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ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM

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Q: *Dr. Mendez, could we start kind of at the beginning? Could you give me an idea of when and where you were born and something about your family, so people understand to whom I'm talking, and then we'll move on.*

Dr. Mendez: All right. I will be sixty-two years old three days from now. I was born in 1931, in Puerto Rico. My mother and father were both born in Puerto Rico. And I went to school in Puerto Rico, to include college. I went to medical school in Chicago, at Loyola University, and received my MD degree in 1954.

Q: *Now to back up a bit. What was your father engaged in?*

Dr. Mendez: My father was a civil engineer, and my mother was a housewife. I had one brother, who had a degree in business. No other children in the family, just the two of us.

Q: *Medicine was not in the family?*

Dr. Mendez: Medicine was not in the immediate family. I did have an uncle who was a physician.

Q: *Had you gotten a feel for medicine? As a young boy, were you hanging around doctors' offices or anything like that?*

Dr. Mendez: Not very much, early in my life. During high school and a little bit during college, I went to hospitals. I knew quite a few physicians and occasionally would be invited to go visit hospitals. I did witness a couple of surgical procedures and that type of thing.

Q: *When did medicine first sort of attract you?*

Dr. Mendez: I think it attracted me around the level of high school, and subsequently that attraction went on through college. As a matter of fact, I majored in college in biology simply because it was a good preamble to eventually enter medicine, which I did.

Q: *You went to university where?*

Dr. Mendez: I went to college in Puerto Rico, at the University of Puerto Rico, Mayaguez campus, which is located on the western coast of the Island. In those days, it was primarily an engineering school, but it had a science faculty, which, since then, has increased significantly. After I finished there, I went to medical school at Loyola University, in Chicago, Illinois.

Q: *This was completing your science-type degree at Loyola?*

Dr. Mendez: No, my bachelor's degree is from the University of Puerto Rico. I completed my MD degree at Loyola.

Q: *What's your impression of how medicine was taught when you were going there in, what, the early '50s?*

Dr. Mendez: Yes, it was the early '50s. I graduated from medical school in 1954. Medicine was taught not too differently than it is now. I believe that the body of knowledge, of the basic sciences is a more complex body of knowledge now, particularly spurred on by molecular biology.

We had two primary years at the beginning of medical school that were basic science years, with the usual type of subject matter--anatomy, physiology, biochemistry, pharmacology, and so on. And then the last two years were basically clinical in nature, where we entered the hospital, dealt with patients in the clinics, and had a hands-on type of endeavor, overseen, of course, by the professorial staff, who were our supervisors.

My medical school essentially was engaged (and they told us that from the beginning) in turning out practitioners of medicine versus researchers. Indeed, the curriculum was structured that way, and philosophically, the school behaved that way. That fit me very well; that was exactly the type of medical school education that I wanted to have. So I think that Loyola was a very good medical school for me.

At that time, it sat right alongside of Cook County Hospital in Chicago. There were three medical schools all in the same neighborhood: ourselves at Loyola, Chicago Med., and the University of Illinois.

Since that time, Loyola has changed very much. It is now in one of the suburbs of Chicago. As a matter of fact, I went back to my medical school just this year and gave the graduation address this past June.

Q: *Oh, my goodness.*

Dr. Mendez: And the growth has been really absolutely astounding in the interim years. It was very, very good to be able to see how the school has developed and the importance of the Medical School, not only to the immediate community, but indeed to the City of Chicago, as the years have gone by.

Q: *When you got your medical degree in '54, the economy was really beginning to boom at that point. You had come out really wanting to be a practitioner rather than a researcher.*

Dr. Mendez: Yes, that's right.

Q: *Since we're going to move on to the Armed Forces Institute of Pathology, did you get much pathology, and did it strike any particular chords with you?*

Dr. Mendez: It struck a chord for two reasons.

First of all, a very pragmatic one: the chairman of the Department of Pathology was also the dean of the medical school. Now that's a pragmatic reason to be interested.

Q: *Absolutely. Absolutely.*

Dr. Mendez: Subsequent to that, I developed interest in internal medicine. A good pathology base is very important to the specialty of internal medicine. So, despite the fact I did not become a pathologist, it was always a subject that interested me, a subject that I think forms the very base of understanding disease entities. During my residency years, it was not unusual in the type of training that I had to look at your own microscopic slides, both in terms of clinical pathology as well as microscopic anatomy. I believe that making the pathology correlations with the clinical entities that we were seeing led to a much better understanding of disease.

Q: *When you got out in '54, you went through, I assume, the normal...*

Dr. Mendez: I went into my internship. I served my internship in what in those days was called a rotating internship. I did not go into internal medicine right away, but I did go into the Army just about immediately after my internship. That was a very important move, because eventually the Army turned out to be the major portion of my career.

Q: *What unit? Let's talk about your Army career.*

Dr. Mendez: All right. The career in the Army started by being what the Army in those days, even now, called a GMO. GMO stands for "general-duty medical officer." That was a physician who had finished his internship but had not gone into specialty training. I went to Ft. Sam Houston, Texas, for a basic course, and then, to my first assignment at Camp Gordon, Georgia, near Augusta.

Q: *That was Military Police.*

Dr. Mendez: It was Military Police in those days, as well as Signal Corps. Both types of

troops were there at that time. We had an old cantonment hospital then, if you remember. My first assignment was to a dispensary, and it was primarily ambulatory care, seeing soldiers in the morning and dependent care in the afternoon. It was a very important thing for me, in the development of my own personal maturity, in medicine. Also it was important in that in those days, when you trained primarily with recumbent patients in the hospital, I was securing experience as a GMO in ambulatory medicine.

Q: *There's quite a difference, isn't there?*

Dr. Mendez: Yes, very much.

