SOUTHEASTERN INDIAN ORAL HISTORY PROJECT

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In cooperation with The Seminole Tribe of Florida

INTERVIEWEE: Dr. Alfredo Mendez
INTERVIEWER: Tom King

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SUMMARY

In this interview, Dr. Afredo Mendez, medical director of the Division of Indian Health in Florida discusses the current health program for the Seminoles. Comparing the now operating clinics with the previous Contract Medical Care system, he describes a typical week for his staff and himself. In detail, he considers diabetes, a primary Seminole health problem, as well as the other problems: intestinal parasites, respiratory diseases, dermatological, alcoholism and suicide.

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I: Dr. Mendez, I'd like to start the interview by asking you to give me a brief account of your life prior to your going to the Southeastern Tribes.

M: Well, before I came to the Southeastern Tribes -- better than that, before I came to the United States in 1960 (I don't know, but in my accent you can immediately make the "Foreigner" identification). I was a Cuban refugee when I came in 1960, and prior to that I was in this country because I went to prep school in Tennesee when I was a young man, and then I went to Chapel Hill, North Carolina--University of North Carolina. And as a matter of fact I took several courses, special in English in Duke, in Durham University. I mean at Durham, Duke University. And as I said, 1960 I came from Cuba, I worked in Miami for a few months in Mercy Hospital, and then through different government agencies I was lucky enough to join the Division of Indian Health. So I've been in the Division of Indian Health for almost twelve years. I start at Cherokee, North Carolina, that now belongs to this United Southeastern Tribes, as you mentioned when you started the interview. And after some time in North Carolina I was transferred to Oklahoma. I worked in Lawton Indian Hospital, and I worked in Clarence and Shawnee. I was not still a refugee from Cuba. Working for the Federal Government in a special deal passed by ..., I mean, kinda of a special law passed by President Kennedy on behalf of the Cuban refugee physicians.

I: Can you tell me what that law is?

M: Well, this law existed in order to help the Cuban refugee physicians; seven of us applied for the Division of Indian Health, and a big group applied for the Veterans' Administration. Anyway, as I was mentioning before, I work at Lawton Indian Hospital for some time and in that moment my job was named Field Doctor. That means that I had to cover for any physician in the Oklahoma area, Indian Hospitals and clinics, wherever they get sick or they had to go on vacations. So this work in a way helped me very much on my job now, because I've been in Shawnee, Oklahoma, and Philadelphia, Mississippi. And later on about four years ago the Oklahoma area before this had a contract with the state of Florida Health Department, and they were taking care of the Seminole Indians. Dr. J.C. Robinson, our area director in that time,

decided to send one of his men, and he picked me out. I was very lucky because as you know Florida is the same climate as Cuba, and I was very, very happy to be transferred here. I've been here four years and a year and a half ago was another division; I mean Cherokee, North Carolina, Philadelphia, Mississippi, and Florida was away from the Oklahoma City area and under what we call "USET"--that means United Southeastern Tribes. And I'm now a medical director, I mean I'm responsible for hiring doctors and everything concerning medicine, in this two places, Cherokee, Mississippi, and also I have in Florida; I see my patients here when I am not on any official trips. When I have to go I also have another physician that covers for me on a daily basis. I have the Oklahoma Board, the Texas Board, I mean license, to practice and I also have the Florida license. I like to work for the government, I like the Indian people. I'm not gonna be private practice, I'm gonna die here in the Everglades, sooner or later. I hope, in the Everglades. Any other things that you want to know?

I: What was your medical background prior to coming to the United States?

