

Elder Granger

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The interview starts at 00:49.

Cohen: [00:00:49] Good. Thank you. So today is June 2nd, 2022. I'm Leah Cohen, the Oral History Manager at the Pritzker Military Museum and Library, and we are very lucky and pleased that Major-General Elder Granger has agreed to share his story of service with us. General Granger served in the US Army from 1971 to 2009, including a brief time at the Arkansas National Guard. General Granger is a medical doctor specializing in hematology and oncology. He merited the Bronze Star medal when he was the commander of the task force for the 44th Medical Command and the surgeon for the Multi-National Corps, Iraq, MNCI, for successfully organizing medical care during combat operations from November 12th, 2005, until October 14th, 2005, so the 2004, excuse me, to October 14th, 2005. So thank you very much for coming in virtually. And we look forward to hearing your story.

Granger: [00:02:08] Thank you very much, Leah. It's an honor and a humble privilege to be able to do this and share my story.

Cohen: [00:02:14] Yeah. Thank you again. So I thought we would begin with your background and ask you when and where were you born?

Granger: [00:02:24] I was born in West Memphis, Arkansas. I'm from a family of twelve. Eight of us are still living. I'm the middle child. I'm the son of Harry. And Velma Granger. Both had eight grade education. They originated from Mississippi and they migrated to West Memphis, Arkansas, where I was born and raised.

Cohen: [00:02:47] Did they find work in West Memphis, Arkansas?

Granger: [00:02:50] Yes, they did. My my father worked several jobs. Number one, he worked at a lumber factory called Dacus, D-A-C-U-S Lumber Factory in West Memphis. Then later on, he worked for a bumper factory where they either made bumpers or refinished bumpers for cars, all types of American-made cars. In addition to that, he works at the head busman at Southland Greyhound Park Dog Track in West Plains, Arkansas, in the what they call the the club, the Kennel Club. He did that so he would work in the dining area also early on in his career when they had the garbage collectors or sanitation workers scrap in Memphis when Martin Luther King came in to support them, my father was a sanitation worker in West Memphis, Arkansas, before he started working at the lumber factory. And they were trying to get unionized and better benefits. He was on the Arkansas side while I was going on the Tennessee side. My mother was a domestic housekeeper. She worked for a lady. The family name was the Bruces in West Memphis, Arkansas. They had a Coca-Cola distributing company. And so she would raise their, their son and their kids who are basically my age, Bruce Jr. So, yes. So she was busy helping Mrs. Bruce and her husband with with the domestic chores around the house, taking care of their baby and taking care of me. They would bring me down there periodically so she could nurse me.

Cohen: [00:04:22] So were you were you friends with the with the Bruce family and the child who was close to you in age?

Granger: [00:04:28] Yeah. Growing up, we attended the same schools. We interacted with the family. Absolutely. Absolutely. Yes.

Cohen: [00:04:39] And which schools did you attend growing up?

Granger: [00:04:44] I will tell you, initially, all the way up until the March of my 11th grade, I attended the predominantly segregated, Wonder Elementary, Wonder Junior High. And for my ninth and tenth grades, I attended the Wonder High School. So in March of 1971, we integrated. Because it was by a federal court that we had to integrate. They've been putting it off for years. They had a choice program that didn't work out, so they finally had to force integration. So I was getting ready to go to my senior year when they integrated March in my junior year. So I ended up finishing, completing high school at West Memphis Senior High,

which at that time was predominantly all White. And we integrated in March of 1971. So in 1972, I finished West Memphis Senior High School.

Cohen: [00:05:37] What was it like being in a predominantly White high school? And I was thinking in general about this in that they had to bring troops in 1957, about fifteen years earlier when they tried to begin school integration in Little Rock. So I wondered what it was like at the time.

Granger: [00:05:56] I'll tell you. You know, when you look at 1954, Brown versus the Board of Education and then the Little Rock Nine... By the way, one of the Little Rock Nine's lived lives here in Denver. She's a personal friend of ours, Carlotta Walls. But anyway, it did not go throughout the rest of the state except in Little Rock. But a lot of surrounding counties in the state of Arkansas still had separate schools, all Black, all White. And they tried what I what I described earlier, the freedom of choice. And if you want to go to a White school, you can if you want to go to a Black school, [you can]. There were, there were Black individuals, African-Americans who went to the White schools. We had no Whites come to the Black school. But going, attending an all-Black school was just like going to school with a family. Because during that time, you knew the teacher, they knew your parents, they knew all your cousins, your brothers and sisters. If you did anything, got out of line, you were not doing well, they would, the teacher would come by your house and saying, "Look, So-and-so is not doing well. They're acting out in school." And during that time getting a whipping in school was part of the process...They instilled in us, the teachers and the principals a sense of pride that, "You're the best determiner of your future by getting a good education. And don't let, don't let yourself be a victim. And don't let your skin be a barrier. Accept who you are and perform well." And I was told early on in my life, career excellence or performance will overcome any barriers put in place by a man or woman. So perform excellent whatever you do. Let the ratio issue be their problem and not yours.

Cohen: [00:07:46] Were your parents of the same viewpoint, too?

Granger: [00:07:49] My parents and my grandparents had the same viewpoint. You had an option in my house. You could either go all the way to the eighth grade, go to high school, or if you dropped out and did not go to the high school, you had to get a job. So the rule was get an

education or get a job. I did both. Because in the all-Black school that you got a diploma when you finished the eighth grade. So then you would go to the high school, so it would have a ceremony because in a lot of schools, especially in the South, for my parents, they didn't have a high school [formal education]. You went to eighth grade and that was it. And when they started developing high schools, that was your option. So I did both. I was the first one of my, of my brothers and sisters, including my older brothers and sisters, to finish high school. [Cohen inserts: Oh!] So the first one to finish high school. So I made it my business to not only finish high school but go ahead on and go to college.

Cohen: [00:08:52] Were you, I don't know how to put it very intellectually curious?

Granger: [00:08:58] Yes. Let me tell you a few stories. I always wanted to read. You would take oral history or civics. And we had a teacher named Mr. Cotton as well as Miss Lawshe You had to read the local paper every day in their class in social studies, in social science, in history. Because they'll ask you a question about it, whether it be your hometown paper or the paper across the bridge in Memphis, Tennessee. Because my hometown is right across the bridge from Memphis, You have to read the *Commercial Appeal* or the *Eaton Times*, West Memphis, Arkansas Paper. So I became a lover of reading books. And I always said I love nonfiction more than I did fiction. I read fiction in order to be familiar with it because you're required to do it. But I love nonfiction, reading about true stories, especially the American history or autobiography of something that Dr. King had written, some book. You know, that type of thing. So I was always a curious reader to the point that growing up in a large home, there's always noise. The house is always busy. So what would do some time in order to get some quiet space, I would go in the closet, turn on the light at night to read and do my homework, sometimes. My mother would always say, "You know, you always in there, you know, reading." She'd say, "Why don't you go outside and play with the kids?" I'd go out and play the usual sports, but I was always curious about science, history, math, which I love all those. And plus I had great mentors. My grandmother on my mother's side, she's always say, "Hard work never killed anyone, the lack of." ... And then she would, then she would say sometime that, "A mule need a break. "So give yourself a break." That's right. [Both laugh]

Cohen: [00:10:52] So balance.

Granger: [00:10:55] That's exactly right. It was all those little, I call them little cliches, educational, or wisdom that was passed on from her ancestors down to her from that standpoint.

Cohen: [00:11:06] Yeah. So what was it like going to the quote-unquote "White high school" for the last years of high school? And was the educational level the same? Did you--?

Granger: [00:11:19] Yeah. Let me explain something to you. I was, I was always involved with the church, and they always had me doing leadership things. So I was in charge of the church leadership group when I was in the 10th grade or 11th grade. And then we integrated. We had all the ministers of the church to include... my wife's mother. They got us all together saying, "Look, we're going to be integrating tomorrow. We want you all to be on your best behavior." Okay. And they took myself and others to be so like leaders among everybody else. I remember the first day we had to go to the all-White school. It was just, it was a lot of tense. It was very tense. So what happened? Fights started breaking out. And there was one teacher, I'll never forget her. Her name is Judy Morrisett. She's still alive. She's a good friend of my wife and I. She's visited us in different places, on military bases. A group of Black students got ready to attack her. So what I did, I literally got in front of her. She had just started teaching. That had been maybe her first or second year teaching at the all-White high school. She was an English teacher. I got in front of her, saying, "No, this is not what we should do." I said, "The ministers and the teachers from the all-Black schools said, "Come up here and be good citizens. Do the right thing." So based on that, during my senior year, a group of students, both Black and White, asked me if would I run for president of the student government. So I ran against the guy. He's now a dentist. His name is Dr. Mutton, in my hometown. Well, the loser, the second runner-up, become the vice president. So I campaigned. I had to go out to the-- they made the [former building of the] all Black high school, the 10th grade, and they made the--that was all 10th grade, all Black. The Black high school was 10th grade. So all Blacks and Whites went to the, to the 10th grade, went to the [former] all-Black high school. So I had to go to the 10th-grade high school to campaign. And my campaign manager was Walter Nims. And we came up with the theme *Mission Impossible*. You know, that's based on the first movie *Mission Impossible* [Laughter]. You know. You know the old *Mission Impossible*. So we did a little skit. You had to do a skit. So I got a group of them to do a skit, and they came out there. And after they after they did the *Mission Impossible* thing, then they introduced me and I gave my

speech. I gave my speech to the actual high school students and everybody else... I was so impressed, even though I lost by a few votes, I was so impressed with the number of White [emphasized] students who voted for me. So I became the vice president of the Student Government Association during my senior year, and I worked very good with the president. You know, John Bunton, we worked very good. We still keep in touch. That type thing. But it was a challenge. One thing that we did discover, and there was a physics teacher, he would make a joke about it...So we had to bring our books that we already had purchased over to the [former] all-White high school. And we had seen, you know, we'd seen these books. When you get these books that have somebody else's name in them. I had no idea. We didn't at all Black High School unless you got a brand new book. They were hand-me-down books. We had no idea. But we would see, we got a chance to see some of the same students that were in a high school with us. Let me make sure the volume is up. Names were in the books. So they were sort of like a joke. And so, "Oh yeah, we don't use that books for..." Physics teacher said, "If you're going to use that book, you got to go to page 94 in that book," and in the new book, we had [page] 97. So we had to endure that because a lot of time we couldn't afford any new books. You'd buy used books, most of them came from the White high school. But we were able to overcome that. A group of us decided that we were going to [start a] group for young men. We would dress up every Friday. We put on a show, you know, leadership. We put on a coat, a tie, a nice pair of slacks, or we have a nice cardigan sweater with a tie, from that standpoint. And we just dressed up and we were the kids who were working hard, doing very well, ended up being lawyers, judges, doctors, you name it, teachers, professors. There was a group of us who really wanted to prove that we could be successful...But, you know, we graduated, the class was 525. I was in the top 25% along with a group of us. But during that time, I also want to talk about the National Guard later on. But we endured. But another thing that was sort of shocking that a lot of, overnight a lot of all White schools popped up when they integrated, in churches, prefab buildings. I mean they were just doing [the schools] the summer. After the summer after integrating March, they had that whole summer. So they created all these religious schools in our community. You know, they just, they just [were] people didn't want to [integrate]. Some, some individuals. I was shocked, they were backed up by churches. But it was just the reality of the time.

Cohen: [00:16:42] What was the church that you belonged to? And it sounded like this church was more positive about integration.

Granger: [00:16:50] I belonged to an all-Black church called New Saint Paul. That type thing. My father, my grandfather, my uncles and aunts and my wife's family attended this church. But they were always very positive about, "It's a good thing to do. Take the high road." And they were very positive about it, including... When and when I was working at high school, I was working at a grocery store when I was in high school called Big Star. My brother was working there. My brother-in-law was working there. He got me a job. And there was this lady who was very meticulous about sacking her groceries. Her name is Sarah Prewitt Eaton. And nobody wants to sack her groceries. So what I did, I was new, I'd been taught how to separate this, you know, the cold, and the canned goods, and the fruits and vegetables. Make sure it's not too heavy. Look at the customer. Make sure, if it's a nice lady, you don't want to put all canned goods, it's too heavy for her to take out of the car. So I sacked Miss Sarah Eaton's grocery perfect. So that was there was only two bags. So I said, "Well, she can, she can put that in the basket and put it out." But there was a sign, Leah! If, if they walked out and didn't grab their bags, that means you grab the bags, you put them in the basket.

Granger: [00:18:11] Or if the in the basket, they walk away, you immediately push them out to the car. That was an unwritten rule. You would do that. They wouldn't say, "Hey, take my grocery out." That was an unwritten rule. So it was a nice, hot day. I took her grocery out and she said, "Young man, what's your name?" I said, "My name is Elder Granger". "Oh, that's a nice name." I said, "That's a biblical name". My mom got it out of the Bible. There were twenty-four elders." She said, "Well, you sack my grocery perfect." I said, "Well, thank you, Ma'am." She said, "Well, my name is Sarah Eaton and I'm elementary [retracts]. I'm a kindergarten school teacher." I said, "Yes, Ma'am." She said, "Well, what do you want to be when you grow up?"...She said, "You don't want to sack grocery your whole life." I said, "No, Ma'am, I want to be a doctor or a physician assistant." She said, "Well, you can be it based on how you sack those groceries." So, you know, she was having a conversation. Finally, the manager said, "Get back in here." They were getting pissed because they didn't want you socializing too much. But. But Miss Sarah Pruitt Eaton became like a second mother to me.

Cohen: [00:19:13] That she saw your potential.

Granger: [00:19:15] She saw my potential. To the point that she asked when she got to know me, she would always say would always get in my line. There would be an empty line. She would still get my line and wait. She'd always dress prim and proper. She had an old '65 Buick, so I'd take it out there and she'd always, "This for you. Hold your hand out." You know, gave you a quarter or 50 cents. That was a lot of money during that time to get that kind of tip. Normally, you got a nickel or a dime. She said to me one day, she said, "You know what?" She was a kindergarten teacher, the only kindergarten in the whole county, and most of the well-to-do White kids attended Missus Eaton's kindergarten long before they had kindergartens. And they...did very well in schools. Some of the mayors and lawyers and car dealerships and farmers in that area. So she said to me, I always wanted to have a Black kid in my kindergarten. So one of the teachers named Miss Phillips, she had a son, [corrects himself] Miss Morris. Miss Morris. She had a son named Philip. And she was trying to get in Miss Eaton's kindergarten. She saw that, when she came in the grocery store, I had a relationship with Miss Eaton. So I said, "Miss Eaton. I said, There's a teacher, Miss Morris. She would like her son [to attend]". She said, "Oh good. I'd love to meet him." So we attended the same church. So she got a chance to meet little Phillips, and he was the first Black kid to go to kindergarten in our entire county because they [the Whites only] went Miss Eaton's kindergarten because we didn't have kindergarten or preschool during that time. So now some of the some of the Whites took their kids out, but a lot of them stuck with her. But she became a great mentor and a friend of mine through my entire career. So. But I'll talk about it later on. There's some other story about her.