Q: *Could you explain?*

Dr. Mendez: Sure. Today, of course, a great number of things are done on an ambulatory basis that were not performed some years ago. The importance of ambulatory care has increased tremendously over the last several years. The ability to take care of a patient's needs without hospitalization, first of all, makes it easier on the patient, does not remove him from his environment or from his family, and, in general, it is also cheaper to do it that way than to do it in a hospital setting. So that those of us who had ambulatory care experience early in our career became very positive about ambulatory care early. And that positivity that I developed very, very early in my career remained with me for all these many years. So I've been a very great believer in ambulatory care, that it can be done with excellence, and that it can serve patients and their needs very, very well.

Q: *How long were you at Camp Gordon?*

Dr. Mendez: I was there for two years, at which time I went to what was then called the Company Officers' Course at Ft. Sam Houston, which was almost six months in duration. I did that prior to entering my residency, or specialty training, which was at Brooke Army Medical Center, in those days called Brooke General Hospital.

Q: *What were you specializing in?*

Dr. Mendez: I took my specialty training in internal medicine.

Q: *What attracted you towards that?*

Dr. Mendez: I was first attracted to pediatrics when I was in my internship. And then, subsequent to that, after I had the experience as a general-duty medical officer, I enjoyed the part of internal medicine that has to do with diagnosis, the evaluation of the patient, arriving at a logical conclusion in terms of a disease, and being able to establish a system of therapy. Some people call it the detective work of medicine, if you will. Also, I

enjoyed dealing with the adult patient, particularly patients that were in the older age group. And, of course, in internal medicine we see a number of patients that are in the older age group. I have always derived a great deal of satisfaction in dealing with that type of patient.

Now I'm in that group myself.

Q: *Well, it's good preparation.*

Dr. Mendez: Yes, that's right.

Q: *You were doing this at Brooke Army Hospital, is that right?*

Dr. Mendez: Yes.

Q: *I assume that you had both military and dependents?*

Dr. Mendez: Yes, that's right. The patients that we saw, of course, were active duty and dependents of active duty, and also retirees and dependents of retired, which is the typical population of a military hospital. In the case of Brooke, the same as our medical centers elsewhere, we received patients not only from the local area that it served, but we received patients from other hospitals, because it was a referral center. It still is.

Q: *And, of course, San Antonio is probably the largest military retirement community in the world, practically.*

Dr. Mendez: We had a lot of retirees, even in those days. And two large medical centers. Not only Brooke, but Wilford Hall Medical Center, of the United States Air Force, is located in San Antonio also, and is a hospital of great excellence, the same as Brooke is.

Q: *What was your impression of military medicine at that time?*

Dr. Mendez: I enjoyed very much taking care of soldiers and taking care of their families when I was a GMO, and I think probably having derived that enjoyment was one of the attractions of going into a residency. Another attraction was the quality of the residency program itself. The Army residency programs were of good quality. They were academic in nature, and at the same time, you were able to get a residency while still making a reasonable living, in terms of taking care of your wife and your children. All those things came together, in terms of selecting an Army residency. And I'm very happy that I did.

Q: *You did that until when?*

Dr. Mendez: I did that until 1960. From the beginning of 1958 until the tail end of 1960.

Q: *Had you decided what type of career to have, military or civilian, at that point?*

Dr. Mendez: When you took residency training, you had some payback time for the time that you had been a resident. I had some of that same payback time to do, so I knew that I would be in the Army at least the equivalent period of time that I had been a resident. Had I totally decided at that time that I was going to be a military physician for a full career? I had not made that decision as yet, although I had examined it as one option.

I went from there to Tripler Army Medical Center in Hawaii, and my practice and teaching there were professionally very satisfying. I had the opportunity to take my boards while I was there, and passed them. I had an opportunity to teach interns and residents. I also had the opportunity of setting up a dialysis program.

So all of these things, fairly early in my career, were very, very solid clinical experiences, and were very helpful in making the decision that I was going to be, most likely, a military physician and an internist within the United States Army.

Q: *When you were at Tripler, were you picking up, in internal medicine, any reflections of Asia as far as diseases?*

Dr. Mendez: Indeed. Again, Tripler was a referral center, and it was the only federal hospital in Hawaii. So we had a rather heterogeneous practice, not only Army, Navy and Air Force from Hawaii, but we would get referrals from other areas of the Pacific and Asia.

Q: *You were getting involved in Melanesia, Micronesia, and all those.*

Dr. Mendez: Not in personal, direct involvement, although I did travel some to different countries while I was there. The involvement was primarily, in terms of medicine, with those paients that were referred to Tripler, or that came through Tripler on the way to the States, and that we would care for at the medical center.

Q: *Were there exotic Asian diseases that would come in to you?*

Dr. Mendez: Yes, we would see illnesses in that area that we wouldn't see otherwise, certain parasitic diseases and infectious diseases that we would normally not see in the States. As you know, one of the attractions of military medicine is to be able to have a rather global type of practice.

Q: *One of the things the military has to be ready to do is to plunk a battalion down in God knows where, anywhere in the world. Did you find, being in this area and particularly working with internal diseases, that there was any sort of preparation program to get ready in case all of a sudden we were fighting in Chad or we were*

dealing with problems in Cambodia or something like that?

Dr. Mendez: At that time, of course, as I said, I had taken both the basic course, which was some six weeks of preparation, and, again, particularly during the Company Grade Officer's Course, which was a six-months' preparation, which I mentioned I took right before my residency. So I had become familiar with readiness needs during those periods. I had, however, at that time, not served in a field unit, and that did not come till later.

Q: *I always like to get the dates. You left there when?*

Dr. Mendez: All right, sir. I left there in 1963.

Q: *You were married, I would assume?*

Dr. Mendez: I was married then. I had married, and I'm still married to the same person, and very fortunately so; I have a very happy marriage. I married my wife when I was in the middle of my third year of medical school, so, December of last year, we had been married forty years. So, yes indeed, I was married, and by the time that I left Hawaii, we had had all four children.

