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## **Y. Stories to Save Lives**

Interview Y-0001

Mirna Allende

25 June 2018

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**ABSTRACT – Mirna Allende**

Narrator: Mirna Allende

Interviewer: Maddy Kameny

Interview date: June 25, 2018

Location: Dunn/Newton Grove, NC

Length: 43 minutes

Mirna Allende was born in 1954 in New York and moved to her parents' home of Puerto Rico as a baby, where she grew up. Her father was a minister, and Mirna went to a religious school. She recalls that they learned English at school but did not speak it there. She describes traveling around the island throughout her childhood for church activities and singing. She moved to Chicago to be near her in-laws when she had her first child. She recalls having difficulty expressing herself, even though she could understand others speaking English. Mirna then moved to Tennessee, because she preferred the countryside. She describes raising her children there, including one situation in which her child's teacher berated her for speaking Spanish to the children, and Mirna stood up for her decision. She describes taking care of her children when they got sick – before her mother and grandmother passed away, she would call them for advice. She describes herself as not being an “over-motherly” mother. Mirna works at CommWell Health in external referrals. She began working at CWH in 1998 as a bilingual clerk and driver for prenatal patients, and has been there ever since, with the exception of being stationed in Hawaii for three years with her then-husband. At CWH, she then worked in HIV counseling and testing in the 1990s, then as a service coordinator under CWH's housing grant. She recalls the “growing pains” of the structural, organizational, and demographic changes of CWH since 1998. Mirna recalls how she was treated when she fell sick as a child, such as rice water for an upset stomach. She discusses her mother's sudden death from thyroid cancer at the age of 51 in 1985, and Mirna herself having a scare when she was at a similar age experiencing similar symptoms. Now, she describes herself as someone who needs medical providers to view her as an equal. She has the perspective that, as a medical provider, she is a patient at some point herself, and it is up to her to empower her patients. This interview is part of the Southern Oral History Program's pilot project to document health and healthcare in the rural South.

## FIELD NOTES – Mirna Allende

Narrator: Mirna Allende

Interviewer: Maddy Kameny

Date: 6/25/18

Location: CommWell Health, Dunn (Harnett County), NC

Narrator: Mirna Allende is a 64-year-old woman working in medical referrals at CommWell Health. She first came to the clinic in 1998 and has been working there ever since. She was born in New York but moved to Puerto Rico, where her parents are from, as a baby and grew up there. She moved back to the States to have her children, and spent time in Chicago and Tennessee before moving to North Carolina. She

Interviewer: I am between my first and second years in the MPH program in Health Behavior at UNC-Chapel Hill. I grew up in that area and then lived in Pittsburgh to attend school for Economics and Sociology. I have a background in primary care (working at a federally-qualified health center) before pursuing my Master's degree. I have personal experience in health and healthcare through having an autoimmune disease.

Description of interview: The interview took place in a break room at CommWell Health during Mirna's lunch break. I was not initially aware that she had to leave strictly after one hour, so I took my time setting up equipment and making small talk, and unfortunately that resulted in a shorter interview than I had wished for. However, I felt we were able to cover a lot of ground. Before the interview, we were talking about SOHP and this project, and she seemed excited about the prospect of having her story in the archive. The statement I made about everyday people like she and I being in the archive seemed to resonate with her.

Note on recording: There were a few interruptions, such as a baby crying, but there should not be anything too distracting on the recording.

Highlights or possible excerpts: Mirna talked about her son's teacher sharing unsolicited negative advice about Mirna raising him bilingual, which was interesting because I had heard almost the exact same story from a podcast recently. Mirna was opinionated about this, which stood out to me because the rest of the interview she seemed to talk about her life in more of a reserved way. But, in this situation, she explained that she knew exactly what was good for her son, and told the teacher that she was not in the right profession. Mirna was originally hired on when the clinic was largely for migrant workers, because they needed a bilingual person. She has seen the clinic transform both physically and in its role in the community and the populations it serves. She also recalled seeing a patient whose baby she had delivered, and even meeting that person's baby – and the patient had remembered her.

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Mirna's mother passed away from throat cancer when she was relatively young, and Mirna also had a scare recently when she had to get tumors removed from her throat. It was fascinatingly sad to hear her talk about how scary it was to realize that she was the same age as her mother at her death, and had the same symptoms. It seems that Mirna's experience as medical staff has impacted her role as a patient. She once had an experience with a medical provider in which he told her that he was the one educated in medicine, and therefore knew what was right. She told me that her reaction when this type of incident happens is to explain that she's the type of patient who "needs to know the 'why'," and that she changed providers immediately. Another interesting but sad part was that Mirna and her siblings did not have a relationship with their grandfather because their mother had been the first in the family to marry a dark-skinned man.

