Call #:	INT 0177
Title:	Interview with Donna Mendes, MD
Date:	July 25, 2017
Copyright:	Icahn School of Medicine at Mount Sinai

The Arthur H. Aufses, Jr. MD Archives

The Arthur H. Aufses, Jr. MD Archives
Box 1102
One Gustave L. Levy Place
New York, NY 10029-6574
(212) 241-7239
msarchives@mssm.edu

Interview 0177, Arthur H. Aufses, Jr. MD Archives
Donna Mendes, MD
July 25, 2017

NORMA BRAUN: I'm Dr. Norma Braun, Chair of the Archives Committee of the Mount Sinai–St. Luke's and Mount Sinai West Roosevelt Medical Board. We are here today to interview Dr. Donna Mendes, one of our senior vascular surgeons, and a unique human being. And I'm hoping that she'll give us a little quick ride through her incredible career here at St. Luke's. Anyway, so, Donna, where were you born, and where were you raised, and how did you get into medicine?

DONNA MENDES: Okay. Well, I was born in Roosevelt, Long Island, New York. My parents were from Long Island, my father from Freeport, my mom from Goose Creek, South Carolina, and I just had to mention that because I love the name. And I was raised in Long Island. I wanted to be a speech therapist. I don't know how, but my sister was in the hospital often, and I visited the hospital often, and for some reason speech therapy was something that I was exposed to. And so I decided I was going to be a speech therapist. My father said, "Well, I'd like you to go to Hofstra since it's right here. I'll get you a car so that you don't have to board at school." And of course, the car was something that I wanted.

NB: Such a bribe. [Laughs]

DM: Such a bribe. I went to Catholic high school, Sacred Heart Academy, and all my friends were at Roosevelt High School, and having a car would be one way I could sort of blend in. And so I went from getting my car, to Hofstra, and I was a Speech Therapy major. It just so happened that those women, or those students, who took speech therapy had to take pre-med courses. So here I was taking a pre-med course, doing well in the pre-med courses. I said, "Speech therapy? Doctor?" So, I said to my dad, "I think I'm going to be a doctor." He said, "You go, babe." And that's my 94-year-old father, who is still alive, living with me now, always saying, "You go, babe." [Laughs] So that started it.

NB: Oh, that's neat, neat. Neat. What did he do?

DM: He worked three jobs in order for us to do that. He worked at Grumman, where he subsequently retired, he worked at the Post Office, and he worked at some department store. So he was always working, and my mom was always making various lunches to take with him, and she asked me sometimes to make his lunch, and that's the story.

NB: That's great. Where'd you wind up going to medical school after that?

DM: After Hofstra University I went to Columbia, and I was very proud of that, P & S. And when I entered Columbia in 1973, I joined a group of African American students who became very close, and I'm still very close with some of them. When I got to medical school, I wanted to be in internal medicine. That was what everyone else was doing. So, I had also done some rotations through St. Luke's Hospital. As a Columbia student, you have four hospitals to rotate through: St. Luke's, Roosevelt, Harlem, and Columbia, or Presbyterian. So I rotated through all of them, and I decided when I did my surgical rotation through St. Luke's that I was told—when I was told, "You are good with your hands," by Bill Ramey, I said, "Oh, what does that mean?" "That means you should think about surgery."

So I said, "Surgery, okay." Here I was, breaking all these barriers, first of all, and so I said, "Okay, I'll do surgery." Everyone looked at me like, "Surgery? You know that's five years, Donna, not three years." I said, "Well, if I'm going to be 30 years old, if I get there, I might as well be 30 years old, doing what I want to do." So surgery it became. That's the story.

NB: Where did you do your surgical internship residency?

DM: I did my surgical internship and residency at St. Luke's, and the internship was here. It was at St. Luke's before we merged. They then merged, and I did my residency at what was known as the St. Luke's–Roosevelt Hospital. And I did, I finished my chief residency, gosh, the years, in 1982. When I was a senior resident I was exposed to vascular surgery. All of the people who came in seemed to always leave without a leg. And the students, our residents started saying Fem-Pop, which is a bypass in order to save the leg, Fem-stop, meaning that it stopped working, Fem-reop, which is what we had to do, and I hate to say this, but it was then chop. So, I didn't like that, and particularly since—

NB: Losing legs is very inconvenient.