Cohen: [00:21:13] Wow. It sounds like you joined the National Guard when you were still in high school. Is that is that right?

Granger: [00:21:21] That, that is true. During that time-- they still do --they had what is called Delayed Educational Entry Program. You would join your junior year or the fall of your senior year. I joined in November of my senior year in 1971. I joined the National - that was when Vietnam [War] was going on. My parents had to sign. And I said..."Look,"-- I had been working down there part of the summer, sacking grocery and working at the armory, mowing the lawns. President Kennedy had a program called the Summer Youth Program, where they gave money to state and federal organizations for kids to have summer jobs, especially African American kids. So I, along with my cousin, my wife's cousin, we worked at this armory and we were, they treated us very well. We would mow the lawn, clean out the armory, change the oils, or change

tires on jeeps, the old military jeeps. So finally, Mr. Long, he was a warrant officer, and his son and I went to high school. He was a pole vault jumper and we took a lot of classes together. He was very nice. His parents taught him to be nice, respectful, regardless of background and race. So he said, he said, "My father wants to talk to you." He said, "You work down at the armory. He wants to talk to you about joining the National Guard". I said, "Me?" So I said, I met with I met with Chief Long and I said, "I have to get my parents' permission because if Vietnam, I might get activated". I said, "I got a draft number, but I don't know if I'm gonna get drafted or not." So I told him I was not going to join alone. So I got my wife's cousin, Kevin Turner. We integrated the Eastern Arkansas National Guard.

Cohen: [00:23:04] Oh!

Granger: [00:23:06] Well, it was a field artillery unit. And they had no Blacks in Eastern Arkansas. It was a battalion tagging about 1500 National Guardsmen. So they--

Cohen: [00:23:20] [Interrupts] So you were the only two?

Granger: [00:23:21] We were the only two. So what they did, they said, "You can join under Delayed Education Program. You're going on active duty, you go to basic training, you get your specialized training. But we can't guarantee you if you won't be activated to go to Vietnam", because our unit might get activated. So we knew we was taking a risk. There were some folks avoiding joining the National Guard. "Oh, I'm not going to join that thing. They'll draft me." But we did. So when I finished high school, I got, I was accepted to colleges: Southeast Oklahoma State, and Arkansas State. I got a scholarship - that's where Miss Eaton comes in. There was an, there was an all-White ladies club in Arkansas. It, it's called a 20 Club in my hometown. Still exists today. The 20 Club is a twenty well-to-do, prominent white females in the surrounding county. Well, they had never given a scholarship to a Black, an African-American. So she had taught all their kids. I had good grades. I was a B plus student and working and doing all these things.

Cohen: [00:24:28] Yeah.

Granger: [00:24:29] She lobbied everybody so every lady member of that club would come stand in my line. And I knew they was doing so like an interview. They would ask me this and ask me that and blah blah, blah, blah, blah. So, you know, I answered their questions, "Oh okay. "And I'll take that grocery out." So then what happened, when I told Miss Eaton I was joining the National Guard, she was devastated. I said, "Miss Eaton, I promise you, unless I get activated, stay on active duty, I'm going to come back and go to college." She said, "Well, everybody's concerned. You got the scholarship now it's in the paper that you and this other guy have joined the National Guard," because they want to put it in the local paper. She said that "Oh, they don't think you're going to [follow up on college.]" I said, "Miss Eaton, I can't get the money unless I go to school." So what I did, I went to my...right after Memorial Day weekend, I went to basic training at Fort Polk, Louisiana. I did very well on the military test. So I got a chance to select my specialty, which would be a medic. They call a military occupational specialty, MOS. I did very well in the test. So I got a chance to go from basic training at Fort Polk [Louisiana] to medic training, combat medic training at Fort Sam Houston [Texas]. And I was the number one in my medic class. [Cohen: Wow]. Yeah. Number one. They released me. I went back, I finished in October of 1972, basic training, AIT. I came back to the Guard, but I couldn't start college until January. So what I did, I worked full-time at the grocery store, made some extra money, and got me a vehicle. And I started college in January of 1973. And Miss Eaton was so happy.

Cohen: [00:26:29] Oh, yeah.

Granger: [00:26:30] She was so happy because I didn't want to let her down because she had she had really politic-ed. That was \$1,000. That was a lot of money during that time. You get \$1,000. I mean, that was a big deal to get that scholarship. So but this is what happened. I went to college. I had never heard of Reserve Officer Training Corps, ROTC. So I saw these guys in military uniform because during that time you did everything by paper or pen. You'd go from place to place to sign in, orientation, all that kind of good stuff. So I saw these ROTC guys there, I went to them and they said, "What can we do for you?" I said, "Well, I'm just coming over here and getting my stuff signed off." They said, "You didn't have to come over here." I said, "What do you guys do?" They said, "Well, we create officers." I said, "You do?" They said, "Would you like to be one?" I said, "Well, I'm in the National Guard." They said, "If you had good grades, we can get you a scholarship in the fall" because I'd already started in spring.

Granger: [00:27:26] So this is what I did. I got the scholarship. However, the National Guard had arranged for me to go to an academy, and they called it the Noncommissioned Officer Academy in Little Rock at Camp Robinson, where they were starting the first academy to become sergeants or NCOs. So I was in the first Arkansas class for they called the Arkansas NCO Academy. I went to the first and the first inaugural class. They still have a plaque there. Camp Robinson in Little Rock, where I was part of that first class. But I went to it because they signed me up for it. But then that fall, when I accept the scholarship, I had to relinquish my time in the National Guard and join ROTC. You can't be in both, especially when you get a scholarship. If I hadn't taken the scholarship, I could have stayed in the National Guard. So I took the scholarship. It was a four-year scholarship. I didn't use all four years. I finished college in three and a half years.

Cohen: [00:28:28] Wow.

Granger: [00:28:29] And there's a story to that because I went to Harvard two summers for two summer schools.

Cohen: [00:28:33] Right. I remember noticing that. Yeah. Yeah. What were you doing at Harvard? Like you were doing research?

Granger: [00:28:40] Well, this is what I did.

Granger: [00:28:41] Dr. Olsen, who is still alive--He was my Pre-Med advisor at Arkansas State in Jonesboro-- he had outside of his office on the bulletin board, he had a Robert Wood Johnson Foundation Health Career Scholarship Program at Harvard University. So he grabbed me. He said, "You ought to consider going." He said, "I'll write you ,write you a letter of recommendation." And I said, "Well, I'm going to get my buddy, Jerry Williams, who was also a pre-Med major." We both signed. We both got accepted. Now, this is 100% paid for by the Robert Wood Johnson Foundation in partnership with Harvard: Your airline ticket. They mailed it to you once you got accepted. They'd pick you up at the airport, Logan Airport. We stayed in the Harvard Yard. I stayed in Wigglesworth G 32. And you took eight hours of classes and you worked either at some research with a mentor. So I worked at Tuft Research Animal Lab for two

years. I went summer of '74. I did very well. Got all As and Bs from Harvard. And...the program was designed to show that if you perform academically in a summer environment at Harvard, students all around the world, including Harvard students, and you had tutors, then you could go back and perform well at your institution and increase your chance of getting accepted to medical, dental or PhD program because you had the *Harvard* on your transcript.

Cohen: [00:30:10] Right.

Granger: [00:30:11] And the program, the program had something like a 95% success rate. It went from 1969/70 to 1992 when they stopped it, at that point. They stopped the program because it was so successful.

Cohen: [00:30:31] What was the, what was it like being in the North?

Granger: [00:30:34] You know what? We weren't doing... Some of the height of the racial issues up in the Boston, South Boston area and I had never been on a subway. So they were having problems in the South Boston Beach area. They didn't want Blacks to go to the beach. So, you know, Jerry Williams and I being curious, we got on the "T", so we decided we to go anyway. You know, a lot of times when you're on the subways and on the "T", they sort of rock and the light goes out. Well, we were told, "Don't go down there." Professor Wallace [said], "No, I don't want you to go down there. You'll get in trouble, blah, blah, blah." He said, "You folks in the South, you talk with that funny accent, they'll be able to recognize you anyway, you know, just when you open your mouth." Okay. So. So we did. We got on. It rocked a few times. We both got hit in the back, so we got off at the next stop. And we never did go to the beach, but inside of the actual Harvard yard, it was very nice. We had no problems. I took genetics with 400 other students. These classes are so big. I'm used to a class of twenty to twenty-five students at Arkansas State. But I took genetics from the guys who discovered genetics, Watson and Crick! Those guys.

Cohen: [00:31:49] Wow!

Granger: [00:31:50] But, I did well both summers. But when I got there. Here's a story. The guy, Dr. Bill Wallace, was calling my name. He was saying, "*Elder* Granger. I said, "Here". "*Elder*

Granger?" I said, "Here." He said, "Are you trying to be funny?" I said, "No, Dr. Wallace, My name is Elder Granger." Well, we thought you were a White, poor Appalachian." Because the program was for Blacks, Hispanics, poor White Appalachians, you know. So he thought with my name -- because I put down on there, I checked the box, you know, what I was. But he thought that was a mistake. But that was a running joke. He would always call. He would always joke, "I have, need to be careful what I say because have an 'Elder' among us." [Laughter] So. But we enjoyed the program.

Cohen: [00:32:49] Yeah.

Granger: [00:32:50] It was such a, it boosts my confidence, I would say time ten. That I could go there. Some of these kids were second and third-generation, you know, Harvard family. "My grandfather, blah, blah." Because they'd always ask you a question, "Well, who in your family went to Harvard?" I'd say, "Nobody." So you sort of felt like, "Was something wrong with me because I had nobody to go to Harvard but me?" And there were a lot of first generations too from that standpoint in the summer program. But it was, it was a nice atmosphere. Had no problems at all other than the fact they said, "Don't go down there." There are some places we couldn't go. [Cohen affirms: Yeah. Yeah]. So it was just, just during the time, the '70s, '70s, no different. And a lot of integration taking place from that standpoint.

Cohen: [00:33:37] But yeah, yeah, but it sounds like it gave you the confidence to continue forward.

Granger: [00:33:44] Yeah, it did. It really did. Because after I was successful there, I said, 'I can be successful anywhere.'

Cohen: [00:33:50] So I know that you applied to med school and got accepted at the University of Arkansas. And what was that like?

Granger: [00:33:58] Well, let me, let me tell you that story. Well, first of all, I applied to Meharry Medical College first.

Cohen: [00:34:06] Okay.

Granger: [00:34:07] And that's before I applied to the University of Arkansas. However, the University of Arkansas for the first time were trying to increase their class from from maybe one or two, every other year, African Americans to at least ten or above. So Dean Bruce, who's now deceased, and a guy named Alonzo Williams, he had went to Arkansas State a few years and an African American. They came, and Dr. Bill Bauknight they came to Arkansas State. He was going around to all the colleges to try to increase the number of Blacks to apply at the University of Arkansas. So I applied to Meharry and I applied to the University of Arkansas. I got my letter from Meharry within a matter of, say, thirty days, because I did I did good on my MCAT. I had good grades in my science and everything else. So Meharry said, "Look, we'll accept you." Then Dean Bruce and Dr. Bill Bauknight contacted me and Jerry Williams saying, "Look, if you get an acceptance letter by December of 1975, would you come to the University of Arkansas? And you'll be part of that--" We call it, the joke around this, we were Dean Bruce's 'experiment' because he wanted, he wanted to, he was forward thinking. He wanted to accept more than one or two. So I said, "Yes." I got the letter right before Christmas. I said, "Yes" but I wrote Meharry a letter, telling them why I said no and they understood. And there's a story about Meharry later on in my career that I'll tell you. But, but, you know, you know, medical school was fine. We had little or no racial problems except sometime in anatomy. They'd be talking while you're doing dissecting of a cadaver. "Well, my friend should have been here instead of some of the *other* people." So you knew what they were talking about, but you just kept on.

Cohen: [00:36:05] Right. You ignored it.

Granger: [00:36:07] You ignored it because I knew, we knew that of the eleven of us that were there, we had to prove ourselves really hard. And by the way, I was on an Army ROTC. I was on an Army health professional scholarship. Soon as I got sent to Med school, the secretary of the ROTC program said, "You know, Granger, they have a scholarship to go to medical school, too". I said, "I'll take it." [Laughter].

Cohen: [00:36:29] Yeah, why not?

Granger: [00:36:32] Why not? You know? You know, it was a, it was an additional four-year obligation. So I took that, but I did well, I was the number one in my senior class clinically. I did

very well because I knew, I was always taught in order to be a good doctor, you have to be a good listener. So I was very good at doing histories and physicals and listening to patients. Plus, I had some I had a great teacher to teach me physical diagnosis, and I had great residents when I was on my third-year rotation and fourth-year rotation from that standpoint, and plus I was a leader. I was a charge of, I was the president of the Student National Medical Association. We had a chapter at the University of Arkansas. We got established when we were there. So I did a lot of leadership things. But of the eleven of us, Leah, five of us graduated on time in four years. One, two, three. Three came later, the following year after I left, and we had two drop out. We had two--

Cohen: [00:37:37] The majority succeeded.

Granger: [00:37:39] Which was successful as far as Dean Bruce was concerned, from that standpoint. And later on, I was recognized by the University of Arkansas in 2008 as one of the distinguished alumni of the school. They have had, they had nobody going to achieve what I've been able to achieve in and out of the military.

Cohen: [00:38:00] Did you find that the training as a medical corpsman a few years earlier contributed at all to--?

Granger: [00:38:09] Bingo! It did. Because a lot of things I was learning in medical school, I already had it as a medic: anatomy and physiology. Because as an Army medic, they teach you how to do physical diagnosis. You know, we had a program. We became what they call a medic that you can treat certain clinical conditions. So I'd already been trained how to do a good history and physical as a medic. You're absolutely right, because an Army medic compared to an EMT [Emergency Medical Technician] in the commercial sector, we do a lot more. In the military, we train to do it, to train and test it over and over how to do it. We have what it's called independent duty corpsmen. They actually treat and we have we have; we have very prescriptive guidelines when you ask the doctor to come in or the PA. So, yes.

Cohen: [00:38:58] Okay. So the corpsman needs a certain amount of independence and decision-making and then hence has to be better trained.

Granger: [00:39:07] Absolutely. So it helped me out significantly. It did. Gave me an advantage.

Cohen: [00:39:12] That's good. That's great.

Granger: [00:39:13] It was a very good advantage. Yeah. Every job I had in the military gave me an advantage for the next level.

Cohen: [00:39:20] What did the ROTC require of you? Do they require certain courses or--?

Granger: [00:39:25] You know what you had to take.