TRANSCRIPT: **Mirna Allende**

Interviewee: **Mirna Allende**  
Interviewer: Maddy Kameny  
Interview Date: June 25, 2018  
Location: Dunn, North Carolina  
Length: 0:43:19

## START OF INTERVIEW

Maddy Kameny: If you could start saying something, just talking about, like, what you had for breakfast or something, then I can test the volume.

[0:00:06.9]

Mirna Allende: [laughs] I make me a sandwich, peanut butter compote, orange preserve. You can hear me?

[0:00:22.5]

MK: Ooh.

[0:00:22.9]

MA: Yeah, I *love* the orange preserve with peanut butter.

[0:00:26.7]

MK: Yum. Did you make it or did you—

[0:00:28.6]

MA: No, I buy it. [laughs]

[0:00:30.5]

MK: Yeah, no, that sounds good.

[0:00:32.0]

MA: Yeah, but it's still—they make it so good. They got, like, little pieces of the skin, even. It's good.

[0:00:38.8]

MK: Ooh. Sounds great.

[0:00:40.6]

MA: Yeah.

[0:00:42.0]

MK: All right. Well, it looks like the volume is working okay. Oh, one more thing. I'm going to try not to say things like “mm-hmm” when you're talking because it messes up the recording, but it's hard for me, so I'll probably be nodding a lot. [laughter]

[0:00:52.9]

MA: Okay, yeah.

[0:00:55.3]

MK: I'll do my best, but I'm still listening.

Okay, so this is Maddy Kameny. It is—what is the date? June 25<sup>th</sup>? June 25<sup>th</sup>, 2018. I'm at CommWell Health in Dunn, North Carolina. I'm here with—

[0:01:09.0]

MA: Mirna Allende.

[0:01:10.3]

MK: Perfect. So, Mirna, we can go ahead and get started, if that's okay. I am curious to know how you started at—you told me you had been working here since 1998.

[0:00:00.0]

MA: Yes.

[0:01:24.7]

MK: So how did that all get started?

[0:01:26.6]

MA: I was looking for a full-time job, and I had a friend that told me, “Oh, they need somebody to work that is bilingual.”

And I said, “Okay. I take it.” Because it’s far, I can take it until I can get another one close home. So I been working, never went back.

[0:01:51.1]

MK: So were you living near the clinic—you weren’t living near the clinic at that point?

[0:01:55.0]

MA: I’m still not.

[0:01:56.4]

MK: You’re still not?

[0:01:56.4]

MA: No. I drive like fifty-five minutes one way.

[0:02:02.5]

MK: Oh, wow.

[0:02:03.1]

MA: Yeah.

[0:02:04.0]

MK: So where do you live?

[0:02:04.4]

MA: I live in Fayetteville.

[0:02:06.0]

MK: Oh, okay, okay. So how did you become interested in healthcare, then?

[0:02:10.3]

MA: I always been interested in healthcare. I didn't want to be a nurse or a doctor, nothing like that. In my times, there were nothing beside being a secretary, or not even a receptionist. There were nothing beside that in my times when I was going to college or everything. So when I had the opportunity to come and work here, I was interested, and I start working with the prenataals. I was a clerk and I was a driver picking them up in the migrant camps, that they needed the transportation. And that take over other stuff that I got interested into it, so I passed to the HIV, the counseling and testing. That was so big in those time, in the end of [the 19]90s, testing patients or people that probably they were at risk to have the disease, so, yeah, that took over.

[0:03:30.9]

MK: What was that like?

[0:03:34.1]

MA: It was interesting. I learned something that I didn't know. I had a cousin that died of the complication of the HIV, and was very hard, especially in those time. I didn't know anything about it. And having the opportunity to learn about it and actually sit down with other and talk about what they knew and be able to tell them how to protect themselves, and even though some people would listen and I knew the other didn't, but at least I be able to—I guess it's the teacher in me. I really enjoyed that a lot.



After that, I was working as a service coordinator. I actually start working for about four years under another grant that we had two—we were two coordinators or two case manager for patient prevention—so we work with HIV-positive and -negative and to follow them up to see they could change their way so they stay safe and make others safer too.