I went to Edgewood Arsenal, Maryland, for a short time, an assignment of a little below a year. I spent that time in Medical Research and Development, until I was asked to return to Ft. Sam Houston, Texas, where I was assigned to the Medical Field Service School (where I had been for those two courses that I told you about) as an instructor and to establish a biological and chemical sciences branch.

Q: *So you went there in...*

Dr. Mendez: I went there in 1964.

Q: *So this was again training? For what?*

Dr. Mendez: No, not myself training, but participating in the training of others.

Q: *Were you beginning to see a new influx of doctors brought in because of the Vietnam War?*

Dr. Mendez: Well, we had been seeing an influx of physicians. At that time, there was a fast turnover of physicians. Even at the time that I came on active duty, there was a fairly fast turnover of physicians. During those three years that I spent at Ft. Sam Houston, we saw quite a few classes. I participated not only in classes composed of physicians, but also in those with other officer and enlisted members of the Army Medical Department.

Q: *During all of this period we're talking about, with the military, were you getting any emanations from or were you in touch at all with the Armed Forces Institute of Pathology?*

Dr. Mendez: In those days, no. I certainly knew of the existence of the Armed Forces Institute of Pathology. But no, certainly no direct one, being that I'm not a pathologist, and had not received any training in the Institute. Most of the time, professionally, I was concerned with either internal medicine, as my specialty, or with military medicine.

I continued with my training after Ft. Sam Houston and was sent over then to the first of my military schools that had other people within it besides medics. I went in 1967, to Command General Staff College at Fort Leavenworth. I left my family in San Antonio and went alone to school at Leavenworth where I had a good experience.

Q: *The Command General Staff College was a very important bit of military training. How did the medical branch fit in? As a representative of the medical branch, how did you find it? What sort of contribution did you feel you were making, because this was a collegial exercise, and also what were you getting from them?*

Dr. Mendez: First, I think that what I learned there has to do primarily with the operations of the Army, particularly the Army in the field. A lot of it was oriented at the level of division and brigade. But I learned a lot from my classmates about their expectations and about their needs and about their own lives in the military. Most of the time I had spent in endeavors that had to do with other medical people versus endeavors that had to do primarily with line officers. I developed a number of friendships while I was there, and I learned a lot, not only from the course itself, but indeed from the continuing dialogue with my military colleagues that were there.

I also turned out to be fairly senior; I was a lieutenant colonel at the time, compared to some of the individuals that were there.

In reality, I believe that I was also able to contribute in placing into perspective the medical support of the Army and of the dependents, and the importance of that to the continuity of the health of the command and therefore to the support of the fighting strength of the Army. And the relationships that I developed there perhaps had some of my colleagues look at that medical support in a more favorable way than they had in the past.

So, all in all, I believe that it was a good and a proper experience, and I'm certainly happy that I went to it.

Q: *You left there when, and what did you do?*

Dr. Mendez: I left there to be a division surgeon. I thought it was a very proper assignment for someone who had just finished Command General Staff College. And I

became surgeon of the 3rd Armored Division in Frankfurt, Germany.

Q: *Hell on Wheels.*

Dr. Mendez: Actually, Spearhead. My wife and my children and I took off and went to Germany. We were assigned to Frankfurt at that time and lived in a small town near Frankfurt. I served as surgeon of the 3rd Armored Division until 1968, at which time came the opportunity to command my first hospital.

I went from having been a division surgeon, a very fine experience, most of it in the field, to command my first hospital, which was in Vicenza, Italy.

Q: *While we're back to the 3rd Division, were you noticing any problems, from your perspective, of the military in Germany, because of the Vietnam War at that time? It was becoming a pretty heavy drawdown on our military forces in Germany in order to staff Vietnam, and I was wondering whether you...*

Dr. Mendez: It's hard for me to remember exactly what our manning levels were then, it's been so many years. I remember, of course, the support of the war being paramount, but I don't remember the manning levels. There were physicians in the maneuver battalions and so on. And I had my staff complement, in the small office of the surgeon, that was necessary. I think, all in all, I was well supported when I was the division surgeon.

Q: *You went to Vicenza, which was an artillery base basically, wasn't it?*

Dr. Mendez: Vicenza was a fine city and the Army post included the hospital that I commanded. Italy was a very happy experience. I will tell you that my wife and I both, and my children also, fully enjoyed Italy, enjoyed the people and enjoyed the assignment very much.

My initial assignment as commander of U.S. Army Hospital, Vicenza changed, because we expanded the job. At the end, I was SETAF surgeon as well as Vicenza hospital commander, and commander of the 45th Field Hospital. I enjoyed very much both the opportunity of doing all the jobs as well as the experience acquired by doing them. The Italy assignment was an important assignment to me, both in terms of my medical administrative maturity, being that it was my first hospital command, as well as being able to marry together both a field hospital assignment and a fixed hospital assignment.

Besides commanding the hospital in Vicenza, we had another small hospital in Leghorn, near Camp Darby, and a clinic in Verona. So there were three active facilities to worry about which also made it interesting in terms of having some regional responsibility.

Q: *You were working as a joint command, a joint occupancy. It was an Italian base,*

too, was it?

Dr. Mendez: Yes, there were some Italian military on the post.

Q: *What was your impression of Italian military medicine?*

Dr. Mendez: Well, I had a little experience with it in the field, but not as much as perhaps you would think. I had more dialogue, even, with Italian medicine in general visiting the University of Padua, which was very nearby, which, as you know, is a very old...

Q: *One of the oldest universities in the world.*

Dr. Mendez: Yes, that's right. I had the opportunity to go there several times and truly enjoyed it. I also had some contacts with local hospitals in some of the areas where our beneficiaries would be admitted for emergency care and so on. In all, I think that the experience gave me a great deal of both relevant information as well as being a good experience. I think we had very good relations with the Italian people and I enjoyed that part of it very much.

