

# Soldier, Physician Executive, Hematologist, and Oncologist Major General Elder Granger, MD

*The Editorial Board of the Journal of the National Medical Association has dedicated this column in recognition of the outstanding academic, scientific, social and cultural accomplishments of NMA members in all aspects of the medical profession. It is anticipated that these members will serve as both an inspiration to our young members and as a "road map" to assist them in planning for a successful career. Interested members are encouraged to contact the honorees directly. Submissions for this column are encouraged and should be forwarded to shaynes@nmanet.org.*

**Keyword:** awards, achievement, and recognition

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Major General Elder Granger is the deputy director and program executive officer of the TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs), Washington, DC. He serves as the principal advisor to the assistant secretary of defense (Health Affairs) on Department of Defense (DoD) health plan policy and performance. He oversees the acquisition, operation, and integration of DoD's managed care program within the military health system. Dr Granger leads a staff of 1800 in planning, budgeting, and executing a \$22.5 billion defense health program and in ensuring the effective and efficient provision of high-quality, accessible health care for 9.2 million uniformed service members, their families, retirees, and others located worldwide.

Dr Granger began his career with the Army medical department in 1971 as a combat medic in the US Army National Guard. He earned a bachelor of science degree from Arkansas State University in 1976. A distinguished military graduate, Dr Granger was commissioned through the Reserve Officers' Training Corps (ROTC). Upon graduation from the University of Arkansas School of Medicine in 1980, he was awarded the Henry Kaiser Medical Fellowship for Medical Excellence and Leadership. Dr Granger completed a residency in internal medicine in 1983 and a fellowship in hematology-oncology in 1986 at Fitzsimmons Army Medical Center. His military education includes the Army War College, the Army Command and General Staff College, the Army Medical Department Officer Advanced and Basic Courses, the



Military Health System and Army CAPSTONE Courses, and the Combat Casualty Care Course.

Prior to joining TRICARE Management Activity, Dr Granger led the largest US and multinational battlefield health system in our recent history while serving as commander, Task Force 44th Medical Command and command surgeon for the Multinational Corps Iraq. He has led at every level of the Army medical department with previous assignments as commander, 44th Medical Command, XVIII Airborne Corps command surgeon and director of health services, Fort Bragg, North Carolina; commander, US Army Europe Regional Medical Command, US Army Europe and Seventh Army command surgeon, and TRICARE lead agent Europe, Heidelberg, Germany; acting assistant surgeon general for force projection, Office of the Surgeon General, Department of the Army, Falls Church, Virginia; commander, Landstuhl Regional Medical Center, Landstuhl, Germany; commander, Ireland Army Community Hospital, Fort Knox, Kentucky; division surgeon, 4th Infantry Division, Fort Carson, Colorado; deputy commander for clinical services, Raymond W. Bliss Army Community Hospital, Fort Huachuca,

Arizona; chief, department of medicine and hematology service, 2nd General Hospital, Landstuhl, Germany; and staff hematologist/oncologist, Fitzsimmons Army Medical Center, Aurora, Colorado.

Dr Granger has received numerous awards, decorations, and honors including the Defense Superior Service medal, the Legion of Merit with 3 oak leaf clusters, the Bronze Star medal, and the Meritorious Service medal with 4 oak leaf clusters. He earned the Office of Secretary of Defense staff badge, the German Army's Ehrenkreuz der Bundeswehr Silber, the Army Medical Department's Order of Military Medical Merit, and the Expert Field medical badge. Also, the Army surgeon general has bestowed upon him the "A" proficiency designator for expertise in his health profession. He is board certified by the American Board of Internal Medicine and the Board of Hematology and Oncology. Dr Granger's professional affiliations include fellow of the American College of Physician Executives, member of the National Medical Association, member of the Interagency Institute for Federal Health Care Executives, member of the American College of Healthcare Executives, and member of the American Society of Clinical Oncology. Dr Granger is a certified physician executive by The Certifying Commission in Medical Management and certified in medical quality by The American Board of Medical Quality.

Dr Granger, as he noted to us, "... was the first in his family of many older brothers and sisters to complete high school and, ultimately, go on to professional school."

*Dawson: Dr Granger, what role has religion played in your life?*

*Granger:* Well, I was raised Baptist. And if you know anything about the south, you know that religion is an integral part of folks' lives. In my family, while growing up, we were taught the importance of faith, understanding, loving your family, and making sure you had friends you could count on when the going got tough. As a husband and father, this religious upbringing served as my role model, so to speak, for raising my now-adult children. That is, I tried to instill in them the importance of going to religious services. Or, worshiping in the faith you believed in, and how to project your faith in such a way as to reflect on how you live and how you help others.

For me, more personally, I can recall that as a teenager, I was trying out for the football team and broke the femur in one of my legs in the process. Because I was in a leg cast for so long and had to undergo numerous surgeries to correct the fracture because it occurred so close to my growth plate in that leg, I had to repeat the 10th grade. That gave me an awakening of sorts. Because of the large amount of time I spent in the hospital that year I had time to reflect about things, and I found religion,

again. That is, I personally accepted God Almighty back into my life.