M: Well, I start pre-med in Cherokee, North Carolina, ...in Chapel Hill, North Carolina, and then after that due to economic problems in my family I had to go back to Cuba. In Cuba I took part of my medical degree and part I went to spend with my family because I'm a Basque. I was born in Cuba as a miracle because my mother and father were living in the Basque country and decided to visit America on a vacation, and came to Cuba from there. My father decided to stay there and then I was born in Cuba. I interned at Mercy Hospital in Havana, I worked with the Cuban Government for some time. I was talking to you about my medical education, anyway, as I told you I graduated University of Havana, I interned in Mercy Hospital in Havana, and then I was in private practice, I had privileges in the Anglo-American Hospital, due that I speak English; and during this time in my private practice I took several post-graduate courses; specially one that I remember was very interesting, internal medicine in New York, at Roosevelt Hospital. I was very happy in Cuba, making enough money to live with my family, but Mr. Castro came along and I lost everything I had. Practice, automobiles, everything. And especially ideas; I don't believe in this song and dance that he give...

tried to pitch and I was very lucky that this country opened not only the country to us, but all the opportunities and I got a job, I worked with government, I'm an American citizen now. I'm happy to be here. So this is my history.

I: You mentioned a few minutes ago something that I want to clarify--you said that the Oklahoma office was responsible for medical care for Seminoles in Florida. Can you tell me...?

M: No, no, it was this way. You know the Division of Indian Health is a small part of Health, Education and Welfare, you understand? So this division of Indian Health divided the country, due to the population of Indians in different parts in different areas. And there is one big area, called the Oklahoma area; Oklahoma area takes care of the Indian population in Oklahoma, in Kansas, used to be in North Carolina, in Philadelphia, Mississippi, and in Florida. Before I came here Oklahoma area had some kind of agreement with Florida. They paid Florida Health Department so much money a year, and they signed a contract and were responsible for taking care of the Seminoles. But let me explain to you one thing that people don't know. In 1935 the Indian population -- I'm talking about Florida -- the Indian population in Florida is about three thousand, maybe a little bit more than that. You understand? And what I'm mentioning that Dr. J.C. Robinson, four years ago, he decided that the division of Indian Health takes care of the whole operation, including bookkeeping and furnish doctors and nurses and everything. He sent me here. The first man that belong to the Public Health Service Division of Indian Health to come to Florida was me. I was named Service Unit Director of Florida. In that time I worked around two years and a half, almost three years, together with the state. As a matter of fact, I covered two clinics, and one doctor from the state, Dr. Baldwin, covered in one of the reservations. We used to have three clinics: at Forty mile bend, that's the Miccosukee, and here, where we stay in Hollywood. We got four clinics, we got two nurses, we're increasing our operation, and we're trying to give as better service as we can to the Seminole Indians.

I: It's certainly an impressive system that you have now. I'm wondering what existed before you came here. What were the provisions for health care?

M: Well, mostly in that time was CMC -- Contract Medical Care.

You understand? And also at the same time I notice that at the beginning when I first came, the human relation between the Seminole Indians and the outside world was completely different. Now we are very lucky--our Service director is a Seminole Indian, a college graduate, Joe. And we have a group of young people running the show now that there's a future in it. Like Mr. Tommie, you met Howard Tommie. You can see in him material of a leader, you understand? I'm not talking anything against the old people, because I'm one of them. I'm an old man, but this is the way I look at things, is future.

I: You said it was a Contract Medical Service, didn't you?

M: Yes, practical, practical. When I say contract medical care it's that we have some contract with private doctors, and then they [Seminoles] could go and then they'd bill the state. They were paid with the money that we give every July the 1st. You understand? But wasn't anything concerning Health Education. The clinics and the hospital and the private doctors were very far away from one another. And they didn't have any Health Board; now the Seminoles have a Health Board here, and the Miccosukee. They get together once a month, and I consider myself very honored because I'm invited; I'm not a Seminole, but they invite me to the board. And we go over all the different programs and we try to omprove. We have a long, long way to go but we've been improving a lot.

I: Under the Contract Medical Care did a qualified doctor ever go to the reservation, or were the Seminoles required to go into town?

M: No, that CMC--Contract Medical Care--they had to go to private office and private hours.

I: It's quite a journey, too.

M: Yes, sure, and also the language barrier. The language barrier because I consider that I speak pretty good English and sometimes I really got some problems, I don't understand when some people speak to me fast and so on. And these people are different. They make believe that they do understand, and they just turn their back and leave, you know?