Q: *You were there until when?*

Dr. Mendez: I was there until 1970.

Q: *And then where did you go from there?*

Dr. Mendez: From there, I came to Washington for the first time. I was promoted to colonel pretty much at the same time that I came to Washington, and became chief of the Medical Corps Career Activities.

Q: *Which means what?*

Dr. Mendez: At that time, it was the particular portion of the Army Surgeon General's office that had to do with the assignment and career planning, of medical officers or physicians in the Army. So it had under it the assignment, the career planning, and the relationship with the consultants in the different specialties for physicians in the Army.

Q: *Did you find that the Army paid fairly close attention to how to bring doctors in and move them along, for growth and also for experience, so that, in case of war, they'd be prepared?*

Dr. Mendez: I think that the Army paid close attention to that, and still does, but it was

not so much the experience of all doctors. As you know, the career corps, or the regular Army corps, was smaller than the sum of the inputs, because a lot of physicians would remain in the Army just for the period of time that they had mandatory service. So, to that effect, the turnover at that time was still quite fast. Generally, fast had to do primarily with non-career officers that would come into the Army for short periods of service. We did pay a great deal of attention careerwise, though, in terms of the people that were remaining in the Army, taking residencies in the Army, and having repeated assignments subsequent to that residency. And indeed for those people that were going to be in for short periods, two, three years, it would be primarily in terms of initial assignment or, in some cases, two assignments.

Q: *This time, 1970, was sort of the height of public opinion's disillusionment with Vietnam. The Tet Offensive had taken place in 1968. We were beginning the drawdown on Vietnamization, but the military was going through a very difficult time. And I would think that there would be very strong reflections of this within the ranks of military doctors, many of them coming from outside for a while and all. How did you find this?*

Dr. Mendez: I think that your impression of that is correct. I did see physicians who did not wish to come in the military at that time, who felt negatively about the matter of the war, and indeed the disruption that it caused for those physicians that were already in, in terms of assignments, family separation and so on. So, did some of this reflect itself into the active duty people or the people coming in? The answer is yes. Just the way you phrased it, I believe, is correct.

Q: *At this time, how about assignments that you would see towards the AFIP? How did these rank? Was it easy to get people to go there? Were you selected? How did it work?*

Dr. Mendez: I believe that assignments to the AFIP, the general and throughout the years, including that period of time, have been considered very fine assignments. They've been considered highly professional and a sign of achieving a high degree of professionalism within the specialty of pathology. They have been considered a sign of recognition of excellence in the individuals assigned. So, in general, the answer is, clearly, people have wanted to go to the AFIP, as I've seen it throughout the years.

Q: *Do you still have any connection with the AFIP, other than that?*

Dr. Mendez: Well, yes, I have some connection. As a matter of fact, even after I left my last assignment as assistant secretary of defense, I gave a talk at one of the dining-outs. They asked me to go and talk to them, not long ago (I forget the exact date). I feel very positively about the AFIP. So the answer clearly is yes, I still have some relationship, although certainly not in the frequency or intensity that I did in the past.

Q: *When you were in Personnel, did you ever get over there, or it just wasn't particularly...*

Dr. Mendez: Yes, but it was not something that I did frequently.

Q: *Since this is an AFIP interview, I was wondering whether anybody, your boss or somebody, said, "Dr. Mendez, now these AFIP assignments are very important, so give them special consideration."*

Dr. Mendez: The officers that I had in my staff were Medical Service Corps officers. We split them into monitoring the different specialties, so that there were specific officers that oversaw particular specialties of medicine. They would oversee it together with the specialty consultant. So that the pathology consultant would indeed have a role in my office. Most of the dialogue was with either the people at the AFIP or the pathology consultant.

Q: *I see. You were doing this work, basically a type of personnel work, until when?*

Dr. Mendez: Until 1972, at which time I was selected to go to school. And I went to school, right here in Washington, at the Industrial College of the Army.

Q: *Oh, yes, ICAF.*

Dr. Mendez: ICAF, which, by the way, was a very good school.

Q: *Yes, from all accounts, it is. That's a year's course, isn't it?*

Dr. Mendez: It's an academic year.

Q: *After finishing that, where to?*

Dr. Mendez: I was reassigned to Texas--it seems like I always came back to Texas. I went to Texas to head a particular piece of what was then called the Academy of Health Sciences. Some offices had been transferred from the surgeon general's office over there, and I was the fellow that headed a particular section called Non-resident Health Education. Perhaps the dichotomy of the title is that it included military residencies. We had the part that dealt with advanced degree education, military residencies and so on. I had a staff that included representatives from all the corps of the Army Medical Department. We were a part of the Academy of Health Sciences, and physically operated out of there.

Q: *You said you were born in Puerto Rico. I assume that you speak Spanish?*

Dr. Mendez: Yes.

Q: *Throughout your career, did they ever take advantage of your Spanish speaking, or was this sort of off to one side?*

Dr. Mendez: You know, it's very interesting, because I always thought I should have had an assignment in someplace where they spoke Spanish, like Panama. I was never assigned to anyplace where the population spoke Spanish, although as far as taking advantage, the answer is yes. I participated in many activities in which Spanish was a requirement: I escorted some officers; I dealt a lot with some of the Spanish-speaking officers that would come for courses.

Q: *There are some things like this in Latin America.*

Dr. Mendez: Yes, that's right. And that happened not infrequently. The Spanish was very helpful when I was in Italy, in learning some Italian.

So, yes, there was some advantage taken of the fact that I spoke Spanish, but never really in an assignment as such. I was never stationed in Puerto Rico, despite the fact I'm a Puerto Rican, or in Panama, which are two of the classical assignments that come to mind.