DM: Which is very inconvenient, and particularly since I noticed that it was primarily the African American patient that was losing their legs more often. Now, it's true, we were taking care of more African American patients at this site, but as I researched it, it seemed as if there just seemed to be an increased reason why African Americans were losing their limbs. And when we researched it we realized that there are certain risk factors for PAD, which is Peripheral Arterial Disease, which is basically what I do. The risk factors are high blood pressure, which African Americans get, diabetes, well known, and being black. That's a risk factor for developing PAD. So, here I was—

NB: Genetic risk, plus.

DM: Mm-hm. So here I was, going into this field, seeing that too many African Americans were losing their limbs, and so that's one of the reasons why I decided to do it.

NB: That has been satisfying? Has it been a good choice?

DM: It's been a good choice. I ended up doing my fellowship with Herb Dardik [Herbert Dardik, MD] in Englewood, New Jersey, and he was really in the forefront of limb salvage. He developed a conduit to do bypasses with, the umbilical vein. It was difficult to use, I must say, but that's what he developed. And when I came back to St. Luke's I brought that with me, but it was really hard to teach. [Laughs] And we all realized then that saphenous vein was the conduit to use, and so that's what we ended up doing.

NB: Easier access.

DM: Easier access and easier to use, definitely, and less expensive.

NB: That's important, too.

DM: Exactly.

NB: So, given your choice, what was your support system? … How did the surgical bigwigs handle this?

DM: That's a very good question. I just was going to do surgery. I was going to do vascular; got into that program. And interestingly, when you're a fellow you go to a lot of meetings, and when we go to the meetings, you know, you walk in and you can see all the bigwigs, all the textbooks for vascular surgery were there. I had Dr. Moore, I had Dr. Rutherford. So you see all of these guys, and you're a little bit taken aback, but I was there to learn. So when I walked in, I would sit down next to someone, and they would say, "So, where are you a vascular tech?" I would say, "Well, I'm not."

NB: Assume.

DM: Yeah. [Laughs] Assumed, yes. So, "I'm not a vascular tech, I'm a fellow with Herb Dardik." And so, at that time there really were not very many women, and there were not very many African

American people. It's changed quite a bit. Now in vascular we have half of the fellows coming in as female.

NB: So we're blazing trails.

DM: It's a blazing trail, yeah. And so, I am very proud of the fact that when I came back from my fellowship, here at St. Luke's there was not someone who was truly trained in doing vascular surgery. They were trained, but I had done the fellowship. So when I came back I was trying my best to let the residents know that this was a great field to go into, and I must say that the first couple of years I had eight 2s going into vascular, and it's great. I had them spread all over. Dr. Osvath, Kathleen, in Albany, Dr. Park, some place in the Midwest, Dr. Chu. I have so many of them. I'm very proud of all of them.

NB: I bet. That's a real inspiration, too.

DM: It is, it really is.

NB: So I assume, then, that the chief seemed to support it, because the proof is in the pudding.

DM: The proof is in the pudding, yeah. Well, Dr. Dardik was a great person. He was a good inspiration. And I must say that there were times when I first came back as a junior attending, and I was looking at something, and I said to myself, to the chief resident, "I'll be right back." And I called Dr. Dardik and asked him a question. [Laughs] So, that was a great support system, and I think that I influenced a lot of people, and I'm happy with that.

NB: That's important, too. Well then, you moved along in other spheres, because you were, I think, the only African American president of the Medical Board?

DM: Yes, yes, that's true. I became president of the Medical Board when I came out—

NB: Now, I'm following you.

DM: Mm-hm, yeah, I didn't even realize that. That's true. When you blaze the trails, you just say, "Oh, this is happening right now." So, I must admit that one of the nicest things that happened to me was that I was clearly board certified by the American Board of Surgery, and when I received my board certification in vascular surgery I was so proud, and I looked at it, and I realized that I had not seen very many African American women at these meetings. So I called Dr. Rhodes and I said, "Am I the first black woman?" He said, "I don't know. I'll have to research

it." So I call him back a few days later and he said yes. And so I mention this because everyone—and I tell this to the residents—you always have to find something that makes you a little different. So that was my little banner, and as a consequence I let others know it, and now I'm in the Library of Congress for being the first black female board certified by the American Board of Surgery in vascular. And I am very proud of that.

NB: You should be, and we are very proud of you for having achieved that. Your dad must be popping his buttons.

DM: Well, he does. His mind is very active, but his legs are a little weak, so. [Laughs],

NB: So we don't have to pop his leg into his shoes, just his chest button.

DM: He's good though. He's good.

