And then both scrub down and put the video on in the operating room. And they would follow your graphic, precise method of en bloc recovery. And that's how we did it for years. And we relied, we took your credo of involving the community, and involving the urology community to support our efforts at kidney transplant, you know, kidney recovery from transplantation.

And I don't know if you recall that when I first arrived here, you actually went out on a procurement with me. I didn't have a lot of staff. And it was a heart-kidney recovery. And that's a little unusual. There wasn't a liver team, you came out and did the, there wasn't a liver involved, you were recovering the kidneys. Our team was in some faraway place.

And you turned to me at one point. I was circulating around. But I had done it hundreds of times, it seemed, with you. And you turned and said, "Seely, I think we've done this before." Because I would anticipate what you needed. And I realized at that point I'd never done one with you. I'd just done it in the movies. And that's a wonderful contribution you made that's archived here, I hope. I know I have copies of it if it's not. We share it with all of our procurement coordinators to this day.

Barry: Well, thank you. The Japanese have a copy of that now, too. I was over there as a visiting professor for their annual transplant get together, which happened to be on Okinawa. And showed the video and gave it to them, because they are now beginning, because of cultural reasons, to develop their deceased organ donor procurement programs.

There's one other story I can tell you.

Seely: Yeah.

Barry: And this was a retrieval that took place at a military base. And the residents from Madigan Army Medical Center used to rotate with me on the transplant service, and a former University of Arkansas football player had happened to have rotated with me. His name was Rodney. And they had a donor up at the hospital there. And we needed transportation to get there. It was one of those rare snowstorms. And so the general flew his plane down to Portland with a Special Forces pilot. We got into the plane. Flew up there. Rodney met me in the operating room. But as we were coming in to land, I looked out. It was at night. I could see nothing.

So I said to the pilot, "How are you going to land this? I don't see any place to land."

He said, "Watch this." And toggled something on his microphone. And lights came up.

So I looked down and I said, "But it's snow. There's no runway down there."

He said, "Not to worry." And we landed in the snow, and it was the softest landing that I've ever experienced. Just perfect.

And the reason I remember the retrieval is because Rodney and I retrieved the kidneys. And at that time, I was also doing heart retrievals for valves. And so they brought in a general surgery resident who was doing a rotation on the thoracic service. And he and I removed the heart for valves.

Seely: Yeah. That's great.

Barry: You jogged my memory there. Thanks.

Seely: John, you have committed unbelievable numbers of hours in your volunteerism, I guess in some sense, to societies. You served as president of the American Urologic Association. Right?

Barry: Yes.

Seely: Talk a little bit about your experiences around that. I mean, you've made deep commitments over the years.

Barry: I've been president, I guess, of half a dozen or more professional societies. The three I think I remember the most are the American Urological Association, because at the time I was president I think there were seventeen or eighteen thousand members; president of the American Board of Urology; and then president of the Urologic Society for Transplantation and Renal Surgery. Actually three terms with that organization.

It was sort of democracy in action with the American Urological Association, and I thoroughly enjoyed that. When I found out I was going to be president of this group, because I hadn't served on their board of directors, I took a crash course in finance, business management, and international relations, because half the people who come to the annual meeting of this organization are from other countries. And I also subscribe to the *Harvard Business Review* and *The Economist*, just to find out how the business-slash-political mind works. Then to be part of this organization and realize how you can come to consensus with people having disparate views or groups having disparate views, without throwing things at each other, was remarkable. It was a great process for me. I thoroughly enjoyed it.

The American Board of Urology was fascinating because the responsibility of the board is not to the profession, but to the public. And it's to make the profession safe, and to see that the profession and the practitioners do the right thing. If they don't, they run the risk of losing their board certification and not being able to practice in their discipline. Because the interesting thing about the certificates is that the certificates are all owned by the American Board of Urology. And they can ask for them back at any time with cause.

Seely: What do you see are the major challenges ahead for urology?

Barry: Major challenge, I think, is the same challenge that feeds the disparities that are in the American healthcare system. We've been told that we have the best healthcare system in the world. We don't. There are other countries who are far better examples for this if you look at some outcomes, and what percentage of gross domestic product we're spending on healthcare for what we get. A simple solution is the solution that's been adopted in many countries. And that's basically a Medicare system for everybody, cradle to grave. And then if you want something special, like cosmetic surgery or reconstructive surgery that's elective, you have a supplementary policy for this. But unfortunately, we live in America. And as Winston Churchill says, Americans usually do the right thing, but only after they've tried everything else.

So I think Obamacare, the concept is good. It's been diluted or changed by business interests. That's too bad, but that's America. We'll eventually get there, but it may take us another half generation or so.

Seely: You've played an important role in our public awareness initiatives here in Oregon. You were an early supporter of what was known as the Oregon Donor Program, which today is Donate Life Northwest.

Barry: Yes.

Seely: Any particular special memories of getting involved with that group?

Barry: Well, when asked, I would do whatever they wanted me to do, including write checks when they needed it. But I can remember loading a movie camera, slide projector, in the trunk of my car, driving to Newport, giving a talk to five physicians in their local community hospital to make them aware of the Oregon Donor Program and how important they and their patients were for us.