As children, we went to church often. But as youngsters, we had to be reminded to go every now and then. Equally important, during this hospitalization for the broken leg, I met my wife, Brenda. She sang in the church's choir and her church was visiting the sick and shut-ins one day. They invited me to their church. And these many years later Brenda and I have raised 2 wonderful children and have traveled the world, among many other things.

*Dawson: Dr Granger, was there anyone in particular that served as a role model(s) or inspiration for you in becoming a physician?*

*Granger:* Yes. There are 3 persons that really stand out in my mind as I think back to my youth and the inspiration they gave me in becoming a physician.

The first would have to be a hometown doctor by name of Gilbert Jay. Dr Jay was a general surgeon. He performed the corrective surgeries for my fractured femur because of the growth plate issues I mentioned earlier. While performing the surgeries, Dr Jay gave me what I thought then was some profound advice. He said, "...young man, you need to focus on your education and not trying to be a fantastic football player." At the time, I probably weighed 145 lbs soaking wet. His telling me that truly had an impact upon me.

The second person would be Dr Michael Deneke. I was introduced to him by one of the kindergarten teachers in my town, Ms Sarah Eaton. Because of the way I packaged her groceries at the store I worked at, she took an interest in me. One day she asked me what I wanted to do in life and I told her that I wanted to become a doctor. So, she later introduced me to Dr Deneke. During our introduction and subsequent conversation, he encouraged me to become a physician.

*Dawson: Dr Granger, was there anyone or any one episode in medical school or residency training that made an impact upon your life as a medical student or resident or future physician?*

*Granger:* Well, first let me discuss my undergraduate education experience and some of the folks who made a lasting impression upon me.

There was Dr Mark Olson, who taught me zoology. And then there was an English and composition teacher, Ms Lane. Most students feared her and most tried to steer clear of her classes. Not me though. As it was, she was a tough and critical grader of our writing. The word was that she gave out only Bs and Cs and very few As. Because of the trepidation and fear most of the students had of her, I took it on as a challenge. I took both English and Composition I and II from her. What did I gain? She taught me the importance of writing as though you

are talking to an audience or telling a story.

As far as my experience in medical school, longtime Memphis surgeon Dr Robert Smith, who is now about 80 years old, had a great influence on me. As I mentioned earlier, the past surgeon general of the United States, Jocelyn Elders, MD, taught me a lot about pediatrics, and I was really impressed by her. Finally, Dr Raymond Miller also impacted me personally. He was a member of the school's board of trustees and a graduate of the university. All were excellent role models for us.

*Dawson: Why did you decide to become a military physician?*

*Granger:* Well, as far as I know, we did not have a long military history in my family. But I can recall while growing up there was this older gentleman, Mr Arthur Arnold, who lived across the street from my family. On occasion, he would ask me to shave him. And during these episodes he would tell about his experiences during the Korean War, and that fascinated me a lot. I would love to hear his stories. As I got older, some of the boys in the neighborhood would leave for basic and advanced military training, and Vietnam. After they returned home on leave, they were completely transformed individuals. They seemed more respectful. They carried themselves differently than before they were involved with the military. It was like they had a new sense of purpose. I thought, "this is for me." So, in high school, I became a combat medic in the US Army National Guard. While in college, I received a scholarship and had my education paid for by the military. When I finished college in 1976, I was commissioned through the ROTC [Reserved Officers' Training Corps].

*Dawson: While you were a resident physician, were there any individuals or events that you can recall that made an impact on you?*

*Granger:* Well, like most medical students, I was unclear as to what area of medicine I wanted to practice in. At first I considered anesthesia. But I reconsidered this notion because I did not like the fact that it was somewhat regimented. Then I considered ob/gyn because of one of my medical school professor's influence, Dr Ralph Wynn. I was so influenced by him that I applied to the ob/gyn program at my medical school and would have been accepted except I was under an Army Health Professional Scholarship and as such had to complete a rotation at the Fitzsimmons Army Hospital in Colorado. While there, I met Major General Robert Claypool. He influenced me to go into internal medicine. I then completed a few rotations and fell in love with the specialty. While there, I was encouraged to apply to Fitzsimmons as my first choice for both my internship and residency. I did and was accepted into the program there. While interning, I did a rotation in oncology and loved it. At the

same time, my favorite teacher back home, Ms Eaton, was dying of gallbladder cancer. Eventually, I went home to her funeral. She had such an impact on my life, it was then I knew I was going to specialize in hematology and oncology. Moreover, I knew that when you took care of patients with blood disorders or cancer, you also became their primary physician. As such, this allowed me to use my internal medicine training. It was the perfect match for me. Finally, these patients seemed more grateful. They taught me a lot, especially when their illness was terminal. They, the terminal patients, often thought about the things they wished they could have done prior to their illnesses. I fell in love with the specialty.