I: Do you have helpers that can translate from Miccosukee?

M: Yes, yes, we have always some girl in the clinic, either the clerk or the CHR--the CHR is the community health representative--they're all Seminoles and they've been to high school, most of them, and they speak very good English, better than mine. And they translate from the Miccosukee to English and then I do the physical examination and get the history. Let me tell you this--the Miccosukees in Forty mile bend, the Seminoles at Hollywood, and the Seminoles at Big Cypress, they speak Miccosukee. The ones in Brighton speak another dialect. Well, you know, I just mention this.

I: Could you give me a description of your job? What it entails?

M: Well, my job is this--the way we go in here now is this way. I'll have a clinic Monday, Tuesday, Thursday, and Friday. An out-patient clinic like any private doctor. I could do some blood work, urine work, and if I need anything to send out, I'll send it to a lab right away. And we take care of some emergencies and have regular patients like a private physician. But my nurse and me, we get up real early in the morning and we go to the Miccosukee clinic, and then at noon we drive all the way from Miccosukee to here, to Hollywood. We'll stay here until four o'clock. The reason we stay here until four o'clock--unless it is full of patients, we'll stay here 'till we see the last one--is two reasons we leave at four o'clock: have been up since 5:30 in the morning and we travel a hundred and fifty miles a day. The other day we don't come here, that's Wednesday, we use for visiting doctors and visiting the private physicians. Because we still need some CMC funds, we don't have our own hospital. And then these friendly visits to the private doctors, to the outside world of medicine, I think is very good. We are not gonna tell what to do, we just a friendly, ethical, good visit, and at the same time our patients will be very happy when they see us go to the hospital. I go to the Baptist Hospital, and we change that way. We just visit, friendly visit. Also this day is for people coming from USET to have visit. Also the Health Board meeting once a month is on that day, Wednesday. And also there's all the paper work, you know, a lot of paper work to be done.

I: Can you comment on some of the major health problems of the Seminoles?

M: Well, to me the major health problem of the Seminole Indians--and we've been trying real hard to improve--is the same thing as in a way compared to Central America, and I remember part of Cuba. And that is the intestinal parasites. This is due to contamination of food, and this is due to lack of knowledge; they are improving by minutes, you understand, of the rate of the health education concerning hygiene, 'specially in the food. I mean the question of boiling and cleaning pots and pans and everything due to the very primitive way of living and the ancient culture give the trouble very easy to be contaminated the water and the foods, 'specially the food. I've been having a lot of trouble with intestinal parasite--that's what I call "by mouth" contamination; at the same time, due to their ancient customs the young white kids are goin' barefooted on Broadway in New York City, but it's not warm in those streets; that's asphalt and cement. But these people go barefooted in the middle of the Everglades, around the canal, and then they get hookworms. There's a lot of hookworms in the Seminole population. This is one problem. Another problem that we have improved is the upper respiratory infections, especially around the winter in Florida. Because there is not any winter in Florida compared to way up North. But really fast changes of weather. I mean you can have 85° in the morning, and all of a sudden at night it's real cool. And then due to the reason that they live in those chickees, they don't have any heat or anything like that. And usually durin' the winter they have a lot of upper respiratory infection. When I first came here we had a lot of pneumonias. We improvin' in this a lot. I was talkin' to my nurse, going over the records, and for the last two years a big change. Maybe we are doing the job. I don't know. Sometimes I'm happy, sometimes I get upset when I don't think we are doing our job. Another problem that we have, medical problem, that you want to know, I guess you're interested in that, is sugar diabetes. Sugar diabetes, the type that I've found here, the real common type, is the overweight, middle-aged diabetic patient. In women due to their way of living, they sit all day around sewing, making little dresses and things that they can make a little money by selling to the tourists, and the different arts and crafts they are building. And their diet has got a lot of fat. And they eat a lot of starch; part of their great dishes is a lot of grease in the mornings; and they put a lot of lard, as I said before, fat. And they are really overweight. I

don't know of any cases, of three thousand that I see here, of the juvenile diabetes. It is the diabetes of the over-weight middle-aged patient. Diabetes has been a very, very common disease in the Indian population in the country. But I would say compared with the other Indians, like when I was in Oklahoma or when I started to make a comparison study with the Navajoes and the Alaska Eskimos and everything, it is more or less the same rate of sugar diabetes.