Granger: [00:39:26] You had to take military. You had to take military science. That consists of military history, military tactics, marching. You had to go to class three days a week. You had to do drill and ceremony. Since I was prior service, that was a no brainer for me. And I'm a military history buff. I got the top award for military history. I got the highest grade in military science and history. I was a distinguished military graduate from ROTC. I got a Regular Army [active component of US Army] commission. Had to have it delayed because I went to medical school. Because normally you have to go on active duty, then apply. I did so well, I got it right out of the bat, Regular Army commission.

Cohen: [00:40:04] Oh!

Granger: [00:40:04] Which is a, which is a big deal. You can get a commission in the [Reserves]. You'll , you'll be a Reserve officer but on active duty. I got a Regular Army commission. So that means if I wasn't going to go to an Army, go into the actual say, medical school, I'd be going in as a Regular Army officer. They only give that to [military] academy grads.

Cohen: [00:40:27] Oh, I see. As opposed to the Reserve, the Army Reserves?

Granger: [00:40:31] That's exactly. You see, you can get a Reserve commission or a Regular Army...and I did so well, I got a Regular Army commission. So I had an option. I would be going in as a Regular Army officer instead of a Reserve officer. Going on active duty. It's a difference.

Cohen: [00:40:46] Oh, okay. Otherwise, it would be like, like you're saying from the academies.

Granger: [00:40:50] That's exactly right.

Cohen: [00:40:52] So. Wow. So I mean I realized there was a certain obligation that going to the Army as a result of being an ROTC. But did you also, like, prefer to serve in the [US] Armed Forces rather than, like seek a career farther down the road in the, like, private health care sector?

Granger: [00:41:17] You know what? When I was in medical school, I would tell my mom, "I'm gonna eventually come back, I'll serve my time and come back and be a local doctor", like a lot of my colleagues and friends. But I was enjoying all the great training. I came to Colorado. That's what brought me to Colorado when I finished medical school. I did, I did my internship, my residency, and fellowship out here in Colorado. Plus, when you're in the Army professional scholarship program during the summer months, you get activated to come on active duty to do your, you know, training for those who don't have any military background. They teach you how to march, how to put on a uniform. I had that experience. So I was able to do two things. During my freshman and sophomore year, I stayed at the university and did my training there. I did an anesthesia internship like a fellowship, and I learned anesthesia. They want me to go into anesthesia, I was so good at it. But during my junior and senior year, I went to Fitzsimons Army Medical Center [Colorado], during my senior year for... I did very well. They liked what I was doing. They asked me, "Would I apply for an internal medicine internship?". Even though I was going to probably go into OB. They convinced me, at least, in order to be a good OB doc, you got to do internal, do internal medicine.

Granger: [00:42:34] So I got accepted for the residency training, internship for internal medicine. Then when I applied, they convinced me to do the residency in internal medicine, which I did. We enjoyed Colorado. First time going to Colorado. Here's an unusual story. I had graduation on May the 10th that morning. My wife had a master's degree graduation that afternoon, and we went back to West Memphis to see our family. We had a son at that point. He was five months old. And Miss Eaton wanted to see him. She had not seen him since he was born. So I took him by to see Miss-Eaton. And our son was a crier. He wouldn't go to nobody! [said in a hushed voice] He wouldn't go to nobody. So finally, we went to see Miss Eaton. She

said, "Let me hold him." 'So, oh, my God, this not going to turn out too good'. She put him in her arm and she starts singing to him. He's looking at her, just smiling and everything else. And she ended up writing a poem about him before she died.

Cohen: [00:43:40] Oh. [Sighs]

Granger: [00:43:41] Yeah. I still have it in my file, about my skin color, my intellect, and everything else. It's very touching. But I noticed at that point, Leah, she had lost a lot of weight. Because she attended, she attended my, she attended my undergrad graduation. She attended my medical school graduation.

Cohen: [00:44:00] Oh, my.

Granger: [00:44:01] Yes, she did. She attended everything. But see, it was such a big crowd that she didn't get in. We had the baby with a babysitter so she didn't get a chance to see the baby during our graduation. But anyway, I noticed she lost a lot of weight. "So," I said, "How are you doing?" She said, "I'm doing okay. I'm just been trying to lose some weight." But she, she had gallbladder cancer. Dr. Deneke from my hometown was a good friend and mentor of mine. He was White. He had taken care of her. She had taught his kids in kindergarten. So. When we left and got to Colorado, there, started my internship, within about three weeks of being on my rotation for internal medicine, I was on hematology/oncology. And Dr. Dibella you know, the Red Cross contacted Fitzsimmons and said that even though he's not a blood relative, she requested in her will that he at least attend her funeral and the Red Cross approved it, and I attended. Went back. She died before I got there. And my wife and I, we sent some flowers. And so when we got there and I met her cousin, she had no children. I would say I was a child she never had, that type of thing. So when we got there, we saw the went to the view[ing] and we saw the flowers there, looked at the flowers, we saw a name on it. I said, "They've been almost two weeks." They said, "Well, we've been watering this flower and this flower plant in this base. They've been staying, they've been staying this good." I said, "Wow, that's miraculous." ...So I had a chance to attend her funeral. She had always wanted me to go to church with her. She had attended the all-White Episcopalian church. And she kept asking the father because she, at least, she had been to the Black church many times. She would teach them Vacation Bible school. She had asked on several occasions, could she bring me to church?

He said, "Well, no." Father Philastro, I'll never forget. He said, "The time is not right. The time is not right." So when I had to attend her funeral, I sat there with her cousins. They wanted me to sit right up front. I was in military uniform. So, you know, he had given a sermon and he came over talking to the family. He came over. He said, "Elder, she loved you like a son". And I said, "Well, Father, she only had one wish." He said, "What was that?" "That I attend church, here with her." He dropped his head and kept on going. "Yes, Sir." Episcopal and Mr. Priest." I said, "That's the only wish she had." He dropped his head and kept on going.

Cohen: [00:46:44] He couldn't acknowledge it or grapple with it?

Granger: [00:46:47] He could not acknowledge that. But I did my training at Fitzsimmons. I enjoyed it, I did very well. I fell in love with cancer patients after her death. And that's what, that's what got me to go into hematology and oncology.

Cohen: [00:47:05] So at what point had you married and had a child--?

Granger: [00:47:07] I got married during my, during my freshman year, November of 1976. My wife was attending a historically Black college, Philander Smith. She was in her, she was in her junior year in 1976. So she was in, she was starting her junior year and I was starting freshman. So she finished, I finished college in '76. She finished in '78. But I was in almost in my one in my sophomore year when I got married to my wife. She was a teacher at that time, from the same hometown. But she, she ended up getting her master's in special education the day I graduated from medical school. We had two graduations up and down. Her graduation was about thirty miles away from my graduation. So we had to time it. We got, we got there on time. She just, "Go get in line." It was in alphabetical order. She was handed a card when it got in line, so it all worked out.

Cohen: [00:48:08] So you made to both.

Granger: [00:48:11] Right. And our son was five months old when we moved to Colorado. Yeah. So he was born in Arkansas, Leah.

Cohen: [00:48:17] So it sounds like you really liked being in Colorado. Is that is that correct or--?

Granger: [00:48:23] You know what?

Granger: [00:48:23] You you know what? Colorado is sort of unique because growing up we had never seen interracial couples. There was one in our neighborhood that attended church, one of the, one of the African-American males inter-marrying a White female. So they attended our church, but it wasn't the norm. But when we got to Colorado, we said -- it was a strong military base, strong Air Force, Army, you name it-- But my wife and I had never seen it. So we would, we saw it in our training. One of the other interns was married to White female nurse, neurosurgeon married to a White. It was just something we had never seen. So. And plus, too. It was during the height of the AIDS epidemic. A lot of a lot of, you know, gender issues out here. But people were very accepting. As long as you were respectful, they didn't care what you were. Were you gay? Lesbian? They was very, it was so accepting of people and their race and background. So I said, "Wow, this is sort of unique." And then there were a number of African Americans in government out here. And yet, though the population were less than 4 or 5%. But they were they were very--If you would show that you were good at your craft, educated, qualified, [you would succeed]. We were on our second mayor around here as African Americans, he's on his third term. The first one did twelve years. This one was doing twelve years. We had one of the first lieutenant governors of the state that was African-American. We have a number of females, Black and White, in our state legislature and our city council. It's just it's such an accepting community.

Cohen: [00:50:12] Community - That was appealing, yeah!

Granger: [00:50:13] It was very appealing. And being in the military, we saw it in the military. But when you saw it in the community, it was-- So we said, "Look, this is where we want to sort of make our home base." So even though we bought our first house here, we sold it after five years, went to Germany. Every time we'd come back to Colorado.

Cohen: [00:50:33] So that's what I noticed too, that yeah, yeah. I noticed that in the 1980s you took many special courses on military medicine, such as combat casualty course or the chemical casualty course. So like just in general, which courses contributed the most to your knowledge? And, and, and why did you see them as important to you at that point in time?

Granger: [00:51:00] You know, during that time, we were heavily involved with the Cold War. So you would...This is how the military, as whatever your specialty might be, whether you're a doctor or a tanker or a nurse or [in] communication, or [in] logistics, you must be very good at your craft. You must become certified in your craft, and then you must also become very good at the military courses and training, too. So as a physician, I had to learn, whether I'm a surgeon or not, I have to learn combat casualty care, how to manage multiple casualties on the battlefield, triage, deciding who should get what next. You have to learn that. So the military said being prior enlisted or combat medic going through ROTC, we were taught, "Be good at your craft, but also take all the military schools." So every time they would ask for volunteers, I said, "Well, I'll go." That's what it is. So I went to all those, but they all helped me later on in my career because when I had to mentor and coach other military officers or enlisted and I had to apply that, especially when I went to Germany during the Cold War, they had to have so many experts in chemical casualties. So if we had the big bubble go up between, you know, the Russia and the United States or NATO, we need so many of us to understand how do you treat chemicals. They use chemicals or nuclear. So being a hematologist oncologist, you give drugs that wipe out the bone marrow that makes people sick, their hair come out. Same thing with chemical warfare. But you want to be able to give antidotes to prevent-- to treat it or prevent from getting all the side effects. So, I, along with a number of others, became experts in those areas. Even today, I'm asked to contribute to my knowledge and stuff like that. So it prepared me to be well-rounded in the military. And I can't say that I enjoyed one university over another than I attended. I enjoyed them all. [Laughter].

Cohen: [00:52:58] That's great. Open to learning.

Granger: [00:53:02] Yes. It's all learning. Right.

Cohen: [00:53:05] So that was something I wondered about as well. Like, were you assigned to the Second General Hospital in Landstuhl, Germany, or did you and your wife, let's say, want to live overseas for a while? What was the motivation?

Granger: [00:53:18] We both, that was our first overseas assignment that...Each career has what they call a senior assignment officer or consultant. Our consultant at that time, was a guy

by the name of Colonel Dan Kimball. He was our senior consultant in hematology-oncology. And he said, "Elder", he said, "You know what, you need to get a utilization tour. We don't have a bunch of senior folks around so you can grow as a hematologist." So there was one other hematologist for all of the services in Europe at Landstuhl Second General Hospital. So I was the second one to go there and Dr. Peter Tarasoff was getting out to go work for Eli Lilly [pharmaceutical company]. He said, "Look, I appreciate you being here and I'm going to get out in about a year or so I got a job at Eli Lilly, blah blah blah blah, doing, looking at new drug development." So I had to learn how to operate in that whole environment because we were the major referral center for all of the major blood disease and cancer. They sent them to us. We got them ready, put them on an airplane, sent up the United States, or we would send them to a local German or Italian or Belgian hospital where they had capability close to the United States.

Granger: [00:54:27] Most of them went back to the United States. So I was assigned there as a hematologist oncologist. I became a service chief within about a year. I was doing so much work, I justified enough workload just myself alone to get a second oncologist. So I end up getting a second oncologist because we start treating a lot of the patients there because we've been trained instead of sending them back home. So I establish a full-blown hematology-oncology [department]. I establish a relationship with the local German hospital about fifteen kilometer away, University of Homburg, H-O-M not Hamburg, I have to say Homburg. Professor Snoebel. He was a radiation oncologist. He arranged with others. So instead of sending a lot of them home with dependents, we would send them over there, and then we'd help them treat them. So of course, we got referrals all over Europe, including Africa, you name it. Middle East. Sometimes they'd come to us first. All leukemias we sent back to the United States. But some of the solid tumors, breast, colon, lung, we would take care of there.

Cohen: [00:55:37] So just to make sure I understood correctly: Initially, you were there to, let's say, do triage for all the people who had these issues. As you're saying not only in Europe, but elsewhere in the Middle East and Africa as well. But then later, you had realized you had the capabilities to treat many forms of cancer [there]?

Granger: [00:55:55] Absolutely. We were trained to do it. We didn't want to just do triage. [Cohen affirms at the same time] So we might as well, use our skills. So I established that

myself. I established a very nice booklet. So if I have to send them back to a small army hospital, we established a written booklet on how to watch for their... If their blood count dropped, what to do? If they get an infection, what to do? It's a very nice little manual for other doctors, internists who are not specialists and I did a lot of teaching all over Europe on how to do it. So it was. It still, it still exists today. A very respected program. I feel very-- develop a team. We stayed there for five years. While I was there. I went on a couple of what we called State Department Military Assistance Programs. We go try to influence other countries. We call them Medflags, I went on one while was there. I went to Zimbabwe. [Cohen inserts: Wow]. Yeah, on a med flag. And I went to Guinea-Bissau, a little small country, about 800,000. Did that. And I was there during the first Gulf War at Landstuhl. I went from being a service chief all the way to the chief of medicine in that short period of time because I had, I had leadership skills [Cohen inserts: Already].

Granger: [00:57:09] Yeah, yeah, already. And they would ask me that. The commander would ask me would I do certain things, and I would always say yes. And I'd taken a lot of the former military leadership training by correspondence. They would send you books. They didn't have online. They were sending this box of books. You would read it. You take the little test, you send it back in, they would grade it electronically and said, "Oh, you did great. You got to do all kind of military training" [Cohen laughs] So I did a lot of that. But we were there for five years. My wife taught school there. Our son attended and daughter attended elementary school there. They both--

Cohen: [00:57:44] So it sounded like everybody enjoyed being there.

Granger: [00:57:50] Enjoyed. We consider Germany our second home. Until the COVID hit, we were going to Germany once every other year and we'd go there, we stayed three or four weeks. The mayor of Landstuhl was a personal friend. He and his wife, my family and I. We have lots of German friends. They come to the United States and visit us before Covid. That's our second home. We've been all over Europe.

Cohen: [00:58:09] Yeah. Once you once you're there. Yeah. The other thing that occurred to me is that you would have been in Germany during the fall of the Berlin Wall in 1989, and I wondered how you perceived that.

