



Interviewee: **Diego Chaves-Gnecco**

Interviewee Number: **38**

Interviewers: **Athena Aardweg, Judy Barricella**
& Tony Buba

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Voices of Our Region
Diego Chaves-Gnecco
June 3rd, 2008

Chavez-Gnecco: Okay, go ahead

Interviewer 1: Do you want to sign a release?

Chavez-Gnecco: I'll sign it. I'll sign it. (laughter) No because you, the only reason is that you might find this, uh, interesting. So. We're talking about accessibility to, of wheel chairs. So I'm sorry you have to remind me, names.

Chavez-Gnecco: I'm Diego.

Interviewer 1: Athena.

Chavez-Gnecco: Athena

Interviewer 2: Judy

Chavez-Gnecco: Judy.

Interviewer 3: Tony

Chavez-Gnecco: I do know you Judy, and Tony. I know you. I do remember you. So when Athena sent me an email, "Is your office wheel chair accessible?" and right I way I emailed and I said, "yes."

And I started to think to myself; I was like "Well how do I know? How do you know if you have an office that is wheel chair accessible?" So my first thought is like "Well, you know, this is Euclid," So and Euclid is an organization through the university that is basically focused on providing training and leadership in taking care of people, healthcare of people with disabilities. So I have known that this is a center for that. Our clinic where you guys were earlier is for, uh, kids with special needs, kids with disabilities. And again I want to try to use the proper language. So you think "special needs" is okay?

Interviewer 1: Yeah

Chavez-Gnecco: Okay. Actually I think that special needs also fits the population I said, which is the Hispanic community. Because they, we do truly have a special need, which is for example interpreters.

So I'm in this forum where we're talking about empowering people about their rights, about their healthcare, knowing that they have rights, that they can ask for things, that they are in charge in making sure that they have health.

And I'm not saying this because I see your face. Like, I see "Ahh he's going to write the date there and we're going to get into trouble!" (Laughter)

So we're thinking about this and we're talking about different things. So all this going through my mind, like so how do I know that my office is wheel chair accessible? So is this enough because I know that we have an elevator but how do I know that an elevator is enough. We have too many different elevators, so an elevator might not mean anything. How do I know that a ramp is enough? You know. In the church that we attend as a minority, we don't have even a church. We're lucky enough to the bishop, Bishop Donnell, the previous Bishop of Pittsburgh assign us a church. When I first moved ten years ago, as our community, as the Hispanic community, and as a minority group, a Catholic minority group we didn't even have a Church, we didn't have a parish, we didn't have a priest.

So they said well there are so many churches in Pittsburgh, that this goes a long with the theme the history of Pittsburgh 250. You know, one of the things that strike me when I first arrived to Pittsburgh, that this is a community that proportionate to the rest of the county there is a large group of Catholics. So that thing actually caught my attention because I come from a country, I'm actually from an ethnicity where 90% of the people in Latin America are Catholics, in the United States only 60%. But people, we didn't have here a Church. So Bishop Donnell said, "Why don't you join another church, because we're seeing a lot of Churches that are decreasing." You probably know this Allegheny County is the second oldest county in the country, after Miami-Dade, my goodness. Uh and here you have a county who is growing older, but here you also have a community that is very young. Because Hispanics, you know this is very interesting to me because I take care of kids, pediatrics. Hispanics tend to be a younger population than the general population.

So, while in the general population we say that 1/3, 1/4 or 1/5 of the general population are people under the age of 18, for Hispanics 1/3 of the population is under the age of 13. So it's a large group. The community that we are serving has somehow been an invisible community. So in Southwestern Pennsylvania we have about 25,000 people who are Hispanics or Latinos. And the truth that you still hear these days, I've been here for 10 years, after ten years, that there are no Hispanics in Pittsburgh. So, I was saying earlier to Judy, I have found so many things that are similar and sometimes even overlap. So when you're providing care or where you're talking about issues related to disabilities one of the things is you need to say, "Hey. Hello. We're here. We exist." You know.

Same thing with minorities. So whenever there is invisibility you cannot solve the problems because you don't see them. So whenever we don't know if our place that we work is wheel chair accessible, were going to be hiring people who are coming to see us who come in a wheelchair. How do we solve those problems? Similar to Hispanics.

So we moved to a church. They sent a church that it was... It's kind of interesting because Pittsburgh is about immigrants, I mean the Polish immigrants in the nineteenth century coming to the steel mills, the Irish, the Germans. We have the Polish Hill, we have Troy Hill, you know, we have Squirrel Hill. So this church was a Polish church back in the 1900's, early 1900's, the early 20th century. This church was built and at the time they were not thinking about disabilities and they were not thinking about accessibility. So this church has no ramp. And this is the church that is across Magee Women's hospital on the Boulevard of the Allies, on Hyacinth the building is like four stories, and it is a great place for community events, we've had a lot of community events there. But we always have trouble with people with accessibility. Because if you had somebody in a wheelchair, which we had some families, some of my patients come in wheelchair, how do they supposed to get there. So this broke my heart. We have like, now an almost this teenager who has cerebral palsy and is in a wheel chair, and her mom, and soon were going to have to take care of her Mom's back because she has to carry her up, and not only in the Church but in a lot of places. Because now even today, 2008 we still need to ask the question is your office wheel chair accessible, while we should have everything wheel chair accessible.

And, so going back to your question, so how do I know that a place is accessible? So it is enough to suggest, and we're having this conversation with this foreigner. I'm sorry taking forever, that's me I talk and talk and talk.

So I start to think about this and I think here is a part, how do I know if they have a place have interpreters for people who don't speak English. So the right question to ask was a great question to ask. But how do I know that the person who is answering is answering what they truly know or they just say what they have experience, or just what they think it is. As a matter of fact, they will say exactly what they think, "Yes." And then I was like how know I am sure? I start to think a lot of things. I start to think (...) I start to think about Heidi being here and people coming to see her. I start to think about things I have seen. The elevator. Is the elevator big enough? I thought about the ramp. I thought about so many things. Even when Tony got here earlier I'm thinking like is this space going to be enough? Because that desk is new, that desk was not here a couple of years ago when Heidi was here. So when people go to our reception is it going to be enough space? Um and we're in this forum and we're talking about this and I'm thinking, here is a problem we have and we go by the law and the law says that we have to have places that are wheel chair accessible or the law says we have to have interpreters so people also probably answer by the law. So if the law said, is your office wheel chair accessible? People would answer "oh yes. I'm complying with the law. And I will answer with the same, so in that forum there was somebody who was talking about her sister. And I don't know what is her condition of her sister, but what she has said is her sister has problems with weight. So this is a person who apparently is vegan and needed to have a MRI or a CT scan or something like that. And they went there and they told this lady, "Wait for your sister out here. This is going to be quick, an hour or two hours. And when the MRI is done, she is going to be come out." And that's it. And time went by, and its one hour, two hours, three hours, four hours, and she started to get concerned "Oh my god did something happen to my sister?" You know? And this is one of the persons who works with the Consumer

Health College and finally her second nurse and she was like “What’s the deal?” “Well, you know. We knew we need to help her onto the MRI but we didn’t realize that we were going to have problems and we just basically had to wait till we found somebody somebody who was strong enough to move her from where ever she was.” I don’t know if she was in a wheelchair or where she was into a machine. And she’s like, you know... “Wow!” And you know, this is a place that’s suppose to be the top provider in health care so how do we know other people, restaurants who are not even in health care do the right thing.