I: Could you tell me just how prevelant it is among Seminoles? What percentage of adults do you believe are diabetics?

M: Well, I would say--see, I don't like to tell you something if I'm not very sure, and due that the population is small and we haven't yet been able to run a study, and have the right statistics--but I would tell you that it's more or less the same way in the rest of the Indian population and more, much more than the white population, when you compare with the white population. Another problem that we had, and that's very interesting because I'm not a psychiatrist but I'm talking to some psychiatrists, is alcoholism. And it is a question of green-light--the moment they start drinking, they can't stop. And they're wonderful people, real nice fellows, but sometimes I don't know. I know these people are very brave; they and their history show that they got a lot of guts and they not scared. At the same time they are scared of hangover. The moment they start to drink the next day they scared of that headache or whatever it is. Or bellyache, and they just keep on drinkin', keep on drinkin'. And that's one problem that takes them away from jobs and also brings them unhappiness to homes and all this problem. The young generation I would say they face the same problems of the adult population. They did a lot of talk about sniffing glue and alcohol and this and that, well, it just like the other kids. And I think this business is been--sure there's no doubt it exists--, but I think it's overpublished, because I been talking to interns and friends of mine in Miami for example, about this dope business.

One thing I consider of some interest--I don't know the explanation for this, but I know the Catholic explanation, I'm a Catholic--I been doin' some kind study for the last ten years and I haven't found a case of carcinoma of the breast. The Catholic answer is that most of the Catholic

mothers used to breast feed their babies and they say that... I don't know, they tell us that in the church anyway. That breastfed babies, the less chance to have carcinoma of the breast. I seen some malignant tumors in the gastro-intestinal tracts, 'specially the colon, and I seen several positive Pap smears, and I recall one case of carcinoma of the body, but not any so far in the last ten years of carcinoma of the breast.

I: Has there been any problem with venereal disease?

M: Yes, yes, in fact we run into this problem once in a while. As a matter of fact, today we finished the treatment of one young girl that came to our clinic and then we had a hard time to explain to her how important this is. And also we were lucky enough that with some kindness and patience we could get in touch with the contacts. And, I think for this type, we did our job. Once in a while we get into this problem, and as soon as we get these people better health education, you understand, we'll save a lot of time and we'll save a lot of problem because this is the basically the question, health education.

I: I wanted to ask you about diabetes again. I understand that it is an hereditary problem. Is this true? Is it passed on from one generation...?

M: Well, well, the sugar diabetes, no doubt about it--it's connected to family traits, but I remember when I was in Oklahoma, we were trying to talk about why more incidence of sugar diabetes in the Indian population as a whole in the United States. And we had to agree that it's a question of diet. Some say it's not diets, it's overweight and I don't know sometimes. You know, you are an Anglo-Saxon, I'm a Latin, and our tastes for the feminine--we like the girls like the Italian movie pretty heavy-set. You people like girls a little bit slimmer. So maybe these people like to be heavy-set, all around. That's why overweight in middle age we'll find, of course, and this sugar diabetes. I don't know, some doctors, friends of mine, start to talk about the "trail of tears." You know that famous walk of the Indians from Carolina to Oklahoma, but also....

I: What was the relation between that and diabetes?

M: Well, I don't know. I don't see any relation because I say, well, the ones that, kind of an emotional deal, and then they inherit their past; this is not scientific, you know. This is just over a cup of coffee, or a glass of beer, you know. Young doctors and myself, and other doctors. But also maybe you know there is no doubt I believe there is a lot of diseases, you know, very rare diseases that we only find in the Jewish race. And the answer to this may be intermarriage, you know, and this people, too, there is that intermarriage, you know, consanguinity; I don't know whether that's the right English word, but is no doubt, as I said at the beginning, that compared with the white population, the incidence of sugar diabetes is much higher.