Granger: [00:58:23] Let me, let me tell you that story. You know, they take the schools over there and they take them on these rides as part of the education to understand the local culture and country. We were on a trip, my wife, our kids, elementary [age] kids. We went all the way to the part of that to go to the [Berlin] Wall. We went to the Poland area and the bus driver said, "You know, there's a lot of rumbling about that wall coming down." He said, "Before y'all, leave, that wall is going to come down." We went there two weeks [beforehand]. And on October the 3rd, 1989, after we'd been to the wall, the wall came down. We saw, we saw all these little small cars with wooden floors, with the stuff on top, people's stuff inside, coming to Germany, just driving to obtain-their freedom. The wall came down. It was.

Cohen: [00:59:20] Yeah.

Granger: [00:59:21] It was a phenomenal sight to see that. I mean, just it's like a mass exodus. Every highway had these little, small Russian-made or NATO- country made -- I mean, Eastern bloc country-made-- vehicles. It was, it was a phenomenon I can't still talk about today. Yeah, we got a little piece of the wall here. It was, it was a phenomenon then to see the East and West Germany reunite because people had families on both sides. It was, it was almost like if you look at it biblically, it was almost like bringing all the tribes together. [Cohen: Yeah]. For the first time. It was, it's a phenomenon You'd have to see it to really appreciate it. We'll never forget it.

Cohen: [01:00:07] I never thought of the vision of, [as] you're saying of this, *everybody*, the mass exodus coming.

Granger: [01:00:12] That's exactly. They were coming up and we were able to go to the eastern countries. We were on one of the first trips to go into the old Warsaw, Poland. It was a bus tour. You saw you saw the old Warsaw that was destroyed by World War II, for historical reasons they left it so you could see the outcomes of war. And the new Warsaw that had been built, with a lot of help under the Marshall Plan and everything else. It was just phenomenal. And American dollar was so strong. I mean we bought, you know, crystal, all types of dishes that we still have today for little or nothing. They wanted American dollars.

Cohen: [01:00:55] Yeah.

Granger: [01:00:56] They said, "Well, give me two Americans". There was a whole set of expensive crystal or China. "Oh, give me ten American dollars." Their stuff was worth hundreds of dollars. But they didn't they didn't want their currency. They wanted dollars.

Cohen: [01:01:12] It wasn't valued.

Granger: [01:01:13] It didn't have a lot of value. So yeah!

Cohen: [01:01:17] How was the mood in the in the US military? Like was it more like hopeful or like Cold War [frame of mind]?

Granger: [01:01:24] It was it was. It was. It was joy and jubilation that the Cold War was officially over thanks to President Reagan and Gorbachev, that it was over. And we felt that we could start sending a lot of our troops back to the United States. Because at that time, we had 100,000 US forces, Army, Air Force, Navy, Marines all over Europe, 100,000. So we said that we could start heading home. But a lot of the Europeans and NATO countries said, "Oh, no, stay, please leave some troop presence here." So because they have never...They trusted each other but they even trusted each other [less than they trusted the US] because they had a senior [who] was always a US military, and they came out of NATO. They never allowed they might have one of their countries being a deputy, but they're always going back to them World War II [tensions]. They always wanted a US admiral general to be in charge of the NATO forces, NATO commander. So but no, they were the troops were happy. They were very happy [that the Cold War was over]. That's why they had been there for all those years.

Cohen: [01:02:37] So after Germany, I wasn't sure where you were from about 1992 to 1994. Then later I see you were back in Colarado [mispronounces], Colorado but in between, I'm not sure.

Granger: [01:02:48] Let me explain it to you. From '92 to '94, after we left Germany, I was asked to take on a more leader, a higher leadership role. So we went to Fort Huachuca [Arizona].

Cohen: [01:02:59] Oh!

Granger: [01:03:00] Where I became the Deputy Commander for Clinical Services or what you called the Chief Medical Officer in civilian terms. It was a very small hospital in Fort Huachuca. That's the home of the Buffalo soldiers going back to 1877.

Cohen: [01:03:16] Oh.

Granger: [01:03:18] Um, it had a staff of about twenty-five doctors. And the guy who was managing my career at that time, General now Warren Todd said, "Elder, I know you want to still practice, but you have leadership skills and your generals here are saying you ought to be put on a leadership track." I said, "General Colonel." Colonel Todd at that time. "Colonel Todd, I'll only go do it if you give me a small enough place where I can still practice and do the administrative." He said, "I have the ideal place for you. It's called Fort Huachuca. Some people pronounce it Fort What-chi-kookie." I said, "But it's Fort Huachuca. That's what the way the Indians pronounce it. But it's Fort Huachuca." [Cohen laughs]. So I went there for two years. My wife, kids went to school, and my wife taught in the local community Huachuca County school system. And Miss Judy Morisette the teacher, I had defended, do you remember her in high school?

Cohen: [01:04:13] Yes.

Granger: [01:04:13] She kept in touch with us. She said, "You know what?" I said, "We're right here at the Mexico border". We said we could go drive fifteen miles to go through the fence. And we were right there in Mexico. So we invited her and her daughter, Heather, to come visit us. And we had a Ford Aerostar van. My wife's brother sent his kids out there for the summer. All eight or nine of us got into a Ford Aerostar van with air conditioning only blowing from the front, it didn't have in the back. We went to Mexico for three days.

Granger: [01:04:45] Puerto Vallarta. Puerto Vallarta [i.e., Puerto Peñasco?]. It's called Rocky Point. But they were so happy, we showed them around the military post, they had never been a military installation. But it was a great town. I was only there for two years. And after that, I got selected to be the division surgeon for the first time because that's another job. They called

everybody if you're assigned to a senior general or a colonel, they call you a *surgeon*, going back to George Washington, whether you're a surgeon or not. That's a ceremonial title. So I got a chance to be the division surgeon for the 4th Infantry Division at Fort Carson [Colorado].

Granger: [01:05:21] That's what brought me back to Colorado from '94 to '95. Now, I only got that job because my two-star at Fort Huachuca, that I was taking care of his doctor. My wife brought the fact that they were going to send us to Korea. They want me to take some small clinic. It's going to be deactivating some MASH clinic. And she was so upset about it that she mentioned it during a...Martin Luther King Day. We invited a speaker and she was going through the receiving line and the general tried to put his arm around and give her a kiss on the cheek. And she sort of pushed back saying, "What's going on, what's Elder not doing?" She said, "Why are they trying to mess over my husband? They want to send him in the middle of nowhere." The assignment guys, they ought to go, you know, back to Colorado, do a division surgeon job. Because your career is very prescriptive, with jobs you ought to get in the military, as you move up the pyramid.

Cohen: [01:06:09] Yes.

Granger: [01:06:10] So. General Stewart said, "Elder come see me. I want to know what's going on." I said, "Sir." He said, "No, come see me." So his aide came by after the ceremony and said, "Get your officer record brief and give me out your personnel manual, what is your career progression for a doctor?" So I sent all that, gave it all to them. And they said, "Look, this says you ought to be headed to a division surgeon job." I said, "Well, that's what I ought to be doing. But they said that I need to go do another utilization tour. I spent, I spent five years in Germany." I mean, there all types of field exercises and utilization stuff.

Cohen: [01:06:48] Yeah.

Granger: [01:06:49] So I went and saw General Stewart. General Stewart said, "Where do you want to go?" I said, "Sir, we'd love to go to back to Colorado, Fort Carson." He said, "Well, let me look and see who's the, who's the commander there." So I said, "I know him". He said, "Go home, you'll hear from me later." So his aide came by that night about 8:00 or 9:00 o'clock. He said, "Hey, Sir, it's not official, but pack your bags. Y'all be going to Fort Carson this summer."

[Cohen laughs.] General Schwartz, General Thomas H. Schwartz accepted me sight unseen. So when I got there, it was about four months around that doing my job, trying to learn my job as a division surgeon. You were responsible for the health and well-being of the troops, and you coordinate with the hospitals and the surrounding units the well-being of the families too, as well. It was 14,000 troops, not including their family members.

Cohen: [01:07:39] Not including their family members?

Granger: [01:07:41] Right. Not at all. We tend to average in - this is sort of crazy. We say we average in 2.5 family members per troop. I don't know where we get to half a body, but that's what we do. So you can multiply that fourteen times 2.5. But anyway, I realized what was my responsibility and the biggest thing was making sure they're ready to go. Their immunizations, their dentals. Do they need optical inserts? Do they wear glasses with their gas masks? It was all those things that you are responsible as a division surgeon. Plus too, when I got there, I went to the 1st Division surgeon course. I'm always going to these courses. They had it at Fort Bragg, where General Pete was starting a course because he thought that as doctors progressed, they need to learn the role responsibility, surgeon jobs. [Before that the approach was] Just see one do one. So he started the first formalized course for divisions and brigade surgeons at Fort Bragg. So I attended that course and got a chance to realize what I was doing. So when I got, to when I came back from the course, I went and met with all the senior commanders, met with the senior enlisted about the importance of medical and dental readiness to be ready. If the body is not ready, then you can't operate the machines. So my mantra was, "Get the body ready as we possibly can, so if we have to deploy in the spur of the moment, we'll only give those unique immunizations that require to a unique place of the world. But always be ready. So we went from about a 30% medical and dental readiness. So by the time I started to work on this, it was 70% in that three-month period of time. So when I got ready to meet General Schwartz, he said, "What do I call you? You know, Elder, Doc Ranger or whatever, you know?" I said, "Sir, just call me." I said, "Call me Elder." He said, "I feel like I'm talking to my chaplain when I say, Elder. "So he said, "I'll just call you Doc Granger." [Laughter]

Granger: [01:09:27] He said.

Granger: [01:09:30] Plus, he said that the fact that when I got a call from General Stewart, he said, I have this Elder. He said, So he said, "I can't say 'No' to the Elder. Almost like saying no to your priest." [Laughter] So, so, so he accepted me based on my reputation at Fort Huachuca, sight unseen. And he became a great mentor and still today, a great friend throughout my whole entire career, from that standpoint. So after that job, I got accepted early for promotion from lieutenant colonel to colonel. I got accepted for the Army War College and I got accepted early for a command.

Cohen: [01:10:05] Okay. Okay. Yes. Yes. Like you're like you're back now at the Fitzsimons Army Medical Center after the--?

Granger: [01:10:12] I went to Fitzsimons, to help them close Fitzsimons in '95...'95-'96, I did eighteen months at Fort Carson. Then I went back to Fitzsimons. General Parker, I had known for years. He was the commander of Fitzsimons where I trained. He asked me if would I come help him close Hematology-Oncology. So I was there from January 'til about May. So I went to the Army War College in 1996. So I was still, I was still assigned to Fort Carson. [Cohen inserts: I see.] It is only about an hour away. My family lived up here in the in the same house. We have bought this house in '94. So I was driving back and forth. My wife was teaching, our kids were in school, so I was driving 140 miles every day.

Cohen: [01:10:57] That's a lot.

Granger: [01:10:58] But, but, but, you know, it was during that time the speed limit like it is now, was 75. It was straightforward et cetera. So I told my boss. He said, "I don't care how long you get down here for the meetings and the social." My wife was always down there for social activities, our kids. So that's what I did. And also it made me stabilize [the children's studies] here in the school, There was a special program called International Baccalaureate Program. They [both children] both qualified called Pre-IB, International Baccalaureate Program, and they got in a program here at the Cherry Creek School. It's the only one in this state of Colorado - at this location. So they both were in that program. So it teaches, it teaches you on international standards. That means that you can compete with Internet. You take international tests, given around the world. And that really prepared him well later on in life, being an international baccalaureate program.

Cohen: [01:11:50] Oh, that's great. I can see why it's important then, that the family lived where they were living.

Granger: [01:11:55] That's exactly. So I went to the Army War College in '96 to '97. Carlisle Barracks. Carlisle Barracks, Pennsylvania.

Cohen: [01:12:04] Yeah. I have the impression - was that like a sort of turning point in terms of command or research or strategic thinking?

Granger: [01:12:15] It is. Being at Fort Carson, working with General Schwartz and getting the unit up to 95%, one of the highest in the Army at that time, readiness. I was selected to go to the Army War College, selected for command and picked up early for promotion to Colonel. It's rare if you get picked up early promotion from lieutenant colonel to colonel. You tend to get picked up from captain major, major lieutenant colonel. It's rare to do it once. So I was able to do that early in my career, so that allowed me to [go to] War College. Just like going to academic class for a year. It's ten months. You're in civilian clothes unless there is a dignitary come in and everybody put on a uniform and that type thing. So it was 300 of us. I was one of five doctors in the whole Army to get selected.

Cohen: [01:12:57] Wow.

Granger: [01:12:59] We have State Department, FBI, Army, Air Force, Navy, CIA, Secret Service, international students. They all 300 of us at the War College. We learn strategically, how to think strategically, how to support the National Defense strategy, how to work with our NATO and other international colleagues, how to use the influences, different influences of power, whether it be informational power, diplomatic power. You want at least use military power. So you teach how to use all these other elements of power before you consider military as a last resort. They have all the chiefs of staff of the services come in. They all have somebody from the White House. General Colin Powell, who was a chairman at that time, came and spoke to us. All these who's- who's come talk to it. Then you have an exercise at the end of the year about some major disaster that could happen. How would you support it nationally,

internationally? And we looked at a, one group had an earthquake. The other group had a pandemic.

Cohen: [01:14:01] Oh-oh.

Granger: [01:14:02] I was in the pandemic group. And guess what was our big issues? [Pause] Supplies.

Cohen: [01:14:10] Oh, no kidding. So that was foreseen already?

Granger: [01:14:13] Yeah, it was. It was running out of supplies, communicating all those things. Yeah. Because you have to decide, you know, who gets what. And shortage. They make these scenarios very real. They really do. And they bring in outside leaders to help oversee, and talk to the group, and evaluate the team. Both supplies and communication were the issues. The earthquake scenario down the Mississippi the big fault, you know. It was communication, supplies, usual things.

Cohen: [01:14:49] But it's interesting that they saw a pandemic is one of the scenarios.

Granger: [01:14:55] Yes. Absolutely. But. But I enjoyed that and got selected to go to my hospital. I got selected to go to Fort Knox Army Community Hospital, Fort Knox, Kentucky, '97 to '99. And it's during that time, that was the first time my parents had ever attended a military ceremony in my whole career. They lived in Arkansas. It was only five miles away. Five hours away. So my father and they all came to my chain of command. So here I'm at Ireland Army Community Hospital. I'm the commander and the CEO of the hospital. And the parade field is full of troops. And then we have this nine-story hospital. And after the ceremony is over, General Leslie Burger my two-star boss had said to my dad, "He's going to be, he's going to be responsible to all those people out on the parade field, this big post, and then at the hospital, too. You're [i.e. He's] going to have all those jobs." And my dad said to me, he said, "Son, would you get a headache? Won't you get a headache doing all that stuff?" I said, "Dad, I've been looking forward to this. I'm going to have a lot of fun. I'm going to do a lot of good." that type of thing." And my wife was assistant principal. Our kids finished high school, there, at Fort Knox. [Cohen exclaims: Wow]. But it was, it was an, it was a tough, my first tough assignment really,

because it was one of the most inefficient hospitals out of the top thirty-five inefficient hospitals, it was number one.