So with interpreters I am thinking the same thing, so I actually gave that suggestion this far, I said like perhaps what we should do, and again your question was the best. And look all what your question elucidate.

Interviewers: Yeah.

Diego: But my recommendation for the people who were on that phone was I’m going to propose an exercise. Next time let’s ask, instead of asking the question “Is your office wheel chair accessible?” It’s kinda like prompting the legal answer: “Yes it is.” Lets ask, “Have you had any experiences recently...” recently, because then I start to question myself have I had a experiences recently somebody in a wheel chair coming into my office. So, and here is the two parts, if I’m looking, if I’m interested in making sure I’m sending somebody to a place that I’m hoping they have interpreters, I can say “Does your office provide interpreters?” and maybe I will get the legal answer, which is “Oh yeah. By law, by HIPAA we’re supposed to have interpreters.” Yesterday or two days ago, the US news release, um, the top hospital to be accessible in the country and Children’s was the top ten. And I was so interested to see, and I’m pretty sure if I had looked from the disabilities point of view I would have found some criteria’s related to disabilities. But one of the criteria’s was related to interpreters, do you have interpreters 24/7. But again you can easily fall into the into the slate “Oh yeah we do” you know, it’s just the phrase. So what I propose is let’s go to see we have the situation to ask people, “Have you had a recent experience?” So for example if you were to ask me “Have you had a recent experience with someone coming in a wheel chair?”

Track 2:

Well I would probably have to say, the last person in a wheelchair who came to see me was probably about a year ago. And at that time I think things were okay, but I may need to rethink the whole process and same thing with interpreters. Because a lot of the times the other problem what we make, one of the mistakes that we do in taking care of minorities or people with disabilities, is we make assumptions. And we can not make those assumptions. So I think when we put people into a situation to think about it, make the exercise accessible. Like “Have you had somebody who came recently who didn’t speak English? How do you deal with it?” Then people start to think out of the box and they are not thinking the answer that I’m supposed to give or the answer that I have been told to give or the answer that I think is the right answer. But they start to think, “Wait a minute when was the last time I took care of somebody who only spoke Russian, how did

I deal with or it? Or have I never done, and if I have never done it what I would do?" So that way we start to be more creative and more flexible and truly do work. Okay, I'm going to stop there because I have been talking for to long.

Interviewer: What's interesting is when we have these conversations in our office and we say the word "interpreter" somebody will always ask, usually me or one of my staff, will always ask, "Are you talking about sign language or another language?" And so, that is confusion to people. So we started to say "translators" because that's what we mean. We need someone to translate from one language to another. You know, what don't find is that the Hispanic community coming to us, and you know we've had discussions about this, and the information we get is that the Hispanic community is very, um.... They stay within themselves. That they are afraid of outsiders, but there is so much that we do that would be so helpful. And the question is how do we get to them?

Chavez-Gnecco: Well, so here is the thing. One of the problems we have is that we are an invisible community; I don't think it is that people stay to themselves. It is because we are an invisible community. And why we're invisible? So there are reasons for us to be invisible. One is that our percentage of people in this area is small, so when you look at the census of 2000, the census of 1990, the census of 2010 we're talking about probably about 1- 1.3% of the population. So we're talking about 1% of the population 1.3% of the population is not that much. And that is low, especially compared to the national standard which is about 14% of the population are Hispanics and it is low compared to other areas of the country, like California which in some places is 50%. So that is one issue we have. In the other hand we can not let, we can't be bias by that because even though we are only 1% or 1.3% we're talking about close to 25,000 people, so the same number somewhere else in a place like Erie it is 10% or 15%. So it is a larger proportion, so the number is big, 25,000 people. That is one of the reasons the population is invisible. The percentage is small, however the number is big. So 25,000 people by 2010 this is all of Western Pennsylvania, 7 counties. Green, Washington, Beaver, Butler, West Moreland, Fayette and Allegheny County. 25,000 people in the area. Out of those 25,000 people, 3,000 are children. So a large, small proportion, but yet an important number.

Second part, compared to other parts of the country people don't live here in a barrio, in a neighborhood. And that's a crucial issue. If you go to New York you know Queens you know, Jackson Heights. I'm Columbian and all the Columbians live in Jackson Heights. If you go to Florida and you go to Miami and you're looking for Cubans you go to Little Habana. There are 'barrios' they're neighborhoods. And that's true for a lot of parts of the country. In our area in South Western Pennsylvania people don't live in the same region. So I actually have a map where I have, where I put the sub culture where people live. And people live all over around the country.

Interviewer: Why is that? Why do you think?

Diego: I don't know. It has to do with parents or immigration probably.

Interviewer: Because you would think comfort wise, because I'm just thinking if it were the reverse I'd at least want to find a family. Um yeah.

Diego: This is so interesting, I don't know, actually we don't even know even before that why people don't live in the same neighborhood, but why we don't have a larger proportion. So if you look Philadelphia, well the state, even the state has a larger proportion, 3% of the population in the state are Hispanics. And we're talking only 1% here in Pittsburgh. So what is going on there? If you look at Philadelphia or even Allentown which is the city with the larger Hispanic population, you are talking close to 10% or even higher. So why other parts of the country, or even why people around us have higher proportions. So if you look to the north, Erie has a larger percentage, same about the number. Buffalo have a larger percentage, or Rochester has a larger percentage. To the East, Allentown has a larger percentage, Harrisburg has a larger percentage, Philadelphia has a larger percentage. To the south, Maryland, Washington DC, larger percentage. To the west, Columbus is one of the cities with the larger percentage, percent of population, they are close to 10 percent. And they do have neighborhoods, so maybe the two things are related. I don't know why. One of things we have learned is that when Pittsburgh was affected by the steel mill catastrophe, it affected everybody equally. And one of the populations it also affected was Hispanics, apparently Hispanics who were working the steel mill and when the steel mill industry collapsed, you know, a lot of those Hispanics left. And sometimes, one of the things we have seen is that the new Hispanics that are coming are not that new, are people who left when they were kids because their parents did have a job anymore, they left for somewhere else and now they are coming back. And these people may have a conflict of identity because a lot of the times they don't even realize they are Hispanics. And we have found people like that. There is a famous painter here, and well I don't want to break her name because I don't want to break confidentiality. But there is a famous painter in Pittsburgh, who is Hispanic, who only until recently realized that she was Hispanic. Or I guess she knew she was Hispanic but she didn't realize what was going here in terms of Hispanics and things like that, and she met somebody from the community and they started to talk, and yeah I have been living here for many years and I didn't know there were Hispanics. So it was kind of like discovery. So for us, it is kind of like discovery. Yes the population is discovering us, but we're also discovering ourselves and we're discovering what is out there.