[0:05:15.9]

MK: So what are you doing now?

[0:05:19.5]

MA: After so many years working with HIV patients, right now I took the—after finishing the housing grant for HIV, now I'm working under the whole clinics, all the fifteen clinics. They created a department to do the external referral, so I'm working under a few providers, and then I process other referrals for the patient that are going on outside. So I'm helping. I miss the one-to-one with the patients. I still have some patient that call me. [laughs] They found me. They find me all around. But I know I still helping, because it's important for them when they have to go to an outside provider, a specialist.

[0:06:35.1]

MK: Absolutely. So you still have relationships with patients that you worked with earlier?

[0:06:40.3]

MA: Well, they know that I'm here, and last week, for example, somehow I'm walking and I see this lady and she said, "Oh, my god, you're still here."

And say, "Yeah," you know. And, "Who's this beside?"

And she said, "I'm here because we brought our grandchildren to be here."

And I said, “Oh, that’s so pretty.” I said, “Your grandchild?”

She say, “Yeah, this one.” So it was one of the prenatals that I drove, so that baby she had had a baby, so, yes, yeah.

[0:07:25.1]

MK: That must have felt amazing.

[0:07:27.0]

MA: Yes.

[0:07:28.3]

MA: Wow.

[0:07:29.5]

MA: Yeah, they recognize me. You know, some patients, like HIV patients, they calling here and they find me, and they’re don’t coming here any longer during another stay, but they wanted to know something, or an opinion or something and they find me and call me, say, “Hello, I need to know how—,” this and that. And, you know, it feels good. It feels good that—

[0:07:57.3]

MK: It seems like it—sorry. Continue.

[0:07:59.7]

MA: No, no.

[0:08:01.8]

MK: It just seems like them knowing that you’ve been here for so long, it gives some kind of security for them.

[0:08:01.8]

MA: I imagine, or the type of—I was always open for any question they had, doesn't matter what was the type of question, and really they were comfortable to speak with me about everything.

[0:08:38.7]

MK: That's great.

[interruption]

[0:08:42.9]

MK: We've got a crying baby. We'll see if it passes, otherwise we'll pause this.

[laughter] Just the life of the clinic.

[0:08:50.4]

MA: Yes. It's the pediatric on that side.

[0:08:54.2]

MK: Oh, okay. Yeah, yeah, yeah. Yeah, that's really great to hear all of that history of how long you've been working here. How do you feel like the clinic has changed since then?

[0:09:03.8]

MA: It has changed a lot, I mean structurally, because when I start working, wasn't so many, the campus. We were only one clinic, and now we are fifteen and have grown a lot. I was away for three years. I was married at the time, so we were stationed in Hawaii for three years, and that gave me the opportunity to see what they were doing in another places beside inland. And everywhere I did go, I was looking to see what the difference, you know, between us and here, but we are so unique about what we do in

here, especially the HIV team. It's something that not every sites have in another—even in this state. So when I came back, it had grown, and it's still growing, still growing and changing, changing for the better. So, like I call the growing pains until everything is settled, then to see what else we have to change in the services and what—because the population change also.

[0:10:42.5]

MK: How has the population been changing?

[0:10:45.1]

MA: When I start working in here, this was basically a clinic that was set up for migrant farmworkers, so being that, it's giving them services that at the time, there were nothing around that was for them, especially the language, and not only the Spanish, because the other languages at that time, you know. So that had changed because the migration have changed and they had settled and other places has opened and there are people that speak the different languages, and now you can have translation in the phone. You know, even with the phone, you can have an app that translate for you in any language. So, things have changed. So the main thing that had happened is that we been growing and the sites are open to the community, so now it's a community health center, so it is offering services to everyone.

[0:12:11.2]

MK: So when you first started, you said they wanted a bilingual person because it was for migrant workers, right?

[0:12:21.9]

MA: Yeah. Basically, when I started working here, I was like employee number seventy-eight. [laughs] That's including the doctors and everything. And about probably I would say at that moment probably 70 percent of all the employees, we were bilingual, yeah.

[0:12:47.3]

MK: What about now?

[0:12:48.9]

MA: Right now, I cannot tell you. [laughs] I know we are not seventy-eight. We are a lot more employees, but I really cannot tell you. I don't have that information.

[0:13:09.9]

MK: Yeah. No, that's okay. I just—I was curious. It seems like CommWell Health is really invested in this community—

[0:13:16.2]

MA: Yes.