Q: *Absolutely. Well, this last assignment lasted from when to when?*

Dr. Mendez: I finished that assignment, from 1973 to '75, and then was assigned, right there at Ft. Sam Houston, to be the deputy chief of staff for operations of the Health Services Command.

Q: *And what does this mean?*

Dr. Mendez: I was the chief of operations for the Health Services Command. By that time, the Health Services Command had been formed and established at Ft. Sam Houston, Texas. It was an important assignment, both in learning and in doing. And it was while being assigned there, that I was selected for promotion to brigadier general.

Q: *As you saw it at the time you were dealing with military hospitals all over the continental United States, what were the strengths and also the weaknesses of our military hospital system then?*

Dr. Mendez: I think that the strengths have always been hospitals of high quality that are preoccupied with the care of soldiers, their dependents, and the retirees. One of the great

advantages is to be able to practice as you think is correct, with the preoccupation of money being budget rather than patient payment. I don't think that being paid is an incorrect thing. Not at all. But it was very relevantly pleasing to me to be able to have the other preoccupation versus the ability of the patient to pay, and I felt that I could do what I thought was right in terms of patient care.

One of the important things to me was the orientation to mission. There was a defined mission, around which people revolved, around which also they came together in order to be able to do, and there were expectations that were defined, and so on.

Some of the negative things had to do with not having enough help. Some of the physicians felt that they were not paid as much as they should have been paid, particularly in the surgical specialties. There were expectations for more support personnel. And this was, I believe, true. Most of us didn't have enough secretarial and clerical support and so on, and most of us felt we could have been more productive as far as rendering care was concerned if we had more support.

I also enjoyed very much the ability to have sort of a group practice with my fellow physicians, the ability to just simply consult, on the basis of need, the ability to share, and the opportunity of teaching within the military. Despite the fact that maybe a lot of people don't think of us as a highly academically oriented institution, we are indeed, particularly in those hospitals that have residency programs. All this amounted to fine quality of care.

So it was the combination of all of those things that I felt were very positive, and indeed, as the years went by, the things that retained me in the Army. Plus, I enjoyed taking care of the people that composed the Army family; those were my patients and I enjoyed caring for and worrying about them, and eventually heading some hospitals that took care of them.

Q: *Obviously, anybody in the military medical profession must have been looking over at the other side, as far as the Soviets were concerned. The threat was very high; at least we felt it was at that time. Did you feel that nuclear war was just the end? Was that how we felt about it? I assume one had plans, but what was the general feeling about it?*

Dr. Mendez: There was indeed concern about that. At the time that I was in a teaching mode, I participated in nuclear, biological, and chemical teaching and training. So that was very much for real. We had a series of courses specifically having to do with the management of mass casualties. Those courses had scenarios in them that could have been natural disasters, but they also had scenarios in them that could have been nuclear types of environments. So, was that taken as a realistic threat? The answer is yes. Was there teaching and training that had to do with medical defense against such threats? The answer again is yes.

Q: *It's an extremely political problem, but was the subject of veterans hospitals ever raised? I've often wondered why there are veterans hospitals and military hospitals.*

Why couldn't the two be combined? Was it just a political can of worms?

Dr. Mendez: Let me give you two answers to that. Let me put you an answer of the time that we're talking about, and then bring my answer to today.

Q: *That's what I'd like.*

Dr. Mendez: I believe that in those days we saw the veterans hospitals more separate from military hospitals than today. They were hospitals that took care of veterans; that meant non-retirees and non-active duty to us. We had to do with transfers of certain patients from the active duty to the veterans hospitals when patients were no longer able to stay on active duty for medical reasons. So we did have relationships but those relationships were primarily clinical in nature specially when they were one-to-one.

Now if I bring that to today, I think although veterans hospitals and military hospitals still have different missions the relationships have increased military readiness. The military medical departments have a paramount requirement.

The Veterans Administration hospitals will support those military hospitals with extra beds and extra staff if needed at the time of contingency or war.

In peacetime, I believe, very strongly, that there are also many things that can be done together by veterans hospitals and military hospitals.

Let me give you some examples. Memoranda of agreement within hospitals. Now, what does that mean? It means that if you run a Veterans Administration hospital, and I run a military hospital, and I have now acquired a computerized axial tomography and I have capacity, there is no reason why I should not fill your computerized axial tomography needs. We happen to be in the same town. And vice versa. And a reimbursement can be established to that effect and so on. So I believe that it can prevent unnecessary duplication in an area in which both exist.

Those memoranda of agreement can be as sophisticated as doing sophisticated patient care, open-heart procedures or MRI, in the case of imaging, or they can be as mundane as you doing my laundry, in terms of one hospital to another. So I do believe in and, secondly, I support that concept.

Let me go one step further and talk about joint ventures. What do I mean by that? An example of a joint venture would be Albuquerque, New Mexico, in which in the local area was an Air Force hospital, and at the time that it needed renewal, instead of having a new Air Force hospital built, the Air Force hospital became part of the Veterans Administration hospital. They man a ward--people in Air Force uniforms, but use the core of that hospital, the X-ray, the laboratory and other facilities in support of their patients.

Before I left the Department of Defense, there was a projection that at Nellis Air Force Base, Nevada, in which the Air Force was going to build a new hospital, wards in that hospital were to be included for the care of Veterans Administration patients.

So I believe that joint ventures are indeed possible, and I believe that they should

be increased.

The other example is training. Where you have commonality of training, either physician or technical, some of that can occur together. I believe that some of the training can occur together with people from the Army, the Navy, and the Air Force, and therefore I think that, in some types of training, that can be together with the people in the Veterans Administration. As a matter of fact, very classically for years and years, Veterans Administration hospitals have been associated with the medical schools in the country, doing just that type of endeavor.

All these examples speak to mutual cooperation which is professionally sound and cost effective. This does not mean however that the two systems should be combined. They have different missions and they take care of different groups of people who have different requirements.