So there is not barrio, there is no neighborhood. So we know people who live from all over the place. Because we're in Allegheny County, yeah so last Sunday we had a meeting with Allegheny County. So your question Judy is, how can we make sure that we serve the population. How can the population get closer to us and we can get closer to the population. We're working on this, this has been a process of ten years. And I'm going to tell a story, for example in particular to what I do when I first arrived in Pittsburgh the same Hispanics were telling me there are no Hispanics here in Pittsburgh. And they were telling me, the Hispanics, and so what are you and me? You know? Maybe I understand that we are not that many, but the truth is we are here. And again we're invisible and I'm going to continue with the theme of invisibility, but we didn't even realize that we were here. And we never claimed that we were here, so if I kept

saying “We’re invisible,” or not even that we’re invisible, but “There are no Hispanics here. We don’t exist here” Well nobody is going to serve us. I was shocked to learn that there were no pediatric clinics. I’m a pediatrician, I have training in Colombia, I came ten years ago I came over here originally for only one year. And I ended up staying and one of the things I had to do was go back and do my residency in pediatrics. And when I started my residency back in pediatrics in 2002, Children’s Hospital had the problem to provide health care for minorities. And I proposed to the hospital, “Let’s create a clinic for Hispanic kids.” And they said “Well you know you’re not going to have enough patients.” A half an hour ago I finished the morning clinic and I had 14 patients, I can not even keep up. Starting now we’re going from one morning a week to 3 sessions a week. We go Monday, Tuesday mornings, Friday mornings and Thursday evenings, and those are clinics for people who have insurance. And on top of that we have once a month we have free clinic for people who don’t have insurance, and everything is free and we work on a volunteer basis.

So, you know, first we have to change that invisibility in order to be able to provide services. So why we’re invisible? So we’re invisible because we don’t have knowledge of ourselves. We’re invisible because we have a low proportion. We’re invisible because we don’t live in the same neighborhood. Ah going back to Allegheny County, this has been a process, so 10 years ago, well 6 years ago when I first proposed to the hospital, I have to tell you I have found wonderful people around. Like yourself, who actually are interested and said “How can we help? How can we get to the table and how can we help?” I have been very lucky. People here in the hospital, you know they support me, but they were also skeptical because you know, you’re not going to have enough patients. So the first year that I have it was a pilot project, but you know now we are growing. The other thing that we have, is like it has been a ground breaking thing, sometimes I feel like we’re in the old western, we’re conquering the old western. Sometimes I feel like that, we’re creating community. So that’s another thing, we have to build community, because if we ourselves are dispersed, isolated. So creating, so that for example the church is an important part. Not that everybody is Catholic, not that everybody has to be Catholic. As a matter a fact now a days we have a Baptist church here in Oakland, we have the Catholic church, we have a proportion of people who are Jewish. We have Mormons, we have Jehovah Witness. So there are different religions. But we have to create community in some way, so sometimes community goes along with church, so if people don’t live in the same neighborhood at least people get to meet in a place. That place could be church, or that place could be where they come for health care. So we’re in that process of building community.

Track 3

And we’re in the process of rising our voices and “Yes we’re here and we’re here and we’re in need of help.” And it is the same thing with disabilities, and one thing that I have learned is that when you have a disability you have to go, you have to jump a lot of hoops, overcome a lot of barriers. When you are a minority you have to work on a lot of barriers. When you are a minority and have a disability, oh my god, don’t even think about it. This is even beyond that.

But the good news is that, you know, we're lucky we have a great place to live, Pittsburgh is wonderful this area is wonderful. And people are eager to help. And it is ground breaking, but we are taking steps. There, we wish that by tomorrow everything was better. By tomorrow we have better chance of communication, we have for example, I had a meeting recently with the state . . . ok so let me continue with the invisibility. Percentage, location, neighborhood, the interesting part is country of origin. So up until the census 2000, the minority of the people were not Cubans, were not Puerto Ricans, were not Mexican American. Something very unique compared to the rest of the country, the minority of Hispanics in southwestern Pennsylvania, were South and Central American. And that's unique, very different. Like myself I am Columbian. And that's different unique, because for example if you compare ourselves to Harrisburg or Philadelphia they get shocked when they hear what is going on here. Southwestern Pennsylvania behaves more like the western part of the country or midwest of the country. So we're more like California, Wisconsin and that is because after 2009 and close to 2010 the group that is growing the most is the Mexican American. And that is different, because level of education is different, reason for immigration is different, skill is different and needs are different. So the majority of Hispanics in Harrisburg and Philadelphia are Puerto Ricans, and here there is a big difference. Puerto Ricans are citizens, they were voting on Sunday. On Sunday they were having a big impact, you were heard Hillary Clinton speaking Spanish. And there are people who qualify for insurance, they qualify for medical assistance, they qualify for CHIP they qualify for... You know so it's a whole different world. So that also contributes to disability. So we have been taking small steps, so we have been trying to reach. So the Department of Human Services and Allegheny County, the county has been great to us. We have also been very lucky. I was lucky to be appointed to CYF. The reason I was appointed to CYF, to the board of CYF was because of something similar to what was said here before, there are no Hispanics in Pittsburgh. And I was like "Whoa, there are Hispanics in Pittsburgh, lets bring someone to the board." So they appointed me, and that has been the best. The county has been very supportive. They are listening and looking into how they can serve us more. They developed the brochure for the Department of Human Services into Spanish, which was biggest step. We developed the booklet for CYF into Spanish, you don't know how helpful that booklet has been. Because families who have been involved in CYF they already have Spanish and they know how to go through all the steps. I feel really proud about that product and you know we took that step and we keep working. So I don't know if you know Leslie Riker. She just came on Sunday and we had this same conversation that we are having right now. And she was like, "Well we're going to have a family support center, where would be the ideal place?" And some people say, "Well a lot of us live in Beechview, Beechview is an area that is growing a lot." But somebody right away raised their hand and said "Well I live in Monroeville. And Beechview is not close to me" So when we're building community we're looking at a place where we can get together but we're also looking for a place that is accessible, so a central area. So my big thing is about barriers to healthcare access, whether you have a disability or whether you are a minority. Again, if you have both, it is a big issue.

So in terms of the topic that you guys are interested, I started in the community 6 years ago we have this clinic. When I first created this clinic it was to address one barrier that I

noticed that it was language. If we have a bilingual clinic, problem solved. It is much more than that it is much more than language. So now I have the residents and the students come in and the exercise I want to do is, think about how many more barriers you have can find. I found these ones, and sometimes I find even more that I didn't even know. Let me see if you can find even more that I didn't know there even were. So language is one, culture is another one. So you can speak the same language but if you don't share the culture that is going to be an issue. So language, culture, transportation, transportation is common for minorities and for people with disabilities. Health insurance, that's an issue too. So for example I worked two hospitals so I see general pediatrics on Tuesday mornings and it's like 13 hours, three times a week. But I also do child development; you guys were just in our clinic. That's a big problem you know? I have found families where unfortunately I had to break the news you child has autism, and in order for your child to qualify for services you need to apply for insurance. And I don't know why, but it's almost like a rule be prepared because your going to have to apply for health insurance, and your going to be there the night because the first thing they are going to say is you don't qualify because you make too much money. Well, we're not applying based on income we're applying on diagnose. So that's a big issue, that's a perfect example recently I saw a child who is Hispanic with autism. So tell the family that now you have to go through all these hoops that all the families go. So try to convince somebody across the phone or across the table that you are applying for this not because you make few money for too much money, but because of the diagnoses that you have. So a lot of times we have to say be aware they are going to deny you the first but the second time hopefully you will get it. So insurance, I have found that I don't think there is a limit on this. Everyday I discover something new. How can, how can we be more proactive? How can we enrich? The question is "How can we enrich?"