Cohen: [01:16:30] This was the Ireland Army Community Hospital?

Granger: [01:16:33] You bet. And I had a great senior enlisted command, Sergeant Major Gregory Griffin. We moved in, in July, which is hot in Kentucky, really hot. So he came by. He said he said, "Hey, Sir, I know you're busy. They moved your stuff in the house and I'm trying to orchestrate stuff." My wife was still back in Colorado because she was finishing out her assistant principalship. She came later on in October, so I had to coordinate the move. So my sergeant major came by and he said, "Hey, Sir, glad you're here. You did a great job in a ceremony out there" he said. "But I want you to raise up your hand. I raised my hand. He said, "I want you to remember this while you're here. C-h-e-c-k." Check.

Granger: [01:17:19] I said, "Yes, Sir. Yes, Sergeant Major. You said you have to check everything, including check the checkers to turn this place around." So we develop a team. I had to fly to Washington to meet with Senator Mitch McConnell because everybody's commander at Fort Knox. You have to go meet with Senator Mitch McConnell. That's. That's his state. So that would be his installation, his hospital. So I prepared these slides and get them approval through the Pentagon and everything else. I flew in there in my uniform, went to see him. He was busy voting on some bill, rightfully so. So I waited and finally came in and they said, "Well, this chief of staff said, "Well, Colonel, Senator McConnell is ready to see you." I walked in. He said, "Well, Colonel, welcome to Kentucky. Colonel, I've read your slides. Colonel, don't you close my hospital." Anything else?". I said, "No, Sir." "Go back and tell the Pentagon, I said exactly that. [Laughter] Because, you know, when you go to Congress, you have to go back and back and tell all your bosses, I said that." So they were waiting. I got in the car. I took out my old flip cell phone. I told my boss, "How did it go?" I said, "Sir, it was very short. He said three things. Colonel, welcome to Kentucky. Colonel, don't close my hospital. Colonel, go back and tell the Pentagon what I said." They said, "What about your slides?" I said, "I didn't get a chance to talk about my slides." [Laughter]

Cohen: [01:18:45] [Laughs] Right, Right. The meeting was over.

Granger: [01:18:51] The meeting was over!

Cohen: [01:18:52] What were some of the main problems in this hospital and how were they overcome?

Granger: [01:18:58] We were bringing on the military health insurance program called TRICARE, where we're only going to be taking care of active duty and their family members. And the theme was that if we couldn't take care of it within some access to care standard, we would send it downtown. What happened? The leadership there before I got there, they took it at heart. They start telling all the retirees and retirees' family members, "You can't come here. You have to get your civilian doctor." So when I got there, we had a lot of staff, but seeing very few patients, that's only because active duty is basically healthy. The family members, we take care of moms and babies, so it's basically a healthy population. But we had all these doctors. They had no older patients or retirees to maintain their skills. So the cost per patient, when you have low throughput, you still have the staff, that's your overhead. So the cost for inpatient outpatient was one of the highest in all Department of Defense. So if you got a 1500 staff, you're seeing 100 patients a day in the clinic or 200 total. You have three or four in the hospital. You average out their salaries to keep the building running, the equipment, the supplies. You bought the machines. That's your cost per visit. So it was one of the worst. So what I had to do with my sergeant major and my other senior leaders, I said, "Look, the staff needs to know the truth.

Granger: [01:20:29] We cannot hide the truth. They need to know that." So what I did at my first commander's call, I put up the top thirty-five worst facilities. I didn't put a name and I just put down their cost per visit, the inefficiencies. And I said, "Now what do you think we fit?" They said, "Oh, we don't think we on that list." So I said I said, "Now next slide reveal. Reveal the list." Okay. So I said, "The number one, that's the number one being the worst." And they said, "Wow." They said, "We've never seen this." I said, "No, I need to share it with you." I said, throughout the military health care system back in Washington. So I said, now, "I need some recommendations for the next twenty minutes. I'm going to ask you a question. If you were the commander, what would you do?" I'll tell you, Leah. I got so many great recommendations. How we could bring back more patients. How could we make it more efficient, etcetera? And we start implementing those. Now. So I want to get buy-in, but I have a responsibility and

authority to all my senior enlisted. So my command sergeant, Major Gregory Griffin. But I want it, I want him to be part of the solution because they have to help implement it. So I went around talking to all the retired associations, veteran associations, attended a lot of hay rides, shaking hands, you know, shindigs, you know, going to Waffle House breakfast, meeting with this group, going to meet with this group at night. [Cohen chuckles]

Granger: [01:21:56] I was always saying, "Please come back." So eventually they started coming back and we gained their trust. So after about eight or nine months, we're heading in a good direction. So when we left, we were off their list. [Cohen exclaims: Wow]. So that kept the hospital open for a total of fifteen years. And now and then they start moving units out. So now it's just a large clinic and some of them kind of accepted that now. He realized that since he moved units out, we were sending a lot to University of Louisville, Kentucky. So but it was a great experience that taught me really-- At that point, I developed my leadership philosophy, called The Five Ps: People first P. Second P processes. The third P is prevention. The fourth P is productivity. The last P is price. It's in the shape of a Pentagon. And at the bottom of the Pentagon, the base of the Pentagon, I talked about value and relevance. It might be valuable, but it's irrelevant. It might be relevant [but] it has no value. So that became my philosophy throughout my entire rest of my career to include my commercial life. Our company is called the five Ps.

Cohen: [01:23:12] Oh, yeah, that's right.

Granger: [01:23:14] That's right.

Cohen: [01:23:14] You began to develop the philosophy at that point.

Granger: [01:23:19] But I did so well, I got accepted for command again and this time back to my old stomping grounds, Landstuhl, the Second General [Hospital]. Landstuhl. They changed the name to Landstuhl Regional Medical Center.

Cohen: [01:23:30] Just if you don't mind, if I could ask one or two questions?

Granger: [01:23:33] Please go ahead.

Cohen: [01:23:34] So, first of all, just for the people like myself who are not, who don't understand exactly the relationship between the military and the insurance companies. Just in general, how does it work? Like you mentioned, TRICARE, particular I know you go back to TRICARE but is like. I guess it's confusing to me because I think of insurance companies ss like the private sector. And then like I think the military as the government. So I guess I just wonder how--

Granger: [01:24:04] Let me, let me explain this to you.

Cohen: [01:24:06] Okay.

Granger: [01:24:06] TRICARE was that "If we can't see you in the military hospital, we will contract with several large health care, private commercial health care companies, and they will manage what we have to send outside to posts, camps, base, and station." We pay the bills. They manage, they develop networks for providers based on the needs of that community by certain specialty, certain hospitals, certain labs. So if we didn't have the capacity, you wouldn't have to wait for months and months to see us. It was based on access standards. You had to be seen by, say, a primary care appointment, you know, within, say, seven to ten days specialty appointment, thirty days, in emergency appointment, urgent appointment within 24 hours. So once we put in standards, we couldn't fulfill those standards. We have to send you downtown. We have to make sure there was a network to take care of those needs of that community. And we do a need needs assessment. So that's what I mean by TRICARE. But we manage the contract. So we didn't just, they managed the networks, they paid the they paid the local providers and hospitals and lay up through a claims process. But we manage it from the military standpoint. So we called it...The military care is called direct care. [Cohen: Oh. Okay]. That we go out and buy we call it purchase care, indirect care. That's we call by the TRICARE insurance. But they're integrated. They integrated together.

Cohen: [01:25:28] But because some things are by cared for the military itself, whereas other ones are sent out and that part would be managed through [insurance].

Granger: [01:25:38] That's exactly right. So so we don't. Say if you need cardiac surgery. Well, at Fort Huachuca, I mean, if they're Fort Huachuca or Fort Knox, we didn't have a cardiac surgeon. We didn't have a need for it. But in our retired population, there was a need. So we would make sure they would either, their contract or either be Humana, HealthNet, Cigna, you name it. They would manage the contract to get them downtown to the University of Louisville, Kentucky, where they had the right cardiac surgeons and everything that's already been part of the network. We look at what are the most common diseases that we're going to see in this community, say, of, say, 30,000 or 40,000. We manage active duty, family members, retirees and their family members and survivors. We knew what were, the needs of that based on the previous demographics, diseases, clinical information, claims process. That's what I mean by this. It's a complete system. It's in one. The VA just started that program. Now they call it the Community Care Network, where if they can't take care of you in the VA hospital, there's a network, a large contractor, both East and West, managing those networks, civilian networks. We used to do it ourselves. We used to contract-- As a commander, I used to sign a contract with the University of Illinois, University of, say, Kentucky or this hospital, Elizabethtown Hospital, and local hospitals. We were trying to manage that internal, so we had to contract out. We didn't have enough staff or expertise, but we have oversight of it. That's what mean by the military insurance. The direct care is what we take care of in the military hospital. The purchase care or indirect care, which we buy. But we have. But you were responsible for all of it as a commander.

Cohen: [01:27:13] As a commander. And when you mentioned retirees in this context, context, I assume you're not talking about veterans because I would assume-- I'm.

Granger: [01:27:21] I'm talking about, I'm talking about veterans. See, let me explain something to you. If you retire at twenty years, you're entitled to, or you might get injured, you might be fifteen years. So if you get a 30% rating in disability or greater, you're entitled to the VA and you're entitled to the military. If you do twenty years in, you're entitled to the VA and the military, but the VA, you must have a service-connected disability. So if you got hurt when you were say in Germany, an accident, but you still could able to do your job. Before you leave, you're going to file a claim so you get compensated. The military, we base your condition based on 'deployability'. Can you deploy and do your job? The VA basio condition, if we have done something to your bodies over time, are you employable? Employability. So the military -

'deployability', the VA 'employability' from your injuries or compensation. So you can be in both. I'm seeing in the civilian sector; I have a civilian provider. I go to the VA, and as part of the civilian provider, I have TRICARE for life and have the VA too. And if I work for a company that has private insurance, then the private insurance pays first, the government whether it be VA or DOD are the second or third payer.

Cohen: [01:28:49] Okay. Thank you.

Granger: [01:28:50] Oh yeah. I enjoy explaining it.

Cohen: [01:28:52] Thank you. Yeah. Okay. And the other thing I noticed in the '90s is that I think you're taking a lot of managerial courses, like total quality management or managing civilians to budget. So was this part of, like, your training to be a commander?

Granger: [01:29:12] Yes, that's that's part of your.

Granger: [01:29:13] Professional development, to be a commander, because you must understand the business of health care. How do you manage to budget? Because there's a myth that in the government you just keep spending money. You're given a budget based on your population, based on your personnel costs, your maintenance of your building costs, your equipment costs, your medical supplies. You're given a budget based on that, and you must manage according to that budget. So you have to be trained on how to manage a budget. I've learned how to do-- I understand the finance of health care, understand logistics, understand medical supplies and equipment, understand technology. Don't have to be an expert, but you have to know how to manage it so you have an oversight of your staff. So that's why it took...Quality. I'm certified in quality. I've been to a lot of management. I'm a certified and healthcare executive. The American College of Healthcare Executives. I'm certified in, say healthcare quality as well as in health care compliance. And I'm also certified as compliance officer. I learn all those things to help me develop in the military. They have been very helpful in my civilian life, as well. So I kept up going to schools, you know, because if, you know, just to I know how to lead. I want to understand the business of what I'm leading. So I took a lot of extra courses. I'm a certified physician executive. So so that's why you see a lot of you see a lot of

courses because I want to make sure that I knew what I was doing, at least have enough knowledge to have oversight of the staff who are my experts.

Cohen: [01:30:48] Right. Right. To be able to understand what the important things are.

Granger: [01:30:52] That's exactly right. You bet. Uh huh, Yeah.

Cohen: [01:30:56] Oh, so. So. Okay. So after this, I think you go, I think you go back to Landstuhl around 1999?

Granger: [01:31:04] Yes. I went to, I was selected to go back to Landstuhl. And there are a lot of the civilians are Germans - they've known me since I was a young doctor. A lot of my patients at that point, they had been matured, they had gotten older. So it was just like going back home. You know, our kids were off in college and, you know, professional school. So I really enjoyed it. I was I was at commander Landstuhl during the attack of the Navy vessel USS Cole off the coast of Yemen.

Cohen: [01:31:34] That's right. Yeah.

Granger: [01:31:35] That's right. Well, I was the commander of the hospital at that time. We had been practicing how to handle mass casualties my whole career. We've been practicing that launch, too. We had an operation center, so that put me on the national and international stage. That's the first time I got introduced to CNN. Chris Burns ran CNN Europe and, you name it, I was on The Today Show. Diane Sawyer interviewed me. It just, it just brought together a team, Army, Air Force and Navy. When I went back, there were 300 Air Force embedded in the Landstuhl and the rest of them were Army and German civilians and American civilians. It was a joint operation at that time, and we had a few Navy personnel. But that's, I was there for two years. We did a lot of great things in that two years. It's a fast two years. And based on that job, the army surgeon general, General James B Peake, went on to become the secretary of the VA. Asked me out of that job, will I come work for him as his as his assistant surgeon general for health policies and services and I did. And I started to work for the surgeon general from, say, '99 to 2000. From 2001, from 2001 to 2002, I would start to work the first day 9/11.

Cohen: [01:33:03] Oh!

Granger: [01:33:04] Yes, I had got promoted. I had made the promotion list to brigadier out of Landstuhl. And went back to-- That's my first time being assigned to Washington, DC. He wanted me to come learn how the big system worked, the Big Army, DOD [Department of Defense], and [how] the interagency worked together because he felt that in order for me to move up, I needed to come and learn how the system worked. So I started 9/11 that day. The rest of this was history, I was there for eleven months. We got ready to go into Afghanistan. My job was to help mobilize, help them mobilize the National Guard and Reserve medical personnel, make sure they were properly equipped. And we had to get them ready to go. So that was about sixteen, eighteen-hour days, every day. And after I got promoted, he said, "Look, I want to send you back to Germany."

Cohen: [01:33:59] Did you? Did you?

Granger: [01:34:01] Oh, yes. I accepted that. Back to Germany. At that point, I was a senior medical commander for three large hospitals, twenty-seven clinics. I was the, I ran TRICARE Europe and also I was a senior. I was a surgeon for the four-star US Army Europe and Eighth Army. And I was there during the height of deploying troops into Iraq. [Cohen exclaims: Oh, my goodness.] So I had I had three jobs running TRICARE Europe for the Department of Defense, being a senior Army medical commander and being a senior surgeon for all the four-star Army, for the four-star Army general, General B.B. Bell. So I enjoyed the job. I had to deploy for the first time a computerized system to document your medical readiness. Before we did it by floppy disk Excel spreadsheet. It was called the Medical Protective System, Med Pros. We deployed that in Europe. It was very accepted to the point that my four-star General Bell went to the four- star conferences, introduced it to the Army, and became the gold standard still today for how the Army documents medical readiness in the military medical readiness system. And based on that job, General Pete called me in April of 2004 and said, "I have another job for you." "So what's that, Sir?" He said, "I want you to go to Fort Bragg. I want you to take command of the 44th Medical Command because they're going to Iraq and we want to deploy the electronic health record on the battlefield, and you have been good. You and your wife have been [good at] developing teams and building teams. I want you to go."