I: Have you come across any conflict between the white man's medicine and Seminole medicine? Are there any problems involved in the Seminole going to see their medicine man rather than the white doctor?

M: Well, no problems so far. I'm sure and I know that because they tell tell me. Once in a while they come to see me or the other doctor, or a private physician, and they don't get better, and they try to go and see the medicine man. And as a matter of fact, one of the most brilliant of the medicine man is Josie Billie, from the Big Cypress. I wrote an article for the Journal of Medicine last year. One of the men responsible for the printing of this journal--spent several afternoons with this medicine man. He wrote a beautiful article on the medicine man, you understand, on all the herbs and the different things. And he's one of my patients; once in a while he get to see a doctor, he came to see me. And he never mentioned to me this business of medicine man, and I don't mention to him either. But I see some of my patients that ... and I don't blame them. You know, when you sick, you sick. You want to get well; and they have their customs and their ways, and it's a good thing that they come and tell me--well, doctor, I cannot do this because I'm on Indian medicine. I don't even ask them what are you taking, you know, because I found out through some of my Indian friends that the Indian medicine here in the Seminole area is some kind of religious ritual. Not only do you have to drink or eat something, but at some time, you have to pray some; you have to do some different things. And that's very private. So the reason I don't ask

it, you understand? But so far I can tell you is not any time that they ever tell me the medicine man told me not to take the medicine. That's never happened. Never happened.

I: I'm going to ask you a question that might be a little bit difficult to answer; that you might not know. I wonder if there is any reluctance on the part of the older Seminoles to come to see you at all?

M: I don't think so. I don't think so. Maybe due to my... see, one good thing about my job here, I think it works real nice: number one, I'm brown...black eyes or brown eyes, and dark hair, and I look like an Indian, I mean...

I: Yes.

M: Okay. And another thing, my language barrier. You can know through this interview. I have a terrific accent and I don't like even to listen, because it makes me laugh, you know. Okay? Well, they look at me, they say, well, I speak better English than this fellow; so they are not scared. They talk to me. And I think most of my patients is old people. I love them, and I know very well, I'm very well liked by them. See, I don't know. You know, Confucious theory--when you in a room and very old man come, everybody is supposed to listen to the old man. Because he has lived longer. So all these old people, I listen to their aches and pains, and at the same time some of them tell me stories and things that really teach me a lot. So no problems with the old people.

I: The reason I brought this up about the conflict between the medicine man and yourself is that I know a Seminole who is suffering from diabetes very much, he's been ill for a long time; in fact he'd even been admitted to the hospital here, and he's gone back to Brighton. And he had not been cured, and was a bit upset at the white man's medicine, so he decided to see the medicine man. And the medicine man prescribed a fast; told him to fast for four days, and at the end of four days to drink one of their black draughts. Now you know, I'm only a layman, I know nothing about diabetes, but it seems to me if you fast for four days and you have a bad diabetic condition then the only thing you're doing is aggravating it. Is this true?

M: Well, in a way, but at least you do not put any hydrocarbon,

no starch and no any food that should combine to sugar, and to glucose anyway. We go back to the same thing; in a case like this, I cannot do anything, I think.

I: Yes.

M: Our policy is to slowly try to help as much as we can. But we are not here to put this people against the wall and say either you take the insulin and the all other medicine, vitamins, or whatever you call 'em, or else. 'Cause that's a problem. Usually when I have a case like this I ... I tell you one thing, I tell you one good story. A young lady, one of my patients in Miccosukee, a diabetic patient, went there once and had abnormal blood sugar and a post-prandial blood sugar. And both results were real, real high. And she never been on any medication or anything. A private physician told her once she was a diabetic, but she never took any medicine. About a month after, she came back to the clinic. I put her on Orinase. And I said "How are you doing? You taking your pills?" And she says, "No, I'm not taking the pills." I said, "Why?" She says, "I don't want to get worse". Then I didn't get mad, I just took a medical book with some pictures, explained to her a lot of things and even showed the different kinds of oral medication that we have. I showed insulin, I showed the needles, the whole thing. And also in a little way scare her of the possibility of blindness, or to lose one of the legs, or anything like that. And now she's on pills and she's very happy; she's pretty well controlled. But this is why we have this program. We have to face all these problems, understand?