NB: Obviously, his investment paid off.

DM: Yes, yes, and he is very proud of it.

NB: So, you did some work and research in looking at what the alternatives were. So, how did that pan out? What did you work with? Whom did you work with in that?

DM: As far as my—I didn't have a lot of bench research; it was primarily looking at the numbers of patients that were admitted with Peripheral Vascular Disease, looking up what that CT code was, and then looking at what their discharge was. When they were discharged with amputations, then we knew. But I was not a real bench person, where I was looking at what enzyme there was that affected it. So, but it did pan out, and in addition, we have articles written about it. There's another colleague of mine, Carlos Timaran, in Texas, who wrote about the fact that not only African Americans but Hispanics have an increased risk of amputation if they develop PAD.

NB: Hawaiians, too.

DM: And Hawaiians, I didn't realize that.

NB: Yeah, it was kind of interesting, too, because with the shift in diet to a more Western diet there's tons more diabetes.

DM: Yeah.

NB: So, you stick to your native diet, they have much less diabetes.

DM: Stick to cleaner food. Clean food, it's all about clean food

NB: Yeah, clean, fresh food, not packaged, processed with all kinds of junk. That makes such a difference. So, how did you wend your family life, and your personal life, and your other whole interests with your career? It's always a tough thing.

DM: Yeah, particularly with surgery. I met my, ah, my old boyfriend introduced me to my husband. [Laughter] And my husband and I have been together for—we got married in 1986.

NB: Wow.

DM: And so, we don't have any children, and that was not by intent, but it just didn't happen.

NB: Right.

DM: You go through all the various ways to make that different, including the question of adoption, and I'll be frank, and it just didn't happen. So, I have lots of nieces and nephews, and those are my kids.

NB: Right, exactly. It isn't a given, a necessity.

DM: Exactly. And when I mention to my girlfriends, "Oh, I wish," those who have say, "Oh, no you don't." [Laughter] I can always—having the kids around is a good thing, but it's also good without it, in my situation.

NB: What are your most fun hobbies, then?

DM: Well, I love to play tennis. I love to play tennis, until my back went out. I must admit that as a surgeon when you're bending over, you do tend to get little back problems.

NB: With a heavy lead apron, to boot.

DM: And a heavy lead aprons. So bending over, teaching a case, doing a case for hours, that can give you a little difficulty with your back. So, I would say to any young resident who's watching this to get a back brace early, start it early. It's okay to have it, because it helps you.

NB: During procedures.

DM: During procedures it will help you maintain your posture, and it will help remind you to keep those muscles tight. That's what my surgeon wanted me to do. He wanted me to exercise to get the muscles tight. But, you need a gentle reminder to do that all the time. So, I would tell all surgical interns and residents, consider getting a back brace—CVS, Walgreens, easy. You don't need a prescription. Just wrap it around your waist, and it helps you stand up straight. So, that was part of the difficulty I had, and I did have to have surgery for it. I'm back now, full steam ahead.

NB: Good for you.

DM: Yeah.

NB: What would you like to share in this career to people who want to know more about it?

DM: I would say that the good thing about vascular surgery is that you are able to operate on every part of the body. When you do thoracic surgery, you are a thoracic surgeon, the chest. When you do vascular surgery, you can do carotid arteries, which are in the neck. You can do peripheral arterial surgery, which are the arterial, the arteries going to the legs, to find out where the blockage is, and what you can do to either bypass it with an operation, or open that blockage with a stent. That's the other good thing about vascular surgery. You end up doing radiological procedures, and surgical procedures, because you are trained to do both of them.

In addition to the arterial side of it, there's the vein side of it. In the old days, the only thing you'd do with veins would be varicose vein stripping and ligation. Now with endovenous procedures, they take care of many vein problems in the office with lasers. And infrequently now do we have to do any surgical procedures. If we do, it's a minimally invasive procedure which is called stab phlebectomies. So, that's the other thing to share.

The biggest operation that a vascular surgeon is trained to do is an abdominal aortic aneurism repair. When you're on call as an attending, you get the call from the resident that there's a ruptured aneurism in the emergency room, so you come flying in to take care of it. Well, luckily nowadays we have what's known as EVAR, which is endovascular aneurism repair. So nowadays, under ultrasound and radiological guidance, we're able to treat aneurisms without making those big incisions in the abdomen. We do it endovascularly. That means we go into the

artery; we take a picture to let us know where we are, so that we can then deploy stents and treat the patient.