So I think we have made tremendous progress, you know, in terms of disabilities in the last 30 years. But we know that the job is not done. We know that we are still finding places where you can not go if you are in a wheel chair. We know you are still finding places where you can not go upstairs or downstairs. We know there are places where you can't go if you don't speak English. That yeah if you live in this country, I truly believe that you have to speak English. But it takes a long time, so when I'm talking about this to my medical students; this is what you get after 38 years. So it doesn't happen over night. And it is no good, so... So we have to do something while... But of course these families have to learn English. And a lot of the times even if you speak English, we know that the communication is beyond that so, so initially I was like if you speak the same language problem solved. Well, no. For example in Spanish we have so many words for the same word. I translated a newborn guide that we give to the new mothers, in English we have one word for bottle but in Spanish we have like 10 words for bottle depending on the country. So I almost had to create another dictionary to say every single word. You know, like (...) in Argentina, (...) in Colombia, (...) in Nicaragua, (...) in Mexico. And these are things that I've been learning. So there are things, you have to be dynamic, you have to be flexible. You know so the fact that I'm Hispanic, the fact that I'm Latino does not make me automatically competent and full skilled to provide services for these families. So every time I learn, and I ask "So how do you say in your country?" (Spanish) "Oh, okay. I learned another one. And where are you from? Okay, I have to remember the

next time the next time I see someone from Nicaragua this is going to be (...).” Being resourceful being flexible, we are actually changing the term from cultural competency to cultural confidence, so you feel confident that you can do it. And the confidence comes that you are flexible enough to adapt. And I think that as well applies for families with disabilities. So going back to the thing, in particular with families’ disabilities and Hispanics that has been a big issue. I have funny stories... So I have families who have been through a lot. One of my first patients, the reason that it works nice to have the free clinic and the clinic for kids with insurance, we can screen for insurance. And if find that kids qualify for insurance than we help them to apply, so they can get insurance because it is private funded through the parents work or whatever. And a lot of times, the families don’t know. “Oh, are you telling me that because I work and have insurance, that can go to my kids?” Like, “Yeah. We have to make some phone calls and fill out some applications, but yeah you can cover you kids.” Or federal funded programs or state based programs, so medical assistance, CHIP. But what we know is that 7 out of ten Hispanic kids in our country don’t have insurance. Either because they don’t know that they qualify or because even though they know that they qualify, they don’t know how to apply. So that’s the other problem; it’s difficult to apply. It goes back to the story autism or somebody who needs to apply for medical assistance and is not doing it based on income but based of desirability. So in the free clinic we screen and if we find someone who might qualify for health insurance we might help them to apply for insurance. I started our bilingual clinic... Not bilingual, bicultural clinic in 2002, so six years ago. In 2004 we started doing the free clinic because we realized that not everybody had insurance, and if you come and this is true in the country, the health care system is so difficult in our country that if you don’t have insurance you get charged the highest rate. Compared to other places, so it is really difficult to deal with this. We had to have a system where we could see kids who didn’t have insurance. That’s how the free clinic started, and again it’s the perfect environment because we can screen and we can help people to apply for insurance. One of my first patients in the free clinic was

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this young girl who has cerebral palsy, and it was really sad to learn her story because she was going through a lot of the hoops that people with disabilities are going even now this day 2008 in Pittsburgh Pennsylvania, but atop of that she had to go through hoops because she was also Hispanic. Let me tell an interesting story. Pittsburgh is the capital of the world (...) trust fund, and it’s a wonderful place for science and medicine. And we have people who flew in and people who drove in just to get healthcare, because this is the place to be. You hardly hear of people who actually have to go from Pittsburgh to somewhere else to get health care because they cannot do it here. And some of those people are people with disabilities who are Hispanics. So a lot of our families even now these days have to go to Shriners because that is the only place they apply for care, so we have one or two families that until they get health insurance they have to drive all the way to Erie to get healthcare. While everybody from Erie come here to get the best of the best for ancer or whatever, some families have to go to Schriners for Orthopedic surgery or Orthotics. So that was the case of the young girl. This is a couple years ago but now she has health insurance, things much better. Couple of the families that I have

taken care of with disabilities, when I have first seen them, it was like “Oh my God what am I going to do?” I feel completely overwhelmed, I’m just me, now I have more of a team and volunteers, but I think sometimes “Oh my god, what can I do?” And sometimes you realize just asking a question, you know, “What do you need?” Along the lines is your office wheel chair accessible. One little thing can make a whole world of difference for somebody. And you don’t have to have the cure for an ailment, or for a condition. But just... So for example, one of the first things I did for this girl, they had been living in Pittsburgh for ten years. They didn’t have a handicap label plate. And when I signed that for them for their car, you wouldn’t imagine what a big difference this means. Wow! The other day they gave me a ride, and we were talking about, “Could you imagine that we didn’t have that plate?” So we were doing interviews on KDKA and they invited us and we were talking about disabilities and we were talking about Hispanics, so we went to KDKA and you know how it is parking downtown, you just went through expensive parking here in Oakland, and they were like “What a big difference that we have the handicap label plate and, you know, our girl.” I’m going to omit her name for confidentiality. “But you know now we don’t have a big issue to come down.” And usually if you park in the right place you have ramps and your close to the elevator or whatever. Big difference for her, and you know it was as simple as that. And I’m thinking you know I need to find the cure for this condition, well no. Its not about the cure, its about something simple getting the label plate.

I have another girl, this story is somewhat sadder, well the outcome was actually good but the way the story starts is sad. A newborn was born in one of our local hospitals and the baby was having seizures, at birth. And the mom was seeing the seizures but the mom couldn’t speak English and couldn’t tell the nurse what was going on. So it took a while before someone to see that the baby was having seizures and they realized. So they took him to the NICU and they did all the studies and this baby had a stroke. And because they spoke Spanish they called me, and said “Well, we’re going to send you this patient because this baby had a stroke.” I’m like “Okay sure,” I said. She came here, this baby, that’s the part that is heartbreaking, you know a couple of days old. I couldn’t believe anybody that doesn’t fall in love a baby. Kou know, babies are the cutest thing. Well this one was really hard to watch because this a baby who you could tell was (...). So cannot move one arm, cannot move one leg. You see babies moving one arm, move the other legs but half of her body is not moving. I was like “Oh my God what am I going to do with this?” And they did everything in the NICU, (...) technique all the studies, they did everything. And I was like “Oh my God.” But we have simple, easy to access and low cost programs that sometimes we oversee. And one of the things I thought is maybe I cannot do that much. You know, I’m not a brain genius, maybe I cannot cure this but I know about intervention and I know about the Alliance for Infants, and they are great people . And I called them and I said, “Can you come to his house?” Which is great because that way the family didn’t have to deal with transportation and the thing we were talking. “Can you start with the therapies?” Meantime the parents are asking “What do you think is going to happen with my baby?” And it’s like “I don’t know.” I just don’t know. Well this is four years now, I call, and I deal with the residents and I have the residents guess her diagnosis and they never get it right. This is the most beautiful girl, who is completely fine. She is completely cured, you know. Talking to Heidi, Heidi was

(...) Well we have seen a couple of cases like that when you have a stroke in utero or around the birth time. And they tend to have a good prognosis. But you have to the resources. You know early intervention, Alliance for Infants make a huge difference for this family. And now this girl is beautiful and now she's going to Head Start, and she's going to school, she's so excited that next year she's going to go to kindergarten. And you can not tell that she has anything, she's walking and she's moving her arm. Great! So that's another example I have.