That was a long answer to your question.

Q: *No, but still I think it's interesting to get this on the record.*

Dr. Mendez: And, also, not everyone feels like I do, but I do feel that way.

Q: *Good for you. With your promotion to brigadier general, this, of course, is a major step in the military. This was when, and what did this do?*

Dr. Mendez: This was in 1976, and what it did was it took me from being the operations man at the Health Services Command, to being the operations man at the Army Surgeon General's office.

So I returned to Washington, in a very short period of time. It was one of the most expeditious assignments that I've ever had in terms of moving.

We returned to Washington, my wife and my children and myself, and here, then, as the Director of Health Care Operations at the office of the Surgeon General, my responsibilities broadened considerably. At that time, I worked, of course, for the deputy surgeon general and the surgeon general.

I remained in that position for just about a year, and then became deputy surgeon general; at first, interim, at the time that General Green, who was then deputy surgeon general and a man that I admired a lot, retired. I came in initially when General Taylor was surgeon general of the Army, and then, when General Pixley became surgeon general, he asked me to remain as his deputy surgeon general.

Q: *As deputy surgeon general, what was your relation with the AFIP?*

Dr. Mendez: That relationship was now a lot closer. I went to the AFIP regularly to the meetings of its Board of Governors. I was the fellow at the surgeon general's office that dealt with the AFIP primarily, and indeed became quite close at that time, in learning about the AFIP and participating in the evaluation of its actions through the Board of

Governors. And actually the more I learned about the AFIP the more I liked the institution. It was an institution that was important not only to the armed forces, but indeed to the country. And it was an institution that was learned. The more I got to know its people and its chiefs, the more I enjoyed being with them.

Q: *During that time, I guess that Captain Elgin Cowart, of the Navy, and then Colonel William Cowan, of the Air Force, were probably your principal contacts.*

Dr. Mendez: Yes. I remained as deputy surgeon general until 1981.

Q: *Did you find, when you went there (because this interview is focused on the AFIP), that there were voices within the Army hierarchy that were saying, "What are we doing with the AFIP? Maybe it should be over at NIH," or something like that?*

Dr. Mendez: I think, in those days, the primary voices, without looking at the actual history of it, would say things like, "Why is the AFIP under the Army? We have a preoccupation with that; it's a tri-service organization," and so on, rather than voices that primarily had to do with whether it should be civilianized or not. The other was the consumption of resources, what are the dollars used for that are spent there? From both sides, you know, from the AFIP as well as from the surgeon general's office. The business of, "If the Army takes a cut, why should I take a cut? That's the Army's; that's not ours." So it was interesting, and I believe that at that time, that was primarily the clamor of it.

Now there have always been people that have felt that this institution that serves both the military and civilian perhaps should be civilian rather than military. And there have been, throughout the years, a lot of discussions as to where it should sit.

But, as I remember those days, I think the majority of this discussion had to do with what I was saying just a moment ago, at least the discussion with me.

Q: *You were with Army surgeon general. Did you ever sit together with the Navy and Air Force deputy surgeons general and all work together?*

Dr. Mendez: The surgeons general or the deputies would go to the meetings of the Board of Governors. We would work well together; we had really no great difficulty with one another. Was there always some degree of service rivalry? Of course. Was that unhealthy or negative service rivalry? I don't think so, in the case of how we worked together. It was always to try and maintain our hospitals, our clinics, our training programs, and so on. And I think that assertiveness that we saw all the time sometimes could be extreme, but...

Q: *One of the things I've heard said, and this is from Navy people, sometimes: There's the right way, the wrong way, and the Navy way. I've always had the feeling that*

somehow, in a tri-service thing, the Navy always kind of is the odd man out, in a way. They have their own way of doing things. Whereas the Air Force comes from the Army, in the not-too-distant past. Did you get that feeling?

Dr. Mendez: I think I would probably express it a little differently. Many times how everyone felt about something depended on the subject. I think that the culture in general is probably a bit more different in the Navy than it is in the other services. And maybe the reason is what you just said, the Air Force came from the Army, but I'm not sure about that. I think in general it has been a little different. Even after I came back as assistant secretary, I probably knew the Navy less and had to learn more about it than I did the other two services. So it's hard for me to put a reason for it, except my own knowledge of it.

Q: *During this period when you were deputy surgeon general, were there any great issues dealing with the AFIP that you can remember?*

Dr. Mendez: No, the issue of personnel and the budgetary issues were probably a little more in my mind than the others at this point. Subsequent to that time, when I went to Walter Reed, then we had sort of a host-tenant relationship, a different relationship. And in those days, I perhaps became closer in a different kind of way. I had a support responsibility.

Q: *You were what, commanding officer?*

Dr. Mendez: I was the commander of Walter Reed Army Medical Center.

Q: *From when to when?*

Dr. Mendez: That was from September of '81 until I retired in June of '83. Two years, basically.

Q: *When you went there, no matter how you felt, you had your Walter Reed staff that you were dealing with. How did they feel about the AFIP when you came onboard?*

Dr. Mendez: There was some ambivalence about it: some felt positively, and some felt negatively. Some felt that it was another place to take care of, that they demand parking, that they demand some of this or that.

Q: *I find that, when you get right down to it, the real nitty gritty usually is parking spaces.*

Dr. Mendez: Yes. There's a new parking garage now at Walter Reed. It may interest you

that I dedicated that, not too long ago.

So at that time, the relationship with AFIP, became even closer. I was able to visit a little more, because, of course, I was nearby. I had participated, even, in a retreat that had to do with looking at AFIP mission in an organizational effectiveness kind of way. So I was quite familiar with its thrusts.

And all of that, what did it do? It actually cemented my relationship with the AFIP even more. I got to know the people a little better. I believe I tried to be as helpful as I could. All in all, I think that it was a period of increased relationships for me with the AFIP, and a very positive period, despite the fact that there were some needs and wishes that could not be fulfilled.