[0:13:18.1]

MK: —and it just seems like—I mean, because you have providers who are, like, understanding where the patients come from and the staff who are understanding that.

[0:13:26.2]

MA: Yeah. And they try to teach any new employees about what we believe in, and we have classes every quarter about different—so everybody is in the same place about how to work with others from, as a patient or inside as a coworker. So, yes, yeah, it has in (     ), yeah.

[0:14:10.3]

MK: That's great. Can you talk a little bit about growing up, how that was like for you, where you grew up and—

[0:14:17.4]

MA: [laughs] I was born in New York, an island on New York. My parents, they both met in New York, both of them from Puerto Rico. So before I turned two, they moved back to the island, so I grew up in the island, so actually my main language is Spanish. I didn't learn English until later on. I did go to school, church school. My father is a minister, so even though they teach English in schools over there, but we don't use it at those time. And times are different now. There were no TV or radio in English. Now they have cable, so everybody listen to the English, and then we didn't, only at class, so we didn't use it. When we went to college, a little bit, only in the English class.

So, yes, I decide to move back into the mainland when I have my first child, and it was rough because I was able to understand people and I wasn't able to express myself. And it was rough, especially for conversations and reading, because I love to read, and that slow me down so much. [laughs] But sometime I think the necessity made you evolve, so, yes. Children, I had to do stuff. And I end up being in Tennessee. Nobody speak Spanish over there. I had a few friend, but everybody was working, so I had to take my children to the doctor—I wanted to start working, so, yes, I made myself—I learn my vocabulary so I can speak. [laughs]

[0:17:06.2]

MK: Wow. So Tennessee was the first place you moved back to?

[0:17:10.1]

MA: No, no. From Puerto Rico, we first moved to Chicago, and that was the grandparents from my children that were there and I have uncle that live there. I have family, too, but I didn't like Chicago. Big cities like New Jersey and Chicago, they had apartment, they don't have yards and stuff, and I think, one, I didn't like that. So my sister was in college in Tennessee and we visit, and I say, "Oh, I like it here," and so moved down there, yeah, country. So my kids went to school, primary school, over there.

Then I moved to here from—and they tell me in Tennessee, "Oh, my God, that's very country. North Carolina, it's very country. You're not going to understand them."

[laughs]

And I said, "Okay. That's fine." So we move here as a military dependent.

And, yes, the accent is different from Tennessee to North Carolina, and some places the accent is more deep, but I like it. And I stay until my children—I say, "I stay until they finish high school," and stuff. I got grandchildren still here, and then nobody here. [laughs]

[0:18:55.2]

MK: Because of work or just like—

[0:19:00.2]

MA: My children are grown and one is in California, one was in Virginia. They both serve in the military and they get off and they went to school what they like to do, and the oldest one, he's thirty-nine and he got two children and they live in Florida. But he finish school and he moved back home, and the grandchildren are home for the summer, so I have them. At least for the summer, I have the three of them. The other one in California, he serve also, and he went to school for the film school, so he's there. He

finish and he's there hustling, working, getting in those things, looking for a break to get into what he like to do, the music and the filming.

[0:20:06.2]

MK: That's great. So I feel like—it sounds like your kids had a much different childhood than you did, growing up in Tennessee and North Carolina.

[0:20:35.9]

MA: Yes, because I was in Puerto Rico all the time. So even though in Puerto Rico, my father being a minister and they both sing, so they were invited to different churches to sing, so I was always on the go around the island visiting other people and very social, social in the way that visiting so many different church, they knew them. So usually being in the same church circle and school, so we—I mean, I didn't dance or nothing like that, but it was very nice upbringing, different from my children, yes. But I've be able to travel, and they travel, yes. It was kind of different.

[0:21:56.7]

MK: You were what?

[0:21:59.1]

MA: No, that was the difference, being traveling outside, but they were able to go back, like in the summer, to Puerto Rico with the grandparents, and spend time with them. So they enjoyed that also.

[0:22:14.5]

MK: So was that, like so they can learn about that culture and stuff? Like, what—

[0:22:20.1]



MA: Yeah. Well, I always spoke to them in Spanish. One of the teachers when they were in kindergarten, they told me that I shouldn't do that because they wouldn't learn, and I said, "I don't agree with you."

And she said, "Well, I'm their teacher."

And I said, "Well, I'm a teacher also. I taught five years in Puerto Rico. And children up to ten years old, their brain are open for them. They can learn anything."