Interviewer 1: When the Alliance for Infants went out did they have someone that speaks Spanish?

Chavez-Gnecco: Now we're doing a real, real good job, we have interpreters and they do a really good job. But I have to tell you one of the first patience I refer was also a child with a disability. It was really sad because I knew this family very well and they understood what was going on. And I told them I needed this intervention. And I talked to the Alliance and the Alliance also understood what was going on. Well, they came the next visit, like, "Did you see the Alliance? Did the Alliance come to your home?" "No, they never come." Like "This is really strange" And I called the Alliance and the Alliance like "Well, we were there and they were not there." It's like, this is really strange. I know this family. But guess what? They were in the same building but on different floors. It was an issue of communication. That is the only time we've run into trouble. But when I realized what was going on, I helped facilitate the communication And they do a great job. So they try to bring interpreters.

But again, going back to the communication issue, that's true for people who speak English but it's true for everyone. So for the new hospital, actually they're going to do it here with Children's, I spoke to the board of the hospital and I said there is thing that is called "universal language". And so instead of using words, signs... instead of using words and letters that are a problem for people who don't speak English. You know, unless your Hispanics A is A in every language. But if you speak another language that it doesn't have the alphabet, you know, Russian or whatever, that's an issue. But it's not only for people who have not English as their language but also people with a disability. How many people do we have with a learning disability that cannot understand letters? So let's make sure... And I propose it to them and I hear that they're going to do it, the new Children's Hospital is going to be all what is called universal language. So it's going to be color code. So they're going to be, the towers are going to be code by colors. Instead of saying a, saying a, having a sign that it says surgery, they're going to have a symbol that everyone can identify as surgery. And a symbol for everyone to identify x-rays. And this is good, for everybody who doesn't speak English but also for anybody who has a disability, who for some reason cannot read or cannot communicate. That's a really good question.

The last case that I probably want to tell you, that it is another story, this is a heartbroken. Because, again, and this one doesn't have such a good outcome. We're still working on this one. But it's sad. So about a month ago we diagnosed this child with autism, and the sad part is that he's four years old, and this is late. (...) For autism four years old is late.

We searched be doing diagnosis at 2 years old. There are researchers in California now trying to make the diagnosis at 18 months of age, and we know that the earlier that we diagnose, the better the outcome that we will have. The more therapies that we can do. (...) service therapies. I'm making a parenthesis, I did my MPH here in Public Health, and people think that... I don't have anything against technology or, you know, high tech medicine. But people try to think the best thing have been able to do is transplants or intensive care unites. There was a study recently in the *Post-Gazette* that said yesterday, or was it the day before? I think it was *Post* today that said that actually that, not necessarily too good to go the intensive care units. The best things that we have done in healthcare and medicine are the simple things. Are things like washing our hands, are immunization prevention of infectious disease, therapies. A therapy can make a big difference. The girl I told you about, just by therapy, just by early intervention, people coming into their home and doing physical therapy, a girl who was (...) a couple of years later, no longer (...). So that's the point with autism. You know, if you diagnose somebody with autism... I kind of want risk that there are some kids that we seen that you cannot cure from autism, they do very well if you get intensive therapy. As a matter of fact, that's the only thing that we know in autism that it works. If you do intense therapy 20 hours, 20 to 40 hours a week, the earlier the better and you can have kids who very well years later nobody will know they had the diagnosis of Autism. And they can do well in life. It depends on case by case, but we know that therapies need to be earlier and intense. So this child is diagnosed at four years of age. So that was late. So why did this happened, the child was born here in Pittsburgh, he had a speech delay and he was not doing fine. And I asked the parents "Didn't you know there was something wrong with him?" and they said "Yeah, we knew something was wrong with him." But they were feeling guilty and they felt that it was their fault. And they felt it was their fault because he spoke English but she doesn't.

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And the felt that they had to with the fact they had exposed their son to a bilingual environment. And unfortunately this was not the first family that I have seen, children with autism where the parents think that it has to do with the fact that they are from bilingual families. That's really heartbreaking because it's no bodies fault. And in this case I told her you know you have a daughter, and your daughter is doing fine, so you can talk with us. But it goes beyond there, it goes to the fact that they took them to other therapies and they didn't live in Allegheny County, they live in another county. They took them for an intervention and to therapies. And another time two people worked on them, "Don't worry that's because your child is bilingual." Or "Yeah we realize there is something wrong, we can not do anything because we don't have a bilingual therapist." But that shouldn't be excuse. That shouldn't be excuse. So the CDC, Center for Disease Control, tracks illness that can be can be considered an epidemic illness or illness that has growing numbers high. An initial the focus is on infectious disease. The CDC was all about infectious disease. Most recently they have been focusing on quote-unquote "epidemics" that we're facing. So for example obesity, they are big on tracking obesity. And one of the things they are tracking now is autism. One of the things they have found is Hispanics are less likely to be diagnosed with autism. And Leslie, I was talking with

Leslie Riker and having this conversation on Sunday, and she said “Wait a minute are you saying that Hispanics are less likely to have Autism?” And I was like “No. They are probably the same, as the rest of the population to have autism. But what we know is they are less likely to be diagnosed with autism.” And why is that? Well, one of the things that we know is that the community families don’t know about autism. So this family, when I told them their child has autism no, no emotion. Yeah. I said the word both in English and in Spanish. Autismo, autism have you heard about this? Never. So could you imagine that in the United States, it’s 2008 there are still families who have never heard about autism? Well they are. Even though we hear in the news, we hear in the radio, we hear in the everywhere. They are still hiring people who have never heard about autism. So we need to raise awareness within the community about autism about disabilities, you know about how to provide services and about how to be inclusive and about how to make what we have accessible to everybody. But we also need to raise awareness about the providers. So for example all those providers who said “Oh this is because he’s bilingual.” I told my residents and I told my students never, never ever blame any type of delays on bilingualism. Because you don’t know what your missing there.

Unfortunately we have seen more than one case, I said that that was the last kid. But I am going to tell you actually one more this is actually a girl who came from another state. From the state of Indiana, and I was seeing her with another fellow Heidi, Randy Phillips who use to say and we did our fellowship together. And we met this girl in our free clinic who came from Indiana who’s 8 years old. Doesn’t know her numbers, doesn’t know her colors. I said what is going on? “Oh the doctor said it was because she was bilingual.” So I called the principal here in the school and the principal said “Can you imagine this is the first time I am talking to a pediatrician?” And I said “Well, can you imagine this is the first time I am talking to a principal?” So teamwork, that’s why Euclid is so important. Interdisciplinary team work. We can not solve all of these problems if we don’t work together. So we need to work together. We need to work together and we need to be sensible. Sensitive to the needs of other people. Being aware about the needs for minority populations, being aware for the needs of people with disabilities. Big, Huge.