Q: *Did you find the AFIP at all helpful as far as your immediate mission, running a large hospital?*

Dr. Mendez: Yes. Remember that Walter Reed, besides being a large hospital, is a referral center, and it's a referral center to a lot of people. So that the AFIP was indeed helpful, particularly in helping solve those difficult cases that were seen by them as sort of a court of last resort in pathology. That has always been so, and that was indeed so while I commanded Walter Reed.

Q: *When you're talking about a referral case, you're talking about a difficult case. Otherwise it wouldn't be referred to you.*

Dr. Mendez: Yes, a difficult case, that's right.

Q: *And that immediately brings up the possibility that a diagnosis of pathology comes in much more...*

Dr. Mendez: And indeed this would be from the largest hospital in the Army, which, although it had sophisticated resources, it would have to, at times refer some difficult cases to the Institute.

Q: *But you found the working relationship...*

Dr. Mendez: The working relationship, however, I found to be good. You see, I not only felt that it was good, I wanted it to be good for both sides.

Q: *What role did the Navy hospital at Bethesda play? Did this play any particular role?*

Dr. Mendez: In terms of the AFIP, or in terms of Walter Reed?

Q: *Walter Reed.*

Dr. Mendez: Sure, it sure did. Several roles. One was as sister hospital, if you will, for a tri-service population many of which resided right in this area. Secondly, in a collegial way, in the exchange of information; sometimes some of our consultants going over there and vice versa. It also had a role in medical training, in some of the specialties.

Was there some rivalry? The answer is yes, in my judgment. Was that rivalry pernicious? Not at all. I thought it was healthy.

Q: *How about with Congress? Where do the congressmen go when they get sick?*

Dr. Mendez: It varies, you know. Congressmen can go to either hospital or another hospital of their choice. So I think it's a matter of either referral or selection by the individual.

Q: *You retired from this particular phase of your life when, in '84?*

Dr. Mendez: In June of 1983.

Q: *And then what happened?*

Dr. Mendez: From there, I had an individual come to see me from Puerto Rico (I'm originally from Puerto Rico, as you know), to inquire whether I would consider returning to Puerto Rico to head the Ponce School of Medicine. It's a young medical school. And I looked into it and talked it over with my wife. We were ambivalent at the beginning, and then decided to go for many reasons, and I don't mind sharing them with you. Some of it had to do with the romance of going back home, of course. The other had to do with a feeling of paying back; this is where I come from, let me see if I have something to give, for what I had received. The other had to do with a sense of adventure. The other had to do with some of the relevance of being back home. The challenge of taking a young medical school and bringing it up. I remember vividly when Dr. Luis Sala, who was at that time chairing the board of the school, came in to effectuate the recruiting, and talked with me about it. Recollect, if you will, that I had been on active duty all of those years, almost twenty-eight years, and there was a certain degree of excitement and newness in my becoming a civilian again. So all of those things came together.

Was there any trepidation about that? The answer is yes, there was some trepidation. The medical school didn't have the biggest salary structure in the world, you know, because it was not particularly rich. At the same time, I felt that we could do all right.

We went to Ponce, and I enjoyed being a dean. I feel that I did some things for the School which were very positive. All in all, it was a good experience.

Let me share something with you that I thought was unusual. I expected to have

the usual adjustment reactions, you know. I had talked to many, retired patients and had seen then react to their new retired status. And indeed I had those same adjustment reactions that I felt I was knowledgeable about and therefore would not experience, but did anyway. And then I had another one that I didn't expect, because I'm a Puerto Rican, also. I had a period of reacculturation to go through. Mind you, I spoke Spanish before I ever spoke English, and was brought up in the environment and so on. But it had changed. It had changed significantly from the time that I remember it as a young fellow. So I had an experience I did not expect.

Q: *This was a period of very dynamic change there, from the '50s up through the '80s.*

Dr. Mendez: Yes, it was, and significant change had taken place in Puerto Rico and despite the fact I had gone back and forth, visiting with family and so on I had noticed it less than when I started working there. Even the fact that every day I picked up the telephone and I answered it in Spanish, that a lot of my correspondence was in Spanish, felt unusual. I had to get used to that, although I had not thought that it was going to feel different to me. The fact of life is that it did feel different.

So, anyway, I share that with you because I thought it curious at the time that I should be going through that experience as well as through the usual adjustment reactions that you see in people that leave the military and go on to civilian life.

We lived in a city called Ponce. Ponce is in southern Puerto Rico and is perhaps the most colonial city in Puerto Rico. It's a very pretty city, and they've done a significant number of reconstructions in trying to preserve some of that charm. And it's even better now than when I was there. We purchased a nice house and lived well. I was a dean for one year at first, and then they asked me to be president of the institution, which I accepted. I kept the deanship and became president, and we were with the medical school for a period of four years.

At the time that I decided to leave, I wanted to try out and see if retirement would indeed fit me. I've been singularly unsuccessful in that business of retiring, however. I then accepted the medical directorship of Damas Hospital, a 365-bed hospital in Ponce, and enjoyed that.

I did that for a period of about one year, at which time the governor called and asked me to be secretary of health for Puerto Rico. There was a great deal of ambivalence about accepting the offer, both in my wife and in myself. Some of that ambivalence really was because it was a political position. I belonged to a different party than the one in power; I had been a Republican in the mainland, and I was pro-statehood, and the party in power was the Popular Democratic Party and it favored continuation of the commonwealth and so on and so forth. But the major source of question for my wife and me was how I was going to handle something that could be as political as a cabinet post in Puerto Rico. But nevertheless, again I felt it was sort of my duty to do it if I was asked, so I did.