Granger: [01:35:49] So I thought he was joking because this was the only airborne medical unit. And I'm not airborne qualified. So I was going to ask to what they call in the airborne community 'a leg', not having airborne wings we call 'a leg'. [Cohen laughs] That means that you spend all your time on the ground. You don't jump out of airplanes. He said, he said, "No". He said [that] the three-star General, J.R. Vance, wants to interview you. He's going to be my keynote speaker at the Army, at the Army Medical Command Conference in San Antonio. So I went down there, George Weightman, who was the commander, outgoing commander, he said, "Hey, Elder, just, he's going to ask you a few questions. Do you know how to jump out? Do you know how to take care of troops? He said, "Just say 'Airborne'. Don't say yes. Are you ready to build a team to go to Iraq? Say 'Airborne'." Other than that, that was my interview. He said, "Hey, glad to meet you. I've heard great things about you. General Weightman, General Pete recommend you. You know how to take care troops? I say, "Airborne". Ready to go to Iraq? "Airborne." That was my interview! [Laughter]

Granger: [01:36:51] And they tell us, you know, look. And we did unbelievable work on the battlefield because I was responsible for all of the health care, dental, logistics, blood bank, 400 bomb-sniffing dogs.

Cohen: [01:37:11] Wow.

Granger: [01:37:13] The aeromedical evacuation had forty-five medical evacuation helicopters. We coordinate with the Air Force and the Navy to fly them out when they were injured to Landstuhl and Walter Reed and other military hospitals, whether it be San Antonio, San Diego Naval, Portsmouth, you name it, or Wright-Patterson. We coordinated all that and we deployed the electronic health care record on the battlefield. We put in a joint trauma system to document the type of trauma. So we know what we're seeing in future battles. And we still today, we develop such a system. We had one of the highest survivors in the history of warfare based on the system we put in place, 95 plus percent. And if you made it to a, if you made it to a surgical team or got to a medic or got to one of combat support hospitals, you had a very good chance of surviving.

Cohen: [01:38:02] Sorry...[Granger inserts: Please, go ahead.] Would you like to elaborate a little more on many of the different aspects? For example, how putting the medical electronic

medical systems in place in the battlefield would [improve survival rate]. [It] makes sense, but how did you do it and how did it work?

Granger: [01:38:20] Well, let me tell you what. First of all, before we got ready to go to Iraq, I brought in all my active duty, my National Guard, and Reserve medical commanders to Fort Bragg, number one. And I told them what's going to be the requirement. Number one, they had to be ready. They had to document their medical, dental and all their immunizations. You take care of the human being first, then we do the other training. So that had to be almost 99% prior to going. And then prior to going, you have to learn the battlefield electronic health care record back in the United States. Then you got to Kuwait, you got secondary training on it, had contracts, support contractors as well as military who would teach it. I even taught it myself because I wanted to learn it myself so I could show commanders the importance of learning it. So we did a pilot. We did a pilot at the 86 Combat Support Hospital in the Green Zone, Baghdad, and there is an HBO special called *Baghdad E.R.* that highlights the 86 Combat Support Hospital. That movie, that documentary won an Emmy. It's one of the few documentaries on the military that's actually won an Emmy in the history of the military.

Cohen: [01:39:32] Wow.

Granger: [01:39:32] It's called *Baghdad E.R.* So but we pilot it at the 86. Then after that, we started deploying at other hospitals throughout the battlefield. It was called the medical combat casualty, you know, system, MC4 for medical combat casualty care. MC4. So that's... And then we start cataloging the personnels because some of the National Guard Reserve. You might have a person that is assigned a general medical officer slot, but that person is an infectious disease specialist in the Reserves. But he teaches at Vanderbilt. He practices at Vanderbilt. So I cataloged all the specialties, regardless of what position he was in, to make sure that I could switch around from that standpoint. Once we start documenting the type of trauma, I realized I needed more of this or that and less of this. So I was able to bring people forward and send some people home after about thirty days. But all has to be documented. Before, we were doing all the care by paper, and a lot of time the paper gets lost. They didn't follow the individual to the next level of care from the different roles. That's what General Peake said, "We need to document". There was a very ugly article in the *New York Times* saying [that the US forces were] providing excellent care on the battlefield but documenting

abdominal wounds, and with paper [was poor]. They showed where they had documented the procedure on an abdominal wound of a person who had a major injury to the abdomen from the war [was wanting].

Granger: [01:41:04] And after that, that's when General Peake said, "I got to get you in there. I know you have the leadership. Get this in place." Now there are millions and millions of records of care from the battlefield since we got started back in 2004, 2005. That is the standard. It's called the you know, basically called a tactical combat care documentation, inpatient and outpatient. So it's history. But we had to get that in place because, you know, we're just guessing on previous battles in what we need in terms of doctors, nurses, technicians, surgeons, supplies, equipment, blood products. You're guessing based on previous battles scenario. That way we document. We have documentation to show what we needed as we go along with each iteration of the war in Iraq and Afghanistan. That's how important it was because I used to oftentimes say... By the way, if you had an injury and you need those records to go from the military to the VA, that went over electronically to include your X-rays and scan. We put that in place. I used to oftentimes say, "In God, we trust, all others bring data." If you didn't document it, you didn't do it. That's just. So that was the philosophy, yeah.

Cohen: [01:42:16] Yeah. No, it's huge.

Granger: [01:42:19] And plus I had the other job of help training the Iraqi surgeon general to develop a medical force because there was only one small medical force that was for Saddam and the Republican Guard. The rest of the troops, they had to go to the local Iraqi hospital, you know, whatever they're going to go. So we taught them. We trained them how to set up a medical force, how to train their officers to be medical officers. But one thing they didn't have was nurses. We had...that nursing in that culture, nursing is something that is the responsibility of the family. [Leah says something indecipherable]. That's right. Because they said they saw nurses being one of the lowest person on the totem pole. I said, "No. They provide the care, doctors giving orders, nurses taking orders and providing the care." I said. In their culture, doctor did everything. Giving and starting the IV, giving the medicine. I said, "No, we have nurses, technicians. We're part of one team." And we have to teach them to accept the *female* culture in health care.

Cohen: [01:43:28] I was thinking about that. That it could be. That could be [the barrier]

Granger: [01:43:31] Oh, yeah. Oh, yeah! My senior officer for civil-military affairs where you go out and work with the local community, you know, help them with setting up schools and clinics and supplies, what they need and teaching, was a female lieutenant colonel, Lieutenant Colonel Wendy Harter. And when I took them to the first meeting with all these Iraqi colonels and generals, they looked around like -- other than ladies serving tea-- they looked around like, "Why is she here?" I had to explain to them, "This is who you are going to be dealing with. She is the person who speaks for me and she's going to support you on what you're trying to do in your community to win the hearts and minds of the local Iraqi folks, that as you come in with your Iraqi force and we try to teach you how to have a force because we have to train their force from scratch.

Cohen: [01:44:15] Wow. So it's really building it up from the beginning.

Granger: [01:44:18] We had to build it up because that's part of your exit strategy, because, you know, General Colin Powell would say, "If you break it, you own it." Okay. You own it. So we want it. What is our exit strategy once we went in to get out of this? You have to help them train, develop government, military because they have a dictatorial system. And that was it.

Cohen: [01:44:39] You also wrote, I think, that with the allies -- I'm just forgetting the name -- yeah, the Multinational Corps...Did that involve other allies?

Granger: [01:44:50] It did. You know, I was the senior surgeon for the three-star and we had the other allies. We had the Brits, we had the Italians, Romanians. So they all had surgeons. I was a senior surgeon, and once a month I met with all the surgeons from all the different countries. Multi-national Corps Iraq Surgeon Yeah. And I was, I was a one-star, I was a senior person. A lot of them were colonels or lieutenant colonels. Once a month we met and how we could support each other. The British sector, the Italian sector, the Romanians, the Australians, and the others. Even up north, we had Japanese up there. That type of thing. So I had to coordinate, making sure that we all were trying to synchronize the support we're providing the Iraqis, whether it be medical or nation building or civil affairs building. So once a month, we met. They all came to Baghdad in the Green Zone or what we called it, Camp Victory over at

Camp Victory once a month. So yeah, it was a very collaborative...Air Force, Navy, it was very collaborative... we really helped each other out. We really did. I still, some today, they are still some of my best friends. We keep in contact.

Cohen: [01:45:56] Wow.

Cohen: [01:45:57] Yeah. Were you living in the Green Zone at the time?

Granger: [01:46:01] When I first got there, when I first got there, I was in the Green Zone. Then we moved the headquarters of the Camp Victory when old Saddam Palace was, out not too far from the outfit. So, yes, I had my headquarters there, but I was always out on the road - by helicopter, going all over the battlefield. Where they had medical personnel, we went all over the battlefield. That's far north, you know, to the Turkish border. Serbian border. Iran border. South to the Kuwaiti border. I got out every day, try to see what support the troops need. We had our video teleconference. We did that one twice a day. And sometimes I'd be at another location during the evening update and I tried to attend the Multi-National Corps Iraq surgeon meeting with the other generals. But our three-star and four-star wanted us out, seeing what was going on with the troops. We'd always send a representative. I had a surgeon's cell. Multi-national Corps Iraq surgeon had a cell of staff in that. Plus I had my command staff, plus I had my staff supporting Lieutenant Colonel Harder supporting General Samir; Hassan Samir, the Iraqi surgeon general. I had to coordinate between all three of those staffs.

Cohen: [01:47:15] Wow. Did you find it made a huge difference by going there in person to see how the different caches, etcetera were working?

Granger: [01:47:26] Absolutely. My command sergeant major, command Sergeant Major Franklin and I. Our job was to get out of -- the we call it a cocoon. Stand in your nice, protected environment. Your troops are taking risks. You've got to get out and take prudent risk to see what's going on in their lives. That's, and by the way, had over close to 4000 plus to sign on the command. I made sure I wrote a letter. I said, "Give me your name. Who do you want me to thank? Call and thank some family member for you serving your country here. And I did not auto paint. Every night my chief of personnel, Lieutenant Colonel A.J. Darden, would give me letters to sign. I signed them all. Sent them out.

Cohen: [01:48:16] [Sighs] Wow!

Granger: [01:48:16] Because it's important. I'd like you to know that...by encouraging them to come in the military or family of you're making a sacrifice. They are defending what we believe in, both home and abroad, democracy and the way of life. So it was, it was a busy time. You didn't keep up with the days because they all sort of mixed together. For the family, for the family, the times go very slow when they're back in the United States and Germany or whatever it might be. But for us, it went just like that [makes snapping noise] because we were always busy, busy, you know, Sunday, Monday, just another day.

Cohen: [01:48:50] Keep keeping [at it]. Yeah, yeah. [Granger inserts: Right.] I forget who I'm quoting. It was in one of the documents you sent me, but it talked about your responsibilities of MEDCOM, it says, "to ensure the readiness of assigned units to many camps and FOBs to", quote-unquote, "provide full spectrum, mobile, agile, modular and flexible joint combat health support." So I wonder if you wouldn't mind giving a few, like tangible examples of these different characteristics.

Granger: [01:49:22] Let me give an example.

Granger: [01:49:23] We had, we had forward surgical teams that be as close as they could be in the battlefield and that consists of a general surgeon, orthopedic surgeon, a nurse anesthetist, respiratory therapist, and OR [operating room] technician who were trained to do X-rays. They had a pop-up-like tent. They'd get as far forward as they possibly could to the action. That's an example of having mobile flexibility. Okay And then these units have what they call battalion aid station, a PA, a doctor or a medic being there and then having mobile had medical evacuation, fortified helicopter, had an entire medical evacuation battalion. There would be as far forward with two helicopters supporting here, two here, three there as far forward [as possible]. So something happened, you could basically triage and stabilize and scoop and run, get them to the next level of care, which is combat support hospital. Then we had neurosurgical teams, [for] a bad head trauma. We had three: one at the Air Force Hospital at Balad. We had one at Landstuhl. We had one at another location. So that you only had, you took your precious resources and you consolidated and you coordinated trauma to go to those places. They had a

head injury, they go in here, they had standard, say, gunshot wound, abdominal wound, they had to go here. But we had mobile capability. Then we had, we had combat stress control, psychological teams. So if something bad happened in Troop C, that kind of trauma killing and blowing up, you want to get there as quick as you can. Let them talk about it, diffuse, hear them out. So we had that flexibility. So we had combat-stress teams. We had telehealth on the battlefield back in the United States or Germany. We had teleradiology. So if we had a unique radiology, they could see it all the way back [in the US] and we had telepathology, unusual skin condition. Instead of putting that person on a plane, we would scan it. I mean, we would take a sample of the tissue, we would stain it and look at it under the microscope. But also the experts back in the United States could see it, too. That's kind a mobile flexibility. And then we had the trauma center at the University of Miami, experts in trauma. Having a robot in the OR, they can also look in this wound to remotely assist some of our young surgeons and doctors on how to handle a complicated case they haven't seen in their training.

Cohen: [01:51:43] So it seems like it's the first war that really mobilized electronic technology and medicine and online communications to it.

Granger: [01:51:54] It was. It was the first one. And plus we had the portable ultrasound we deployed on the battlefield. We were deploying so much technology to minimize putting additional people at risk, but using technology and these technologies we documented electronically in systems so you can see what was going on on the battlefield. I can see, I can visualize what was happening, what I need to have support. And everything is electronically [determined]: blood, how much blood we need here, what type of blood. We had a, we had a veterinarian company to take care of injured dogs. These dogs are well-trained, bomb-sniffing dogs. They had their own little hospital. They need to get referred. They got referred on an aircraft just like a military person. Back to the back to the center at Landstuhl. There's a specialized center at Landstuhl to take care of seriously injured dogs. [Cohen exclaims something but is indecipherable.]

Granger: [01:52:47] That's exactly it. They get on the plane just like, or they might go with their handlers. Their handler got hurt. The dog got hurt. We stabilized them, one going into the hospital, the human hospital, one going to the veterinarian. Yeah. So we deployed all types of flexible, agile capability. And by the way, we sometimes take a hospital, these combat support

hospitals, they are modular. You can take a module of it and use it as a small mini hospital, which we did. We split one hospital down south into two elements and then we had the hospital at the Iraqi prisons because, you know, we had bad guys. , they, they deserve health care. We have to follow the, you know, the rules of engagement, NATO and everything else, from that standpoint. We had a prison at -- just strictly for them. They had a, they had a combat support hospital. All the capability. We had a Romanian infectious disease group embedded inside of that Iraqi prison hospital.