Last thing that I want to say when I first started on the child development unit and when I first started working with Heidi, it shocked me that the majority of the children we were serving in the child development unit were white kids. I was like so, the African American kids don’t have autism. African American kids don’t suffer from those conditions? So it is really sad. Things have changed, we have made tremendous improvements. With Heidi we work a lot with the public who is now the (...) unit (...). Rights and awareness. It’s that thing that I started with disability. You can be invisible in so many ways. You can have a Hispanic community who is invisible to the rest of the population in our region. People are like “Oh wow there are people who speak Spanish here?” Or you can also be invisible because you have a disability, because people don’t see you and don’t see your needs. So, and the truth is that in that example we are in some way we are brothers. (...) We all need special needs. How can we make sure that everybody’s needs are satisfied? And that we all work together.

Interviewer: Wow. I was going to say, the doctors diagnoses was certainly interesting because 70 years ago every household in Pittsburgh was bilingual. So why was it, one of the reasons for this project is to have a history there for people to understand where everything originated from. I think it is also important in this sense I guess newer doctors, 30-35 years old didn't realize every household was dual language. So why wasn't everyone diagnosed then, when you can't speak because your bilingual (...).

Diego: Thank you Tony because one of the things that I do is teach cultural competency, they ask me to teach cultural competency. You can not teach cultural competency. You might teach cultural confidence and the truth is that people focus on cultural when you are thinking about immigrant groups or racial groups. But for example, one example that every household being bilingual, well every household is a mini culture. So I tell the families, or I tell my students and my residents that every time you see a new patient think about how you are facing another culture. You don't know what are the values of the family. Each family has different values and you're right, going back to your question or your comment about the history. 30, 40 50, years ago there were a lot of households that were bilingual. But also 30, 40, 50 years ago and during those days, and we know this through the history of disabilities, there was probably one diagnosis. Everybody was MR, or everybody was CP. And there was only one treatment. But now, not that we have much more treatments but we have therapies and we have more tools to diagnose. We become more aware of what the conditions are. So you are right, the reason that we care about history, is because those who don't know, their history they are condemned to repeat the same mistakes. We cannot forget about what we have learned about from the past. So we can not forget that Pittsburgh is a land of immigrants. And we can not forget about how they did it. Maybe, maybe we forgot about that. When I first started the clinic the *Post-Gazette* did an article, it was interesting because what we were doing here compared to other clinics that were for example for Italians or Bloomfield apparently had a clinics that were in Italian and English. And I'm pretty sure there was something in the policy for that. You're completely right. We need to go; to more forward to go forward, but we can not forget what we had in the past. You're completely right.

Interviewer: How are we doing with CYF? If a case worker has to go out to a home and they don't speak English, what does CYF do?

Diego: They are supposed to call an interpreter. And they have been doing that, and they have been doing a good job. They have been calling and talking very close to Marsha. You know if they have any cases, you know there have been concerns with doctoring. I have also to tell you this is also a cultural issue. For example we have a family; in Latin America it is very common for you to leave you kids alone at home. For example now we have just finished this problem with CYF about home alone. And that was an issue that we were thinking like this is so important that we teach families that it is not right for you to leave your children here alone cause there are so many risks. Sometimes the kids are a step ahead of us and they already know what the risks are but we need to teach new comers in the community these kind of things. If somebody is called on a case, we need to make sure the case worker gets an interpreter involved. And we need to make sure they get the whole piece of information because sometimes there are

misinterpretations. Something that it could be appropriate and acceptable in one culture might not be appropriate or acceptable in another culture. So we need to make sure we know those, the facts, and we know those things. So I have told them like and for example like and sometimes it doesn't have to be anything extraordinary but any child who the family call CYF. One of the things is that you want to get as much information as you can so you want to talk to the family but you also want to talk to the pediatrician. This is a family who gets the appointment and goes to all the visits. So when we are talking to Mark and to Marsha about this and I was saying you know sometimes we need interpreters and translators, but sometimes we don't. We just need to do what we would do with any other family try to make it whole, try to get as much information as we can. And get the pediatrician involved. Learn from the teachers, learn from the church. Sometimes the church can provide us information, "Yes I see this family come every Sunday." Things like that. And also we need to make sure the new families who come from other cultures learn what is acceptable here and why. And why the things that are not acceptable are not acceptable because they can be a risk. It's not just we're saying children cannot be alone just because they cannot be alone, give them a reason also.

Interviewer: Did we, I can't remember if we put the home alone in Spanish.

Diego: That's in the process. Yeah that's one of our goals. Yeah that's in the process. It's been, it's a little bit, we're getting there. If anything I like, I think, we're blessed we're going the right direction. Yeah.

Interviewer: I was thinking about the girl you said her mother has to pull her up the steps and all that and I'm thinking

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Well I understand about the church but if at home that's an issue there's places out there that give her wheel chair lift or a stair glide.

Diego: So let me tell you an interesting story. This... Again this is after years, the church now no longer is an issue, because it's a parish so St. Hyacinth and everything goes along with history, so St. Regis that was Dan Marino's church and it's in Park View Ave. When Dan Marino was inducted into the Hall of Fame, the football Hall of Fame. Dan Marino said to his parents, "Mom, Dad I live in a place that was called Park View Ave I never saw a park I never saw a view I always saw an avenue." That's where our church is, St. Regis. St. Regis is accessible. St Regis has ramps and they don't have a problem because that is where we are having mass now. But, so let me tell you about this family. This family has gone through a very interesting process, because and one of the residents has asked me recently "How do you know that you are not give fish, you are teaching how to fish?" So yes every family has to learn English, yes I am expecting that every family goes a step ahead. You know, we start from a basic level, but we're going to go farther we're going to go up. Why do I do what I do? Because I expect that all the childrens, that are in those pictures, I expect them to become good citizens that can provide back to society. So for me it is so important when I ask a 3 year old or 4 year old "What do you

want to do when you grow up?” And they can do what ever they want to be, but they need to give back to society. And with this family I go away to see the progress how things have changed when I first met them they didn't have the label plate, they didn't have accessibility they had to go to Erie for free care. Now they have their insurance, now they are in the process to become citizens. A lot of things have changed in this family. And I brought them to Euclid. I said “This would be a good case for Euclid and to see how we can help her.” So she came to Euclid and we have all the eyes. You know, because one thing is the eye of the pediatrician, but now we have the eye of the pediatrician, the physical therapist, the occupational therapist. Everybody looking at this girl. And we did some recommendations for the family, that the family appreciated. And as a part of our experience with Euclid, “Well let's do a home visit.” Maybe we can suggest things, thinking in the positive that they were thinking. Well let me tell you, this was a learning experience for all of us. We learned so much from this family. So yet, they were having all these difficulties but this father and this mother they are so invested, and they have thought everything so well, that actually we learned what an accessible house means. So they have purchased this house in the south Hills and this is not a rich family, this is a family probably middle class or lower class. Low income, they work in restaurants and but when they have invested their money they have invested in the right things. So for example they purchased a house, and the house was a ranch house and the ranch house has a basement but the basement had to be accessible from the ramp from the garage. And they have, I can't even tell you all the stuff that they have. When we visit the house, we learn. And we all came back and we were talking in the Euclid, how did this visit go? The conclusion was instead of us making recommendations, we actually learned so much from this visit. It was such a learning experience, because they taught us a lot. Both parents, so yeah, they have done a really really good job in that area. And as I said, it is a step by step. Obviously that was not the case probably five years ago or six years ago. So this is probably a year and a half ago, that we had the visit and probably things are even better and better.