*Dawson: I understand that you have board certification in 4 different areas of medicine. What was your board examining experience like?*

*Granger:* Well, after completing my residency and fellowship training, I became boarded in internal medicine and hematology/oncology. Because my program at Fitzsimmons considered board certification a major accomplishment for its trainees, they often taught our courses with both clinical and board-related materials. Because of my experience in this training program I would recommend very strongly that all physicians work hard at becoming board certified. It's a validation of your knowledge base and training. I am also board certified as a physician executive and in medical quality.

*Dawson: Once you completed your training and moved onto a unit, is there a special case you managed that sticks out in your memory now?*

*Granger:* Yes there is one. I was a lieutenant colonel working in Arizona at a place named Fort Huachuca. There was a pregnant young lady who had sickle cell and had multiple crises during her pregnancy. We suggested she go to the University of Arizona for delivery, but for whatever reason, she chose not to. So I decided to deliver her at this small local hospital. There were many challenges for us then. We were concerned about the fetus during her painful crisis episodes because of the amount of narcotics she required for pain relief. We had concerns over the impact on the fetus due to the many transfusions she received. In any event, we safely delivered her and the baby. This episode still is vivid in my memory to this day.

*Dawson: As I understand, you also served in Iraqi Freedom. What was your role and experience like serving in the Middle East?*

*Granger:* I would consider my service in Iraq to be one of the top 3 most important experiences in my military career to date. While in Iraq I was the commander of Task Force 44th Medical Command and command surgeon for the

Multinational Corps in Iraq. My team and I worked with the Iraqi surgeon general Hassan Samir, to stand up his medical force by providing training and logistical support.

Also for the first time, we brought into existence electronic medical records in a combat theater that can transfer data from the theater of operation directly to the veterans hospital. By doing this, we were able to not only provide the best care for our troops, coalitions forces, and Iraqis, we also provided basic combat-related research for the care of our troops and prescribed the necessary training skills for our technicians and physicians so as to properly service our soldiers and others.

This was all accomplished by men and women of the National Guard, military reserves, active Army, Navy, and Marine personnel and civilian contractors.

*Dawson: After your service in Iraq, what was your next duty assignment?*

*Granger:* After my service in Iraq I was appointed deputy director of management activity, TRICARE. TRICARE is a US government organization that provides health care and related services to well over 9 million men and women who are active service members and their family members, reserves, and retirees. Our job for these members is to ensure that they have seamless access to our health care services around the globe.

*Dawson: Do you have any mentors or role models in the military, notwithstanding those in you mentioned during your training?*

*Granger:* First, Guthrie Turner, MD, who was the first African American to be promoted to brigadier general, comes to mind. Then there is retired Major General Tom Temple. And finally, there are generals Thomas A. Schwartz and Julius Becton, to name just a few.

*Dawson: How did the civil rights movement touch your life?*

*Granger:* Well the civil rights movement affected me tremendously. First, I lived across the Mississippi River in west Memphis, Arkansas. And when Dr Martin Luther King Jr was assassinated in Memphis during his support for the sanitation workers, my dad was very much affected by those events because he was a sanitation worker and fighting for the same rights too. At the time, the civil rights movement encapsulated many things for me. They would include the idea that “all men and women are created equally,” and that “there cannot be taxation without representation,” and that “we all are endowed with unalienable rights to life, liberty, and the pursuit of happiness.” These notions go back to the founding of this nation, and African Americans have contributed to this nation from its beginning. As such,

we are therefore just as entitled to these founding ideals as anyone else.

*Dawson: Do you have any advice for young military physicians?*

*Granger:* My advice to young military physicians is that you take on a responsibility that a civilian physician decided not to do. That is, as my friend David McIntyre would say, “Wear the cloth of the nation.” As such, when you wear the cloth of the nation you have made an awesome commitment “to defend the Constitution of the United States.” Also, there are times you going to be asked to go to places you would not routinely go to. That is, sometime, you are going to be asked to practice good medicine in some bad places. There is so much opportunity in military medicine. There is the research aspect. There is the operational aspect, where you are out on the front lines with our troops. There is the administrative piece where you can lead a hospital, command a unit, and so on. And finally, there is the honor, after your service, in saying, for the remainder of life, that you are a veteran.

*Dawson: What advice do you have for young people who are considering a career in health care?*

*Granger:* My advice to young people would be to not go into health care for the money. You’ll be very frustrated if you are only in it for the money. Because health care is a very noble profession and crucial to the health of a nation and its people, there is nothing more important in my opinion. The health of a nation and its people will determine its growth and future possibilities. So, be it in a small or large organization/community, one can do a lot of good in medicine.

*Dawson: What do you consider to be your most important personal attribute that has allowed you to be so successful in your military career to date?*

*Granger:* I feel my attitude of caring and loving people has allowed me to be successful. It shows. It’s obvious. People know whether you care or not.

*Dawson: What professional attribute do you consider crucial to your performing as a professional?*

*Granger:* I’ll call it my senses. That is, being able to see the patients. Being able to listen to the patients; talking directly, eye to eye, to the patients, and touching the patients. I feel these attributes reflect to the patient that you care about them.

*Dawson: General Granger, thank you and your staff for your time and effort.*