Cohen: [01:53:46] Yeah. Yeah. It's like a lot of systems thinking.

Granger: [01:53:50] It's coordination, it's operation coordination. You have to think. You have to think tactically what you're going to do; operationally, how do you have oversight; and strategically, what are you looking say to next year or months down the road? [Cohen inserts: Yeah]. How to prepare for the next unit and how do we start putting in place to have an exit strategy to get off the battlefield, even if it takes nine or ten years to do it? It's to coordinate each iteration of deployment, there's something added to that coordination.

Cohen: [01:54:19] Do you think that studying at Carlisle Barracks was helpful in terms of planning for the strategic level?

Granger: [01:54:27] Absolutely. That is so true. That's part of it. That's part of your preparation. Each each level in the military, there's a school, a preparation for your next level of performance. And you're building up on experience and getting the right job [which] prepare you to operate at strategic level, operational, or tactical level, and sometimes you have to do all three. I've had jobs where I'd had to do all three.

Cohen: [01:54:50] Yeah. Like right here, like right here in Iraq.

Granger: [01:54:53] Right. Yeah. Right.

Cohen: [01:54:55] Um. The other thing I was not clear about is when you were in Iraq, were you at the same time also in the command of the medical, excuse me, the command of the medical command at Fort Bragg? Was it simultaneous?

Granger: [01:55:10] Yes, yes, Yes, I did. [Cohen laughs: That's a lot]. I was, I was a director of health care for Fort Bragg. But what I did, I took two individuals, Colonel Ron Mahl, to have sort of oversight of the hospital. Then I took at that time Colonel Joseph Carvalho to be the 44th rear commander. They called it rear detachment. So eventually, I had those two roles split. From that standpoint. But I had a meeting with them every week, you know, by video teleconference. "What's going on?" If I didn't take it, my deputy or my chief of staff would take the meeting. So I had, I had forward on the battlefield and rear responsibility and oversight. [Cohen exclaims: Wow!] But, you know, you train people. You trust them. [Cohen inserts: Yes] That's just it, you know? You know, you, you give a lot of people authority, but you don't take over your responsibility...You give them authority, but still, you're responsible.

Cohen: [01:56:08] Right.

Granger: [01:56:11] But. But I wouldn't trade it for nothing in the world. I felt that with divine intervention, preparing myself, being mentored by some great leaders, and having always having a great senior enlisted command sergeant major -- Command Sergeant Major Gregory Griffin served me at three commands: Fort Knox, Landstuhl when I was a senior medical commander for all of Europe, and Command Sergeant Major Franklin served with me in Iraq. He had been at Fort Bragg most of his career. He was well respected. He was a master jumper. He was a Ranger medic, and he was well respected. So I couldn't have asked for a better command sergeant major. He had been on the battlefield many times. And that's part of your success. You get a good noncommissioned officer. If you listen to them, you develop a team we call the command team, you'll be very successful. There were times in my career I had to make a decision on some tough issues. Staff would say, "Go to the right. My sergeant major would say, "Go to the left." Always went to the left. Because [from] everybody in that room, the command sergeant major had more experience than the senior enlisted. So I said, "Sergeant Major, you saying it for a reason?" He said, "Sir, I'll explain why." You know, and they were right. Never, never led me wrong! [Cohen laughs]

Cohen: [01:57:28] So I'd just like to mention again that you received the Bronze Star Award for leading medical teams in Iraq. But would you like to elaborate on that a little bit?

Granger: [01:57:43] You know. Let me elaborate on it. I think the fact that I was able to come there and pull together a team to do great things that are now historic. A lot of the leaders there now leading the Army, Air Force and Navy medicine and a lot of them are doing great in leading trauma centers in the civilian sector. The fact that the leadership, Lieutenant General Vines and General Casey and the other four-stars and three-stars felt that I had done something worthy of the Bronze Star, I saw it, Leah, as doing what I'd been trained to do - my job. I have lots and lots of awards. I mean, lots of them have. I have them in a shadow box here, you know, that type of thing. But at the end of the day, at the end of the day, none of that happened without having great people, great family, friends support, you know? None of that never happened [without support]. So every time I got award, it was almost very humbling to the sometime it was-- I felt like I was being embarrassed. I said what I'm getting recognized for, you know, basically being trained and asked to do what I swore my hand to do, defend the nation both at home and abroad against all enemies, both foreign and domestic. So I'm honored that I achieved, that I received the Bronze Star. There was a National Guard medic out of Kentucky who received a Silver Star. He deserved it. I tried to give him the Medal of Honor, but not only did he save US forces, but he killed a number of bad guys and wounded them. He patched up, too. Yeah, yeah, yeah, he did

Cohen: [01:59:24] He patched them up, too.

Granger: [01:59:25] He saved, you know, he saved both (US forces and enemies combatants). So. And by the way, the bad guys were recording this because there was an ambush. They wanted to record. They wanted to show it to the American public, how they're killing our troops. But he got out of there as a medic. He took he put two machine guns in his arms and turned around like a Rambo guy. And we captured their video because one of the guys he shot had the video recording. So we captured it. We got it on camera what this young kid was doing. I mean, we said, "Wow". So so I was more or less trying to recognize him. I would say it was just unbelievable. I even thought about it, I even thought about today, 'Should I try to go back and help them get that upgraded to the Medal of Honor because that's what he deserved?' I'm going to probably do that- it's been in my heart for years. Yeah. [Pause] I mean, it's unbelievable. My three-star, my three-star tried to put it in for it. But I think this, he ended up getting a Silver Star. But that's where the Medal of Honors...

Cohen: [02:00:28] I mean that's...

Granger: [02:00:30] Yeah, I'm it's on my heart to do it and it's easy to locate him but I'm very humbled and honored that I've got the Bronze Star and got this Distinguished Service Medal. Two of them. [Cohen inserts: Yeah]. But at the end of the day, I look at my military, my life, and I put it this way: There are a lot of legends that we study in life that have done great things. Oftentimes, I say, what was their legacy? That they trained, developed others so they can carry on what they've done and train them to do in perpetuity. It should be the next generation. That's what I look at. That's my reward. Who did I develop to do *better* than what I'm doing?

Cohen: [02:01:10] Oh, the people who can go one step farther.

Granger: [02:01:13] Yeah, absolutely. That's what, that's what I...That's what I want to be. my legacy. Yeah.

Cohen: [02:01:19] Wow. I'm trying to think. I was going to read the excerpts of Commanding General Vines evaluation reports. [Laughs] And is that, is that okay?

Granger: [02:01:35] Go ahead. On please, please, please.

Cohen: [02:01:37] So there are two points that really struck me, so one of them was, "The plan he developed to deploy and the rapid, dynamic and responsive medical system he established upon deployment have yielded the results that have saved many. Elder has taken the medical systems in MNCI from tactical to strategic." I know we talked a little bit about this, but [pause] like, is there something else to say? Like how you managed to speed it up and to bring it to longer-term thinking?

Granger: [02:02:12] Yeah. What I did is that I kept saying to the leadership that we have to manage based on the information. And everything we do needs to be put into the information system so that operationally but strategically we can say, "Okay, how do I plan for the current operation, the future operation, and how I'll make sure that all our current doctrine that we use to train for future battlefields and scenarios, how can that be updated too?" So what I did, I literally took all of our military field manuals, medical. I took all my experts, logistic, personnel,

dental, veterinarian, blood bank guys. I said, "Take your current documents that we all were trained to operate and put in what we need to do to update it." I got the Army Medical Center and School to send ourselves on a CD so we can go in and make recommendations because strategically, I want to make sure that we just encapsulate lessons learned. We influence the policies and the regulation and perspectives and techniques for future operations based on this operation. That's what we meant by *strategically*. I was always thinking about, 'How do we look at the next iteration of this operation or very similar operations?' That's what I mean by strategically. I kept emphasizing this because you can stay tactically your whole time while you're there, but you're not thinking about operationally and strategically. So I had, I had a group of leaders looking at current operation and future operation and the next battlefield scenario if it came to that.

Cohen: [02:03:51] And now there was like the data to work with it.

Granger: [02:03:54] It had the data to do that now. Now I started a standard. And plus too, we did something that has never been done on the battlefield. We did research and trauma in blood. We realized that we were getting, [i.e.,] giving so many components of blood. We were giving platelets, we were giving, say, red cells, we were giving plasma. Realize that that degree amount of trauma had to go back to what they did during World War II - give whole blood. Because by the time you break down all the components, you're still giving it. So we start, we proved the concept again, the research that we save more lives by instead of giving components, we gave them the whole blood, had all the components, but it took research to prove that. So we got permission from the Department of Defense to do it methodically. And then we documented different types of trauma. How do we handle them on the battlefield? What type of devices? Do we need to change the equipment going forward to save, fixate a broken bone, or abdominal wound, or control infection on a battlefield? That type of thing. It's that type of strategic thinking that I had the leadership doing while I was doing tactical stuff, too, and oversight of the operation. That's what he meant by that. And we did it rapidly. We did all this in a year.

Cohen: [02:05:02] Very, very rapidly.

Granger: [02:05:03] Yeah. But I had staff working at different levels to make sure we were documenting that. And they all coordinated with each other. I said, "Whoa, this is something we ought to change now. We don't have to wait till they change the doctrine. Better do it now and with data to back it up." So when they changed the training manuals and type of technique, it has already been documented.

Cohen: [02:05:22] Based on the new information that was coming in.

Granger: [02:05:25] That's exactly right. And by the way, they can see the same information back in the Pentagon.

Cohen: [02:05:30] Oh, okay...

Granger: [02:05:32] Because you have to -- because you have to give all these reports. So we gave him access so they can see it in real-time, both secure and unsecure, what was going on?

Cohen: [02:05:40] Oh. That's amazing.

Granger: [02:05:43] Yeah. [Pause]

Cohen: [02:05:50] Um, is there something else that you would like to talk about regarding Iraq? Or would you like to continue on - to turn to Fort Bragg?

Granger: [02:06:03] Well, let me. I'll say this and then we'll continue on. I told I told the senior leaders at that time that in the Multi-National Corps-Iraq surgeon staff, the senior leaders in the 44th Medical Command Headquarters, and I said, "I'm preparing you so that one day you will, you will be running the military health care system, Army, Air Force, Navy, as well as some civilians." And today, a lot of them who were serving me, they're now the senior generals in the military health care system, but across the spectrum. So we'll go to the TRICARE years.

Cohen: [02:06:41] Okay.

Granger: [02:06:41] So by the way. They didn't believe me at that time. [Chuckles]

Cohen: [02:06:45] They didn't?

Granger: [02:06:46] They thought I was trying to just motivate them. [Laughs]

Cohen: [02:06:49] Right. Funny. Uh. So I think back at Fort Bragg, you're now the commander of the Medical Command of the 17th Airborne Corps?

Granger: [02:07:04] Eighteen Airborne Corps.

Cohen: [02:07:05] Oh. Eighteen. Excuse me. Excuse me.

Granger: [02:07:06] Eighteen Airborne Corps surgeon. Let me explain it to you. General Vines was my boss in Iraq. We took the 18th Airborne Corps surgery, 18 Airborne Corps Command to Iraq, and all the elements, including the 44th. So when you go from, when you go from being on the day-to-day peacetime, you have responsibility for 105,000 soldiers up and down the Northeast. That's the 18 Airborne Corps, Fort Bragg, Fort Drum, Fort Stewart, Fort Benning, you name it. So that was one of my, to get everybody ready, that was one of my day-to-day [responsibilities] when I was the director of all health care for Fort Bragg. That was my peacetime job, the surgeon for 18 Airborne Corps. So when I deployed, I became his Multi-National Corps Iraq surgeon. He was a Multi-National Corps commander. Then we had a four-star in charge of all forces, General Casey, of all forces in Iraq. But he was, he was the tactical commander. They had their strategic command of the four-star. He was a tactical commander. And my title changed when I went to Iraq to become the Multi-National Corps surgeon. That's, that's how it works.

Cohen: [02:08:19] Okay. Okay.

Granger: [02:08:20] So, yeah. I got to Fort Bragg in July of 2004. In October. I had to prepare all these units to go to Iraq. So and when I got back from Iraq, I left Fort Bragg in December. Got back in November and left in December. So my wife got a chance to benefit and enjoy Fort Bragg more than I did. The time I was there, I was, I was gone twelve months out of the time I was there.

Cohen: [02:08:50] Right. Right. [Both laugh].

Granger: [02:08:52] I was only there for about sixteen or seventeen months.

Cohen: [02:08:56] Right. Yeah. And so is your next step already in Washington, DC, when you're the deputy director and program executive officer of TRICARE and so on, working also in conjunction with the Office of the Assistant Secretary of Defense of Health Affairs?

Granger: [02:09:16] Right. That was my next job. I was scheduled to go be the commander of the Army Center in school. However, the surgeon general at that time now was a guy by the name of...The Assistant Secretary of Defense [for Health Affairs] was Dr. William Winkenwerder. The surgeon general was Lieutenant General Kevin Kiley. Well, he came to Iraq. Both of them did. Dr. Winkenwerder came first with one of the congressional staffers and a contractor. I thought he wanted to get a brief, you know, you know what's going on on the battlefield. He's a senior doc for the Pentagon, Secretary Gates, at that time. So I prepared to brief the staff and everything, and I brought him over to my headquarters. And I had a sheet on the wall, getting ready to show the slides. He said, "Hey, look. I looked at your brief on the plane. I want to talk to you about something else." I said, "Okay." He said, "Look, I know you have been notified, but I want you to become my assistant secretary. I want you to become, my assistant secretary for, [clarifies] my assistant director for TRICARE and a program executive officer, TRICARE. I said, "Sir, I'm going to train the next generation of leaders at the Army Center in school." He said, "No, I've requested you and I'm hoping you' say yes because we've never had an Army guy in the TRICARE job as my deputy in the program executive." So really, you have civilian oversight, but you run the program as a military officer. He said that "I want you to..."-- We had war --"And I want you to help militarize that organization so they can understand. They need to be focused on supporting the war-fighters and their family and National Guard and Reserve. So I said, "Sir, look, if that's what y'all want me to do, I'll do it." So then come a week later, General Kiley comes in. He said, "Well, Elder, I just want to spend some time with you." I said, "Sir, just go and tell me the news." He said, "Well, you've been requested by the Assistant Secretary of Defense" -- because I'd ran TRICARE Europe, did a great job for him with the team--

Cohen: [02:11:07] That's right. Right, right.

Granger: [02:11:08] I'd run TRICARE Europe. I'd done a lot of things we've tried like nurse advice line in Europe, you know, all that kind of good stuff. Putting in standardization of medical supplies and equipment. So he said, "Yeah he's really pushing me real hard and I can't say no because it's time for the Army." Normally in the past, they'd say, "No, it's time to put an Army guy on the job." I said, "Sir if you want me to go, I'll go." So, yeah, I got back in November from Iraq. Had a change of command in December at Fort Bragg. And other almost the middle of December, I was in Washington. [Cohen: Oh!]