Interviewer: What's the best way for us to do outreach?

Diego: So, we're still in the process, this is a question we get a lot. There is a fair we have been doing for 6 years now, this was going to be our 7th year and we don't know if we will be able to do it because a lot the people who work on these things work on a volunteer bases. And the fair has grown so much that, the last time we did the fair was last September. We usually do it at the end of summer, beginning of fall. But it has grown so much, that the last time we did it at Carnegie Mellon in the auditorium we had about 1,000 people, we have about what we call exhibitors it was 60-100, and it was about everything. It was about health, it was government offices, it was banks, I'm pretty sure there was something from disabilities; the consumer health coalition was there for sure. Children's we were there. And that was a good place for the general community to learn about the Hispanic community, but for the Hispanic community to learn about services. This year we're running into some trouble because we have grown so much that we cannot even go back to the same place where we were last year. So it is going to need to be a bigger place. And we need, it has become, actually becoming a job, and everybody who is working on this was part of the organizing committee was done on a volunteer

bases. Right now we are in a transition process, we are not sure whether or not we are going to have it this year. We actually had found a leader for the organizing committee, she was going, we were thinking but we just learned that she diagnosed with breast cancer so I don't know if we are going to be able to continue. But, to answer your question if we are going to have that event, that would for example and I actually had a conversation with a lot of people in the county, in the Department of Human Service either you guys were going to be a major sponsor or definitely you guys were going to have a major presence. Like we were going to have a booth from CYF, we were going to have a booth from Social Services; we were going to have a booth from the MR office. So the goal was for you guys to be there.

Interviewer: Did anybody ever offer help to get it organized?

Diego: I talked to some people and we were in that process and, um...

Interviewer: I mean in the county?

Diego: Yeah, yeah and I had somebody on the office of Dan Onoroto, who was actually trying to get us a place. So that was one thing that we were trying. Because as I said Carnegie Mellon was too small, so that office said we might be able to get you Soldiers and Sailors or we might be able to help you get another place, and that was a big help, so. But still we're, we're in that area so yeah, maybe.

Interviewer: You should let us know, because we deal with this a lot. We plan a lot of, the particular office that we work at...

Diego: Yeah,

Interviewer: Is the Office of Community Relations. And we do a lot of these kinds of events. So, you know, if you need help organizing, I don't know we're no better than Dan Onoroto with getting a bigger space.

Diego: But you guys have the, the capacity of organizing.

Interviewer: Yeah, we me might be able to help you.

Diego: So you think this is something you guys can take the lead in doing?

Interviewer: I think it is something I could certainly bring up to Mark.

Diego: Mark Cherna.

Interviewer: (Laughter)

Diego: I feel so bad, because Mark has been so nice to us.

Interviewer: (Laughter)

Diego: He has done some many things for us, I feel so bad even asking him for one more thing.

Interviewer: Well, you don't have to ask him.

Diego: (laughter)

Interviewer: It came up as a irrelevant issue in a different interview so... (laughter) but I mean even within our office, you know, I could ask Karen Blumen. Who's the head of...

Diego: I know Karen, yeah.

Interviewer: Yeah, I could bring this to him because frankly you're serving our population so, I mean this is a population that DHS could, that could be served by DHS. And provide many things that they might need. Yeah, I um... yeah it sound interesting. You usually have it when?

Diego: October, September, October. We're thinking today, so October 5th or October 12th.

Interviewer: And did you talk to Mary Ester Van Shura?

Diego: No.

Interviewer: From Dan Onoroto's office?

Diego: No. The person I was talking to there was Peter, Peter Havern...

Interviewer: Ok. Ok, I'm going to talk to Mary Ester, also. Mary Ester is point person on disability and health. Um, and she's a dynamo. If you want something done, she can get it done. So.

Diego: So, let me tell you idea. Maybe you can show it to her. There was somebody who actually was the leader person with this idea and she's a faculty at the School (...) her name is Patricia (...) She was a pediatrician, too, in Peru but she actually just does public health. She's a faculty at this school of public health. And when she started the (...) herself, her second or third year she had already done so much she had created this organizing community, as a part of the organizing community, that I had since the beginning basically and the latest is that we had about 20-30 people in the organizing committee. But we would always need a leader. But Patricia said "This is being very difficult with my job, I can not do it." We had somebody who was not working, who was on a volunteer basis, and this was the person who actually was just diagnosed with breast cancer and cannot do it this year. So that's where we're struggling. The way that we have worked in the past is, when we used to do it at St. Hyacinth, it was a free for all

exhibitors they didn't have to pay anything. We put some tables, people put out the information they didn't have to do it in Spanish. If they could get handouts in Spanish that was the best, but if they didn't have a handout in Spanish then didn't have to speak Spanish because what we got was volunteers, a lot of the volunteers were students at PITT, students at Slippery Rock, students at LaRoche who wanted to practice their Spanish. We paired them and they had somebody who could interpret for the people who were working at the booth. And last year for the first time we were asking for donation for 20 bucks for the exhibitors, and I'll tell you where that money went. Then we had familiar sponsors, we had a list for familiar sponsors, there had been some that had always, there were some that come and go. So the one that have always been there is PNC Bank. PNC Bank, has, every year, it has been there. The Center for Minority Health at Pitt that's second one, the Hispanic Center,

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And that has a common goal, Cricket the cell phone company was one year, (...) was last year. And those main responses were they gave \$1,000, about \$4,000 plus \$20 for people. We never charged for the entrance for people to come see the event. That money went to the signs, to buy tablecloth, disposable tablecloth for the tables, and we always had food. And the food has always been cooked by volunteers from the community. So it was typical food. But of course that money to buy the ingredients, comes from that money and we tend to sell below the cost or at the same cost. There is an account for the fair and there is a revenue that goes carries next year and it about \$2,000-\$3,000. We do have everything, all the stuff that needs to be taken, so if your office would be interested in taking, what we can do, we could partner. We could still have volunteers. For example, my role has always been to coordinate the health part. So we coordinate who are the health exhibitors. We had like about 10-20 health providers. And we have some rules about what can be done what can not be done. We don't want research to happen there, because we don't people, first to be used and second to use their time. But it is so important that they see everything at the fair than that they spend their time answering a question there. So we tell people if they want to do research that's ok, you can bring your flyers, you need to show that you have sort of ethics committee approval. You can advertise their and then later on you can contact the people, and if you have a question or whatever you can do it, but in a later time.

Health screenings. We welcome health screens. There is one general rule, nobody can sell anything. Nobody can sell anything. That's kinda like a general rule. People can give things for free. So, screenings, if they want to give screens for free fine. One of my responsibilities is that if they are doing a health screen, they have a plan. So, for example if they find they have high blood pressure what are you going to do? You know are you just going to say you need to see your Doctor?