Seely: I think it's noteworthy, something to be very proud of, in that effort today, Oregon, Washington, Alaska, Montana have the highest consent rates for donation, the largest registries in the country. And that we have, here in Oregon, 2.4 million consented donors to the DMV on the Oregon registry.

Barry: Yes. And great contrast to New York and California, which is somewhere in the mid-thirties. I've been known to call them quietly narcissistic little twits. But maybe we'll have to edit that out.

Seely: Well, you'll be happy to know that nearly 50 percent of our actual donors today have already consented prior to—

Barry: That's great.

Seely: Yeah.

Barry: Oregon is a great place to live. It really is.

Seely: It's a wonderful thing. You've also simultaneously, I think we've both grown up in this before the United Network for Organ Sharing was established.

Barry: Yes.

Seely: Any thoughts around it, and its role?

Barry: There were. Before United Network for Organ Sharing and criteria for distributing kidneys from deceased organ donors, it wasn't a good system. And so I actually asked our team to develop a method of selecting recipients for these organs that was totally transparent, and that we could publish and be proud of. So that's what we did, before UNOS did this. We never publicized it. We simply did it, because it was the right thing to do.

Seely: And now it's, a national allocation system that's based on ethical principles.

Barry: Yes.

Seely: It has a lot of public input and enormous amounts of volunteer hours by professionals in the field of donation and transplantation. And it's really based on what's fair, just, and what's best utility of organs based on some of that early work. Thank you for that, John.

Barry: Well, small part. Just seemed like the right thing to do, so we did it.

Seely: It's big. You've touched on a lot of things. I would ask you about the evolution of where things stand. Anything from a, I don't know if you want to share from a personal service, your own patient experience. Again, you don't have to go there, but the unique experience that you've had on the, I've always, in my own life, I've always valued my experiences on the other side of the healthcare equation.

Barry: Yes.

Seely: And how it's actually opened my eyes to things that I might not have known as someone involved in healthcare.

Barry: I guess so, yes. I guess, okay, we'll go back to my concussion. I played quarterback for our football team when I was in high school. I was captain of the football team. And I remember being taken, after the game was finished, of course. I mean, this happened somewhere around halftime. So after the game was over, we all got on the bus and went back to Pine City. And knocked on Doc Mock's door. And went in. And he did a neurological exam amongst the cocktail glasses that were on the coffee table in his living room. He was still in his bathrobe. And I was deemed fit to continue playing football, which I did for the rest of the season.

Another time I had an abscess on my arm that Doc Mock lanced in the office and drained all this wonderful yellow puss out. Then I had an athletic injury and developed a deep venous thrombosis in one of my legs, and was hospitalized in a local community hospital, and had to be anti-coagulated for a while. And so that gave me a patient experience.

And then I had this little bout with cancer, oh, when was that? I guess seven or eight years ago. Had it chopped out, and they got a good result. It hasn't come back. And I've had a few skin cancers. They took off part of the top of my head last year, but eventually that healed. So, yes. I've been on the other side, too. And I appreciate what it's like.

And I sat in the waiting room when my father had his coronary bypass surgery. And as I recall, I visited you a couple of times after you've had a few things done. So yes, it's been good to be on the other side.

Seely: It always kind of informs what we do on a day to day basis.

Barry: Yes.

Seely: John, is there anything that we haven't talked about today that you want to share? We've run through a number of questions. Or any areas that I might not have—

Barry: Well, if you don't mind, I want to beat my drum for a couple of things.

Seely: Sure.

Barry: Just because they were sort of mileposts in my career. And one was being selected to be on the Board of Directors for the American Board of Urology. Another, decades ago, being selected to write the chapter on transplantation for what's called the Bible of urology. It's called the *Campbell's Urology* multi-volume text. I think another is, in urology, there's the equivalent of the Heisman Trophy; it's called the Ramon Gutierrez Award. And I received that award in 2015. There's an award for the Society of Government Services Urologists, which is primarily a military organization, the H. Godwin Stevenson Award. They gave that to me in 2014. And in three weeks, I'll get on a plane and go to Argentina for a meeting where I'm going to receive the Societe International d'Urologie Astellas European Foundation Award for my contributions to the profession.

Seely: Congratulations.

Barry: I don't like to talk about myself, but those were sort of milestones that I guess I'd like in the archives. Just to demonstrate what can be done in the Oregon environment, because I was given opportunity and was able to take advantage of those opportunities. And it's sort of traditional, or maybe not, to talk about one's wife, who is a fellow professional. Name is Toni Eigner-Barry. She's a dentist. She sat in this chair a few months ago and relayed her experiences as a professional, growing up in Oregon, doing all of her education in Oregon, staying on the faculty in the dental school. And yes I sort of gave the institution some money so there'd be the Eigner-Barry Lectureship in Dentistry, so that's done. But I admire my wife. She's accomplished a great deal. And she's always been supportive of me. And she's never made me feel guilty about doing what I love to do, which is work. And she was a great stepmother for my four kids, who needed her. And she was there. So I guess we'll finish on that, if that's all right with you.

Seely: Well, John, thank you. It's really been a privilege and an honor to be a part of this conversation this morning. And thank you for sharing all of this.

Barry: You're welcome. Sorry, I don't usually talk about myself. But I guess that was the mission today.

Seely: Yeah. It was right on the money. Thank you.

Barry: Yeah. You're welcome.