I: I asked you this question specifically because I thought that there might be a correlation between the high incidence of diabetics, and ...

M: No, no, I believe ... I really believe ... I don't know. I tell you, I read a lot about sugar diabetes. I'm in love with this book of Duncan, Disease of Metabolism. It's got beautiful big chapter on sugar diabetes, and it's to me like the Bible. Not that I dedicate myself to this disease, you know. But I truly believe it is a question of what we talked before. Number one is the diet, number two is the consanguinity, but at the same time, as I said before I don't have a single case of juvenile diabetes. I mean that's a dangerous thing. The young people diabetes. Most of my patients is over forty and overweight.

I: Are there any other comparisons you can make between the health of the average Seminole and that of the average white man? Do they have any diseases or problems, medical problems, that we do not?

M: They have a lot of dermatological problems due to their environment.

I: Everything, as you see it, is environmental rather than hereditary?

M: Yes, right, right.

I: Okay. What is your subjective evaluation of the quality of health care that they are getting now? I'm asking you to evaluate your own program now.

M: Well, I believe we are improving the care, the medical care of these people, but I honestly have to tell you the truth. We have to improve very much more. Medicine now, as you know, is not the doctor's part of medicine. You understand? Now is all a part of medical involvement. Sometimes a good health educator and a good midwife nurse, we all have to work together. The world has come in a way that medicine is not Dr. So-and-So behind his desk with his fountain pen. No, no. It's a lot of things involved. And we in a small operation now, but I know that we gonna get more help and we gonna get more people involved in this and I'm very sure that the medical care of these people will improve as I want it to.

I: I'm curious about the size of the average Seminole family. Now that birth control devices have become available to them, do you find that they are using them or do they ...?

M: Yes, yes, they are using the birth control pill. But at the same time sometime they get confused and they forget to take the pills, and then sometimes they would complain. I had one single case that said that these are not good, and I found out like the old joke, you know, I think it's an old joke going around, that the mother gave the pills to her daughter and then she made a mistake and start taking aspirins, and the mother got pregnant. Well, this has happened to us. This girl blamed her pills no good, then we discovered she was taking aspirin. Understand. We're involved in the family planning. I don't know anything else to tell you this, and go back to the same thing. I'm

a Catholic, I'm against that. But anyway I have to follow rules and we try to train and explain everything, do you understand?

I: Have you found that there's been a decrease in the birth rate as a result of the use of contraceptives?

M: I'll tell you what I think our birth rate is compared to last two, three years. Is about one or two babies a month in each reservation. Sometimes we have five or six, but then we don't have any in a month. This is no way to talk about statistics, but this is a fast answer, you know. I would say yes. It dropped a little bit lower, but at the same time you'd be surprised how many young girls come and says, "Dr., I don't want to take the pill anymore because we want to have family." And also some of the girls want to have IUD's and they come to my clinic; they want us to remove the IUD because they want to have family.

I: Do you know if there have been any instances of abortion?

M: None that I know of.

I: Dr. Mendez, have there been any instances of suicide among the Seminoles while you've been here?

M: Well, in the four years I've been here, we've been having three cases. Three young ladies, one was successful. She tried first to cut her veins and then she ... I don't know how, she went to see a private doctor, a year after and everybody thought she was doing fine, and then she complained that she had a lot of trouble to sleep, and then she got some seconal for sleeping pills. Anyways it could happen to anybody because she was involved in our health program at that time. You understand. As a matter of fact she was working in my clinic, and she took an overdose. And then it was too late. Then I had two more cases; one that tried to take some sleeping pills, but we were lucky, we saved her, and the other girl cut her veins but she's doing all right now. We have as you know mental health and alcoholism program, and we are having people from the tribe involved in this, specially young people and we hope that with the help of the psychiatrists that come here, so many times a year, and a psychologist from the Hospital in Jacksonville comes. We try very much to accomplish something concerning these types neuroses and psychoneuroses and all these things.