Interviewer: Yeah

Diego: And that's actually simple, and if somebody without health insurance we can tell them to go to Birmingham. But I want to see a plan. And I want to have them hand out,

“Ok, here’s where there is a free clinic. We find your blood pressure is high, oh this is where to go.” Or if they find something that needs to be taken care of right away they call 911. But they are going to be responsible. I want the screens to be done, not to know what happened after or be on the dilemma.

I can show you some pictures if things we did last year, about how the fair look. Okay, this picture was in the *Pittsburgh Tribune-Review*. This is one of the lawyers from the Hispanic Bar Association he’s providing service there. We have like one of the tables. This is one of the rooms in Carnegie Mellon. This is how the stage was divided. So we had a long table here and here we had volunteers and they are serving the food. There was a line here. We have this table where people were sitting. We have this station, this station is all health. We had the School of Pharmacy, they were doing a process screening. We have (...), we have Children’s Hospital, Hispanic Dental Association this is from Pitt, the WICK office was here, and there were other ones. This is one of the community leaders Sister Janice, this is our priest Father Valle Corsea. Which actually Father Valle Corsea this is his third language, he’s Italian American, I think his first language was Italian, we were talking about he grew up in Bloomfield. Then English, then Spanish, and he learned Spanish at Pitt. This is the person I was telling you Patricia Documet, this is another volunteer, Patricia is the mother of the priest. They have this Church that is unique. They got a picture of the triangle and instead of putting the phone thing the put a statue of the Virgin of Guadalupe (laughter). So, it was very unique and they put the sponsors there, so last year was PNC, Center for Minority Care, the Hispanic Center. Carnegie Mellon, the way Carnegie Mellon became a sponsor is because they provide us the room for free. So that’s how we did it last year. That’s the room, that’s the school of pharmacy there; we’re doing the (...) screening, that’s the therapy (...). So this is the look from the stage, so here’s the stage here, here’s the line of food. And then there were some round tables here so where people sit to eat, and there were also this long lines of tables and those were the booths. Oh there is also a job fair, at the same time going on, and that’s run by the Hispanic Center. So people come to look for job, so it’s like a family rented event.

Interviewer: Yeah, it’s busy. You really need space.

Diego: Oh yeah, yeah, this one you can tell. So here we have people were really happy with the place, people were happy because it was accessible, people were happy because they have parking. The exhibitors were not happy because they were sharing a table like this for 2 or 3 exhibitors. So it was like really crowded. So yeah, so yeah that was really difficult.

Interviewer: You had 1,000 people come? Or...

Diego: 1,000 people come.

Interviewer: Or with the exhibitors plus?

Diego: Probably with the exhibitors plus. But yeah, there was about 90-100 exhibitors, and 1,000 people. Anywhere between 800-1200.

Interviewer: Wow. Does this fair have a name?

Diego: Al Servicio Comunidad. Serving the Community.

Interviewer: ok.

Diego: Al Servicio Comunidad, Serving the Community. Different information about health. The School of Pharmacy, they had a lot of pictures from the school of pharmacy because one of the people they sent it to me, the pictures. Ah, the Pirates and their mascot, exactly so that was really good. You know Chaz, don't you?

Interviewer: Yeah, yeah.

Diego: Chaz, yeah he was with me with the, yeah who doesn't know him! So he's with me in both of the consumer health coalitions (...) that's the Childrens table. That's what I put there. That's the Hispanic Dental Association. There he is, dancing with us. That was really funny. Osteoporosis screening. This is all faculty from the School of Pharmacy, and the students. We had a group, a music group and they were singing there. And yeah, I think we're going to go again, so...

Interviewer: It's really interesting that's there's the Hispanic Dental Association, because dentistry for people with disabilities is very poor.

Diego: Well so ACHIEVA was doing this project about how to better serve people with disabilities and one of the Euclid fellows, Jeff who's working in UCP because he knew about my clinic, how can we do something with the Hispanic community who have disabilities. So ACHIEVA did a focus group with Hispanics with disabilities about dental care. And we run the project and I was there and some of the other people who were with me were there. And we learned that the situation (...) one of the conclusions with Jeff, the situations, the barrios that people with disabilities faces are the same regardless if you are Hispanic or not Hispanic. The only difference is language. But other than that the stories we here are so sad, like kids who have ADHD who were not being taken care of because they couldn't sit still on the chair. Kids with autism having problems, Adults, you know who had a problem with sitting in a chair, I mean how can get a special chair? The other thing that Jeff pointed out is that throughout our focus group we learned that, and I was there, we learned about some cultural things that people do for dental care. Somebody was saying that when he grew up in Mexico they didn't have toothbrushes but they had burnt tortillas, and they used the burnt tortillas to clean the teeth.

Interviewer: I'll be darned.

Diego: So, there were interesting cultural stuff like that.

Interviewer: Yeah, yeah.

Diego: But you know, yeah that's ...but I have worked with Dr. Rubin through Euclid and yeah so

Interviewer: Wow, well I will definitely go back. I happen to be in the office all day tomorrow which is very rare. (laughter)

Diego: (laughter)

Interviewer: I forget we even have an office. Yeah.. and I will talk to Karen first about the ah, about the fair. And see...

Diego: See what she says.

Interviewer: ...and see what she says.

Diego: Yeah, I think I have mentioned to her because the actually have asked me the same question you have asked me, how can we reach? How can we get involved? How can we....

Interviewer: Yeah, yeah and we might be able to do it through my Disability Connection program. You know, it doesn't, as long as disability is some part of it than I can do anything. So we might be able to help them, I'll talk to Karen.

Diego: That is so nice. Thank you so much!

Interviewer: Yeah, yeah not a problem. And I'm just thinking we have to get our brochure in Spanish because we're way down on the totem pole for getting things translated.

Diego: But the general of the Department of Human Services has been translated, you have seen it?

Interviewer: Yes.

Diego: So your division is there. I actually just saw it recently.

Interviewer: Yeah, yeah, yeah I know.

Diego: I have it, I do have it. It is going to be hard for me to find it, but I do have it.

Interviewer: That's ok, yeah, that's ok. Well I like that my question was, I was thinking when you were discussing your question, well you might, I think I might change the question, now I make sure I say "Wheelchair accessible." Because they... at your free clinic do you have need for people who know about resources in the community?

Diego: We, have had the county come in DHS has come.

Interviewer: Oh!

Diego: And they had come, I don't know if... Katie?

Interviewer: Oh Katie, the intern probably? Well yeah she's an intern..

Diego: I know some people have come but...

Interviewer: Right, but... she speaks and she speaks Spanish.

Diego: And the brought brochures, and there were people who came and brought brochures and they didn't speak Spanish here and they came. That clinic I have problems with accessibility, I have to tell you. We're moving, it's in the Salvation Army and we bring the care-mobile which is the unit, the huge Ronald McDonald truck and we park in front.

Interviewer: The Salvation Army where? Downtown?

Diego: iI the South Side. 9th and Carson.

Interviewer: Yeah, I know where that is.

Diego: And we're doing it this Saturday, and the clinic is really really small, it's very tiny it's actually up here....