Granger: [02:11:43] Yeah. 2005.

Cohen: [02:11:46] Wow. [Laughs]

Granger: [02:11:48] I was in Washington, DC. We lived on Fort Belvoir. My wife was the principal. She had been a principal before but this time, she didn't-- She decided just to take it easy, which I don't blame her. She had done a lot of principal stuff and she had retired from the Department of Defense school system. So I ran TRICARE. We had to start the National Guard Reserve TRICARE program because we had mobilized so many of them, number one. And then that was sponsored by Senator Kennedy. I mean, Senator Clinton from New York. And then we, I had to go around and encourage all the state medical directors in rural states to get the doctors and hospitals to accept TRICARE, to take care of their neighbors, National Guard Missouri, because they had been mobilized. You know, you've seen a lot of military but I said these are your neighbors. So they start accepting TRICARE. We consolidated. We have a track overseas contract. I consolidated all those, and my boss-- we had seven contracts. So we consolidated into one. We went from having all these TRICARE regions down to three. We combined retail and mail order into one contract and then we start truly managing the quality and outcomes of the TRICARE contract, looking at claims, data, everything else. We did a lot of publishing. I stayed in that job. My first boss was Dr. Winkenwerder. My second boss was Dr. [02:13:13] Casale. [02:13:14] Casscells, so I stayed in that job. It's normally eighteen months. I stayed in three and a half years. I served on a Bush 43 [i.e. during the tenure of 43rd president, George W. Bush] and about nine months under President Obama, eight or nine months under President Obama.

Cohen: [02:13:26] Oh, wow.

Granger: [02:13:27] And and I was offered by, it's not known in my record, but I was offered by Bush 43 to be the secretary of the VA.

Cohen: [02:13:36] Oh, wow.

Granger: [02:13:37] And for the first time in my I was competing against one of my mentors and boss General Peake. For the first time, I said no. So, you know, you don't want to knock your boss out of a job. Because he had recommended me. Because you don't know who's competing for the job. They don't tell you, the White House personnel. He had recommended me and I had recommended him. We had endorsed each other. They asked him, "What do you know? What do you know about Elder?" And I said, "What do you know about Jim Peake?" You know, and President Bush said, "You guys are really unique. He told me about how great you are. You told me how great he is." So I said I said, "Mr. President, all due respect, I prefer that Lieutenant General Peake gets the job". He said, "Well, I can retire you and have you confirm in ninety days." I said, "Sir, I serve at your pleasure." "All you generals say that you serve at my pleasure as a commander-in-chief." [Laughter] But after that job, I decided to retire. I competed for the Army Surgeon General. And I told the Secretary of the Army they want me to do it. I said, "No, it's time for me to go home." Because when you're doing those jobs, the number of general officers is fixed by Congress. So you're holding up the opportunity for somebody else. And that was, my political boss said, "You need to go into the commercial sector." So that's what I did. I did that job for three and a half years. We did a lot of great things. I learned a lot about *civilian* health care because I was managing all these civilian contractors. So I developed, I developed a very strong civilian network with all the health-care executives around the country, too, including some overseas. And, you know, during that time we didn't have LinkedIn. So you use the cards in your Rolodex.

Cohen: [02:15:11] That's right.

Granger: [02:15:13] You know, they felt that the commercial sector felt that I had a lot to offer because I knew commercial and federal health care and international. I know a lot about

battlefield medicine. So I took it. I enjoyed that job. I took everything I learned in that job. I got a lot of recognition and awards during that time. I got recognized by the University of Arkansas distinguished alumnus. I got recognized by my undergrad school and in the ROTC Hall of Fame. And here's my Meharry story.

Cohen: [02:15:41] Oh, yeah, that's right. That's right.

Granger: [02:15:43] President Obama and Vice President Biden, they just came into office and everybody was asking President Obama to speak at all these graduations. So he asked President Biden to be his backup and go speak at Meharry.

Cohen: [02:15:57] Oh.

Granger: [02:15:58] Something happened. It didn't work out. So they called my political boss, Dr. Casscells They said, "Look, we need a military general. We need an African American you have to go speak at Meharry." My boss said, "I got the right guy for you." [Cohen laughs.] That's right.

Cohen: [02:16:14] So that's perfect.

Granger: [02:16:16] That's right. So I had about two weeks to get together, you know, put together a speech. By the way, my speech is always centered around the five Ps. But anyway, Dr. Wayne Riley, the president of Meharry, found out that I had -- Somebody told him I had applied to Meharry, got accepted. So he pulled out my letter. I hand-wrote this note explaining why [he declined acceptance to their medical school]. So he says, you know, So I got ready. He introduced me. He said, "Before General Granger speaks, I want General Granger to-- I'm going to read something." 'I see. Where's that coming from?' He said, "General Granger should be a Meharry graduate. So we're going to correct that. We're going to correct history today." So I got a, I got an honorary Doctor of Science degree, honorary doctor of science on my wall from Meharry in 2009. So I'm an alumnus of Meharry.

Cohen: [02:17:17] After all.

Granger: [02:17:18] Okay. I contribute to their scholarship. My wife and I. So that's that story.

Cohen: [02:17:24] That is a great story. And the fact that they pulled out the letter you had written, as well.

Granger: [02:17:28] That's exactly right. And the last thing is that [pause] Miss Sarah Eaton was big in education. She established a scholarship at the University of Memphis in the Elementary Ed Department for students in elementary education, called the Sarah Pruitt Eaton Scholarship, University of Memphis. So, yeah. So she got me on the same thinking of establishing scholarships. So my wife has two scholarships at Philander Smith College in Little Rock, a historically Black college. I have a scholarship at the University of Arkansas in honor, the first African American graduate [of the medical school] who was a female, Dr. Edith Irby Jones, 1948 to '52. And I have one at Rosalind Franklin in North Chicago.

Cohen: [02:18:17] Oh, Chicago.

Granger: [02:18:19] In honor of their first graduate, I'm on the board of trustees and [in honor of] the first African-American graduate there. So. We have always felt that "To much is given, much is expected." And that's been our whole military career. Our son is an attorney in Rockford, criminal defense. Our daughter's a physician, internal medicine, pediatric, master's of public health. And she works for a company MITRE, called MITRE in DC. And she also practiced medicine, telehealth, and a few other things she does.

Cohen: [02:18:49] Oh, my goodness. So the family is following in your footsteps as well?

Granger: [02:18:55] Yeah, absolutely.

Granger: [02:18:56] But that's, that's my story.

Cohen: [02:18:59] Wow.

Granger: [02:19:01] What would you like young people in general or future generations to learn from your service?

Granger: [02:19:10] Number one, that we all should participate in some form of public service as being members of this great country and being on this earth. That's the first "P". I don't care if you would rather be teaching, a policeman, firemen, EMT, join the military, join the Red Cross or any other volunteer organizations because our nation is found and built on volunteers going back to the American Revolution. The second thing I want them to learn that education is the foundation of being successful. And then that no one can take away what goes in your brain if you open up the brain. And as I said earlier excellent performance, excellent performance overcomes any barriers put in place by a man or woman. The second thing is that in terms of processes, the second "P" is: Learn wherever you are, there are processes, procedures, standard operating procedures. Understand those processes to be successful. You think they ought to be changed and work to get them changed for the greater good of everybody. The third thing is prevention. Try to prevent things from happening to yourself and others in life. Rather, be your own lifestyle, your health, your well-being, preventing other things in your community, your school, your life, the way you worship.

Granger: [02:20:38] The other "P" is that I want to be productive. Go in life being more or less a producer, minimizing being a consumer. Try to produce more and consume less. And then by doing that, you want to help individuals with "hand-ups" and minimizing the "hand-outs". The last thing I want to understand that- Price. There's a price. There's a price for that. Those that came before you may. There's a price to get a good education. There's a price to live in this country and to live in this world. And there's a price that you have to make and sacrifice by being in the military. The last thing I want you to know is that whatever you do, make sure it has value and it's relevant. And then remember that life is a is a contact sport. Stay in contact. Family, friends, community, teachers. And and if you want to be great in life, be a servant of others and realize that nobody gets where they are in life alone. That you have to bring others along behind you. Because if not, you'll be that legend that didn't have a legacy.

Cohen: [02:21:54] Wow. That's what was really beautifully [said]. Yeah. Yeah. I feel like I'm taking away [from it].. But out of curiosity, how. How did you meet Joe Topinka? Was this when he was working as a JAG [Judge Advocate General] Corps involved in healthcare?

Granger: [02:22:11] When I had my first command at Fort Knox, Kentucky, Joe, Joe Topinka was assigned to me as my JAG legal officer. And Joe taught me a lot about military legal. Joe was a young, very aggressive [man]. He had a colonel oversight of him. But Joe was assigned to me and the colonel, he said, "Elder, I'm giving you my best and brightest." Joe and I became - he became a great-- I had some tough issues to deal with at Fort Knox. Joe coached me through all of them, as well as his single boss, and we stayed in contact. He became an expert in military health and health- care law. And Joe and I became best of friends. We stayed in contact the whole military career. To...even now we have a place in Huntley, Illinois, I'm a member of the local VFW in Illinois that Joe is the commander of.

Cohen: [02:23:10] Oh, the Riverside branch!

Granger: [02:23:12] That's right. I travel with me...in my bag, my Riverside hat. So if I need to go to a meeting, I pull out my little, my little hat there. If I'm on Zoom, I pull up my little hat. So that's what...And I was instrumental in helping Joe establish a scholarship in honor of his mother [Judy Baar Topinka], who was well respected. My son knew of her in Illinois, having gone to school at Northwestern, University of Illinois Law School and practiced there. But Joe has been one of my biggest fans or PR person because I'm a very humble person. And Joe said, "You got to tell your story." I said, "Joe, I want others to say", "No, you got to do it." So a little arm twisting out of sight. This is my first oral history I've done since I retired.

Cohen: [02:23:54] You're kidding. No kidding. I'm really, I'm really glad. Yeah!

Granger: [02:23:57] I've had a lot I've had a lot of people ask me. "Ah..." [Granger indicates dismissal noise to suggestion], but Joe says, "Sir, you got to do this." And he said, "Everybody come to the museum in Chicago." By the way, I have two or three others who are from Chicago, retired generals.

Cohen: [02:24:09] Oh.

Granger: [02:24:11] They would love to do it. They were born and raised in Chicago.

Cohen: [02:24:17] So put them in touch with me.

Granger: [02:24:19] I will put them in touch with you. They said they'll be glad to do it.

Cohen: [02:24:23] Absolutely. Also, this is a little bit I'm not sure whether your paths would have met, but, but it's not impossible. Do you happen to know Colonel Hughes Turner? He was high up in the Reserves and also involved in a lot of the mobilization in the Gulf War? [sic, Iraq War]

Granger: [02:24:39] Yeah. Yes, I do. Yes, absolutely. Plus, I must come to visit the museum in the very near future.

Cohen: [02:24:48] Absolutely. Absolutely. Yeah.

Granger: [02:24:51] I will do that. But that's how Joe and I got started.

Cohen: [02:24:53] So are you more based in Colorado? But you have like a secondary residence in Illinois, is that [right]?

Granger: [02:25:03] Yeah. We try to do about half our time in Illinois and 25% of our time here [in Colorado], in 25% in D.C. We have a corporate apartment because we have two grandsons. We have Elder the Third. He's six, going on seven. We have Alison who is now eight months. So yeah, we're trying to spend as much time as we can. So absolutely. But we love Illinois. We're in the heartland of the... Highway 47, lovely Woodstock. [Cohen laughs.] We're part of the local community. The sheriff knows us. The, you know, the attorney knows us there, the city attorney. They all know us there. So. [Cohen chuckles.]

Cohen: [02:25:41] Yeah, yeah.

Granger: [02:25:43] We love it. We love going to local stuff right now. We just wanted the locals, right? And it's nice and quiet. And our community, we truly are 'elders'.

Cohen: [02:25:50] Yeah. Oh, that's nice. So you're given respect, yeah, yeah.

Granger: [02:25:53] That's exactly right.

Cohen: [02:25:56] Yeah. So you probably know this, but the mission of the Pritzker Military Museum and Library is to better understand, better share the story of the Citizen Soldier. So what does the term Citizen Soldier mean to you?

Granger: [02:26:12] You know, Citizen Soldier means two things. Number one, it means that someone actually was drafted or volunteered to risk their life and they still maintain -- that's one definition. The other one is that of Citizen Soldier means to me that it's a person, National Guard and Reserve, who now-still serving. They have a civilian role. And also they have a soldier responsibility or Marine or Coast Guard or Navy. We all have... Or Air Force. We all have Reserves. But also as individuals who have served, they're now veterans. Now they're back as a citizen because we all, we all say among our services, "Once a soldier, once a sailor, airman, or coast guard, you name it, a public health service officer, a NOAA [National Oceanic and Atmospheric Administration] which folks don't know, NOAA is one of the uniformed services --- We consider ourselves that first, and we also are also a citizen, too. I consider myself a soldier.

Cohen: [02:27:11] Yeah.

Granger: [02:27:13] But I'm also, I'm a citizen. So there is some soldier responsibility that I have for life. And there are some things that I have as a citizen. I still help, along with others, recruit individuals for Army, Air Force, Navy, Coast Guard, Marine, because we are just as good recruiters as those [who are formal recruiters.] They use as ambassadors for all of the services. A young kid, they want to talk. I once recruited a kid at Chick-fil-A. He said, "Oh.". He saw my hat on." "What do you do?" I said, "I was an Army medic and then I'd be a doctor." "Oh, my God, I'd love to be a medic." I said, "Give me, let's exchange cell phone numbers." He's now, he's gone through basic training, medic training. He was assigned to Fort Carson, Fort Campbell's air assault. Now he's going to going to [train as a] Medevac medic. He wants to be a medevac medic? He's going to that training right now. He's now a sergeant. And I've known him and a half years. That's what, that's what I call a Citizen Soldier.

Cohen: [02:28:10] [Unclear]

Granger: [02:28:13] That's right.

Cohen: [02:28:13] No, no. True. And that you are, in effect, an ambassador.

Granger: [02:28:16] Right. That's what it is. Okay?

Cohen: [02:28:21] Is there anything else that you would like to add before we conclude?

Granger: [02:28:26] No, that's about it. I've enjoyed every moment of it.

Cohen: [02:28:29] Me too.

Cohen: [02:28:30] I really thank you for being willing to share your story. And I guess I'm grateful that Joe was persuasive. And we will mail you a challenge coin from the museum and library as a token of our appreciation.

Granger: [02:28:46] Thank you very much. And take care of yourself, Ma'am. Be safe.

Cohen: [02:28:49] You too. Okay. Bye.