I was serving in that position when I received a call from Washington again, from the White House personnel office, as to whether I would consider throwing my hat in the ring for the position of Assistant Secretary of Defense for the Health Department of Defense. That eventually progressed into indeed being the man selected and eventually the man nominated, confirmed and sworn-in.

Q: *So you were assistant secretary?*

Dr. Mendez: Assistant secretary of defense for Health Affairs.

Q: *Again, I keep coming back to the AFIP. Did the AFIP appear on your radar at all while you were doing that?*

Dr. Mendez: Not while I was thinking about the possibility of the position. Once that became a reality, of course. As you may be aware, the Assistant Secretary of Defense (Health Affairs) chairs the Board of Governors of the AFIP.

Q: *As long as I've got you pinned down here, in what period were you assistant secretary, and what were your main concerns in that period?*

Dr. Mendez: I was assistant secretary of defense from March of 1990 until January of 1993.

Q: *During, obviously, the Bush administration, what were your major concerns?*

Dr. Mendez: First of all, to be able to give the right advice to the Secretary of Defense. I was indeed his major health care advisor, and you take that very seriously for as large a responsibility as the Department of Defense.

Q: *For the record, the secretary of defense was...*

Dr. Mendez: Mr. Cheney. And the deputy secretary was Mr. Atwood. So those were my bosses, and good bosses they were.

Another major concern has to do with being able to support the armed forces, and to do that at the time of need and in the field. And, of course, Desert Storm certainly came about during the time that I was there.

Q: *Desert Storm being the response to the Iraqi invasion of Kuwait in 1989-90.*

Dr. Mendez: One of the major missions is to maintain a healthy force that can do those things that the country asks for it to do. So that's a very relevant, very tangible responsibility. Remember I used a phrase a little while ago: "to support the fighting

strength." A soldier must be healthy in order to be able to carry out his mission. So the maintenance of that healthy force becomes a very important thing.

Thirdly, the other major concern turns out to be the ability to have medical units that can deploy. Therefore, the readiness status of medical units, becomes a very important responsibility.

Further, you are responsible for a system of health care that includes hospitals, medical clinics, and dental clinics scattered in a worldwide configuration.

You also run a supplementary health care that is civilian and fiscal in nature which we call CHAMPUS.

In order to carry those missions out, I worked very closely and, in my judgment, very well with the surgeons general of the military departments. We met on a regular basis. I had known two of them for a long time, then got to know the others as the time went by, even as they changed. And all of that was a very positive kind of relationship.

At the same time as all of this was going on, there was indeed some newness and changes that were occurring in American medicine which I felt were going to have significant effect on the military. We started a program then called Coordinated Care, which is the institution of managed care within the military. There had been some pilot projects that had taken place, even before, that had to do with forms of managed care. But Coordinated Care broadened the scope of the effort and incorporated the lessons that had been learned from prior efforts.

It was also during those three years that I chaired the Board of Governors of the AFIP for the first time, and again, to bring it to the AFIP and its relevant relationship, and where, perhaps more than any other time, became familiar...

Q: *Were there any major problems or concerns with the AFIP during this time?*

Dr. Mendez: Yes, I think that the concerns were, first of all, its continuity and where it fit. And I think that there is still a concern with continuity, particularly as there is a drawdown taking place in the military. Secondly, the concern was, that although not a child of the Army, the Army is the agency that is...

Q: *Since 1863 or something like that.*

Dr. Mendez: Over the AFIP. The concern was always that it would reflect the cuts of the Army, and that the Army, in its preoccupation for continuity of care in terms of medicine, would treat the AFIP in a lesser mode than it would treat the rest of the medical department. I think that is still a concern; I think I've expressed that correctly.

The second concern had to do with whether they had enough dollars to be able to do those educational activities and research activities for which they felt responsible. And indeed, indeed, the birth, if you will, or the thrust that had to do with consultation payments...

Q: *Payments, yes. That came about during this period, didn't it?*

Dr. Mendez: First, as I best recollect, with gynecologic pathology. That's a little less clear in my mind, but I believe that's correct. In other words, how much are you able to produce that will help you pay your way, if you will. And I believe that that concern about dollars continues to this day, particularly, again, as a drawdown occurs. That drawdown is not only in personnel, but it is also in dollars.

About three years ago, there were some discussions about whether the AFIP was correctly placed for the future or not. The discussion primarily, at that time, did not have to do with whether it should be military or civilian, but it was part of a discussion as to whether organizations that had commonality to the three services should be under the office of the assistant secretary directly versus under one of the services as the executive agent. I remember having some of those discussions. But that did not change; the Army continued as the executive agent. Again, that affects all three services.

Q: *So when you left, I guess you really left any connection with the AFIP at that time.*

Dr. Mendez: Except, again, I was invited, after I'd left, and gave a talk at their dining-out just a little while ago.

Q: *Oh, yes. Well, it's a fine institution, and one wishes it well. It seems to be set. I mean, you know, changing it around, I mean, the Army does have...it's on Walter Reed; it makes good sense to keep it more or less under...*

Dr. Mendez: I think that one must be very careful with an institution like that. I think that the institution is not only a fine institution, I think it's a very relevant institution to American medicine (now I tell you that as an internist, not even as a pathologist), not only to the military, but indeed to civilian medicine. The courses that the AFIP puts together are attended very, very well, and a large number are civilian attendees. The work that has gone on has been directly helpful to military medicine, obviously. And mission-relevant work continues. There is also work that has gone on in terms of assuring quality. Further, its work in terms of environmental pathology and its expansion is of great present day importance. Its work on DNA identification is at the cutting edge of that field is relevant for both military and civilian application.

So I believe that the institution, its museum, (you are aware of the new thrust of the museum, so I won't go over that), all of it, has been a piece of American medicine which has been important. I certainly favor its continuity and its status as an armed forces institute that is relevant to both military and civilian medicine.

Q: *Well, thank you very much.*

Dr. Mendez: You're quite welcome.