Patients post-operatively, after an aneurism, in the old days would be in the hospital a minimum seven days. Now they come in, they have the procedure, and they go home the next day or the day after. Very nice. We have to commend Dr. Perotti for that. I met him, he is a great guy, and he started this way back when.

NB: Mm-hm, mm-hm, so that was another inspiration?

DM: Mm-hm.

NB: Yeah. Well, the important thing is, you're New York born, bred, and raised. So, any regrets about any of these decisions along this career?

DM: Good question. The only thing that I would change would be for one of these things I had to do, be it residency or fellowship, I might have chosen a place on the West Coast, just for a little trip, and then come back after the two years of Fellowship, or something like that. Just because then I would have had a broader experience. But having been in New York, and New Jersey, it's quite all right.

NB: It's your home.

DM: It's my home. And luckily, because it's my home, I have so many referrals because of it, particularly in this location.

NB: Right, right, right, right. Well, you're in the heart of the city.

DM: In the heart of the city.

NB: Has the various affiliations alter either your approach or what you do?

DM: Well, the things that have altered what I'm doing is that as you get older, you have to say, "Okay, I'm not going to do those real long cases anymore."

NB: How long is a long case, then?

DM: A long case at that time would be about four or five hours. Now it's shorter, but I give the larger cases now—I do them with other Attendings, and that makes sense because you have two brains working together. I'm doing a lot more venous work, as I said, and that's very—

NB: Office space.

DM: That's all office space, which is nice, also. And it's interesting because everyone thinks their varicose veins are just those things that you see in the leg. I take care of the swollen leg, the painful leg, the patient that comes in, "I just don't know why I feel this way." On ultrasound you'll find out why they feel that way. So, it's good; I'm happy.

NB: Well, an important thing is you can make a difference.

DM: Exactly.

NB: And for the patient, they're always very grateful.

DM: Well, for you too. You also. [Laughs]

NB: Oh yeah. Oh yeah. There's satisfaction in making a difference.

DM: Exactly, exactly. Making a diagnosis, telling the patient what it is, explaining that, and then, how are you going to treat them?

NB: Yeah, exactly, exactly. So, what do you have that you would like to add to your story, which is wonderful?

DM: Oh, thank you. I don't think I can add anything. I'm pleased with what I'm doing. I will probably continue to do clinical research and finding out why things are happening, see if there's a difference with venous disease in African Americans versus not. But right now, I'm forging ahead.

NB: Did they have in Surgery the way they used to have in Medicine, skits and so on with the various parties to make fun of anybody, or to satirize Attendings? Did they do that in Surgery?

DM: Yes, we do. [Laughs]

NB: Yeah? Do they do it still?

DM: Yes, we do. [Laughs] But it's all fun. It's all fun. Before, we used to do things which basically talked about the negative things that people would do. Now it's all fun; it's great. It's usually the end of the year party, and the chief residents get awards, and sometimes they give some of the Attendings awards.

NB: How's the leadership, do you think, over the years, made any difference in either the training, the experience, or the work?

DM: [Sighs]

NB: You talked about Bill Ramey; it was a long time ago.

DM: Well, that was a long time ago, yeah.

NB: He obviously saw something in you?

DM: It was the hands. He said something about the hands, which is great. So, I try to let the medical students and the interns know what I might see. I also let them know what I don't see. I had one; she's now chief of breasts at the Lahey Clinic, and she was almost let go in our program. I had to pull her aside and say, "You've got to start studying." Because she had done so poorly in one of the basic tests. Then the next year, she just aced it. So, sometimes you just have to pick somebody up by the neck and say, "Look, I have to talk to you." And so, I have a few that I do that with.

Right now, I have a Harvard student—well, she'll be a Harvard student in August, August 15th—who's shadowing me. She applied to every Ivy League school and got accepted by all. And I am very proud of her, and I hope that she continues to do well, and then ultimately does also influence other young women, because that's what it's all about.

NB: Right, right, right, right. Well, thank you so much for coming in today.

DM: Thank you for having me, and I appreciate everybody and hope that this is going to be good. [*Pause in recording*] Okay, my name is Dr. Donna Mendes. I am an associate professor of surgery here at Mount Sinai Health Systems, at St. Luke's and Roosevelt. I have a private practice called the Mendes Vein Care, which is located near Central Park West, where we deal primarily with vein disease. And I also, since I am still on faculty here, teach the residents.

[End of Interview]