I: Suicide I believe to the best of my knowledge, is a recent phenomenon among Seminoles. Do you know anything about the history of it?

M: I believe you're right. I believe you're absolutely right, because when I wrote my article in the Medical magazine--the name was "Government Medical Service to the Seminole Indians"--I had to go through a lot of records and reports and old newspapers and everything, and I think you're absolutely right. This is something new.

I: Would you care to venture an opinion on why it has suddenly sprung up among Seminoles?

M: Well, I don't know. I sometimes I think that--don't forget that they have television sets now. Even in their little chickee, they have television and radios. Believe it or not, this is good and bad. I mean they teach you good things and at the same time you learn all the dramatic things and you are not strong enough, maybe, you could be brainwashed to try to take the shortcut, you know.

I: Yes.

M: 'Cause anybody that kills himself doesn't have of course to face problems. And the shortcut is just to destroy himself. Maybe I'm right, maybe I'm wrong, I don't know.

I: Do you think that the depression that leads to suicide attempts is at all widespread among the Seminoles? Do you think that there is a mental attitude now that makes suicide attempts more possible or probable?

M: Well, one thing that I found out trying to investigate, now as a doctor, as a kind of detective, in these three cases there was love involved all right. So maybe they getting the attitude of the white people toward love, you know. I mean....

I: ...romantic....

M: Right. Some romantic thing you know. But this is not involving alcohol or dope or anything like that. Just some kind of a love affairs, love problems.

I: Can you give me an indication of the incidence of violence on the reservation? How many cases of violent injury

do you treat?

M: Well, I tell you one thing. The Seminole Indian when he is sober, he is a gentleman. He is very close to British lord without the background and the education. And he's the best of the friends. But the moment that they start drinking, very easily can get excited. And that's the worst problem; you better get away from that. I mean this is standard, because they fight, they really fight. And also another problem that we've been having ... we've been having a lot of automobile accidents, you understand? We had one boy, just two weeks or three weeks married, and he start drinking, and he got mad at his wife and he decided he's gonna quit her, and all his thoughts was to go back in the middle of Highway 84, the one that goes to Alligator Alley to Fort Lauderdale. There is no lights on that. In two minutes three cars run over him. Well, that costs us ten thousand dollars, and good thing we saved the boy.

I: Yes.

M: But this is one famous case that we have ten, I think it was about six or seven doctors with different specialties in the emergency room working on him. An eye doctor, a neurologist, a general surgeon, orthopedic surgeon, plastic surgeon, you name it. You know. We saved him. He's doing all right.

I: Has the life expectancy among Seminoles increased dramatically since you've been here?

M: No doubt. By all means. I believe that in the last ten years, this did improve a lot. A lot. We have a lot of old people, too, you know. This is all around the country, you know. But I'm pretty sure, especially in children. I think we lost one baby the last three years. I mean when I say a baby, I'm not supposed to say babies. Under five years of age. An infant. You understand?

I: What is being done in the way of preventive medicine?

M: We do a lot of that, especially--I'm very happy to tell you one thing--my kids here they are immunized. Immunized against number one, DPT and polio; number two, measles; now we cover rubella, and at the beginning of the winter we

use the flu vaccine, 'specially the younger people. We don't use small-pox anymore. That's from the polio test, you know. Nobody uses smallpox anymore.

I: I didn't know that.

M: But, in the winter usually, we try to immunize 'specially the older people. I forgot to mention that we also have some of our old people in two or three nursing homes. And I visit them, too. That's not my responsibility. They have their own doctor and everything; but I consider it part of my job.

I: Dr. Mendez, are there any other comments you'd like to make before we close this interview?

M: Well, before we start the interview you mentioned that this has got some relation with University of Florida. I'm very happy to cooperate because, you know, I'm a Floridian now; I'm a gringo and a Floridian. Okay?

I: Well, thank you very much. I appreciate it.

M: Thank you.