And she said, "Well, I don't agree with it."

And I said, "Well, then you're in the wrong job." So she got mad because I told her she was in the wrong job, she had the wrong job. But, yeah, you cannot limit children. They're going to limit themselves for the rest of their life.

At this time, they probably—they understand Spanish. One of them, the oldest one, he was adventurous enough to go for a whole year in Puerto Rico school. He didn't do that good, but he wanted to see how school over there were, and he had a little trouble with the language, especially to do the classes and everything, but at least he experienced that. The youngest one, no, he didn't want to do that, but he understand Spanish and he can speak it.

[0:24:11.7]

MK: Okay. So when the older one went back, was he in college or was—

[0:24:16.2]

MA: No, he was in high school. He was in high school, so that's why I was surprised, because usually high school, you got friends here—but then he's back and then he's telling them friends how was it and everything, so it was—he's more adventurous, you know, than the other one. The other one is more—I was very surprised when he said

he wanted to go all the way to California to school, so far. I said, “You understand that it’s far? It’s not like, you know, you don’t like it and you are in Virginia. I can’t drive over there and pick you up or something.”

[0:24:57.3]

MK: I think it’s farther than Puerto Rico, actually. [laughs]

[0:24:59.7]

MA: Yeah, yes. But, yes, I have be able to give them a variety of experiece for them, and I hope they keep having more.

[0:25:30.2]

MK: So what was it like when they were growing up and they would feel sick or something? Like, how did that happen? What did you do whenever they would get sick?

[0:25:41.9]

MA: I think, I mean, you learn as you go. The only thing is that then you remember what your mom would do, or even your grandma. And when they were younger, it was easier, I could call, but my mom passed, and my grandma, so I said, “I cannot call them.” So you kind of remember what when you were little, what they did to you if you had—but I haven’t—I’m not like a very over-motherly mother. I don’t want to be their friend, because at the end, I was by myself with them, single mother, and so I wasn’t the father, but I was putting the order in the house, and two boys, it’s hard. But of course, I loved them, they knew. I was mother to them, but I was able to teach them and make sure that they wouldn’t suffer when they grow up, because that was always in my mind. They had to be self-sufficient and know what they need to be done in the house: how to do their laundry, how to sew anything, how to cook, because they like to eat, and

how to eat anything, not to be picky. Because I didn't want something happen to me and they go someplace with any family, with their family, and they suffer because they weren't with me and—so, yes, I don't know that I was like a regular mother [laughs], like going with them to the gym and play basketball or take them—I was the one cheering them up in the games and, so—

[0:28:25.3]

MK: Do you remember—you were talking about, like, remember what your mom or grandma did for you when you got sick. Can you remember any of those off the top of your head?

[0:28:36.7]

MA: Yes. I was talking with one of the doctor because one of my—I had, type of allergy for—my stomach was queasy because I ate some popcorn at the theater and somehow I got a food allergy, and I said, “I don't know. I eat popcorn all the time.”

And he said, “Probably was the butter, was cooking so long that it wasn't butter anymore, and that, you know, how it's made is not butter because it's being hot so long, so it's something else,” and that's what I got that. And he said, “You can make water with rice water.”

I said, “For the stomach?” I said, “How you know about that?” I asked him, because my grandma used to do that.

[0:29:43.4]

MK: Rice water, you said?

[0:29:44.1]

MA: Yeah, put water and put the rice in water, and the white water, you drink that, that made your stomach feel better. And that's one of the thing[s] that when you feel sick or you're sick, you got a fever and thing like that and you don't feel like eating, my grandma used to make, kind of cook the rice a little bit, but it's soft but it's watery, and put it, something so it doesn't taste that bad and kind of ( ) eat it so you eat something. But, I don't know, she put cinnamon or something. The thing is that was good and we like it.

[0:30:34.3]

MK: Yeah, it doesn't sound too bad.

[0:30:36.6]

MA: Mm-hmm, and I didn't know it was good for the stomach, but those are the old tales people used to do.

[0:30:46.9]

MK: So were your grandparents around when you were growing up a lot?

[0:30:51.8]

MA: Yes. In my mother's side, we had her dad. We didn't have much contact with him because he was kind of racist, and my mom was the first one that married somebody that was mixed and he didn't like that, so he didn't like us because we were kind of dark. But from her mom's side, even though her mom died when she was very little, very young, we used to go to her family in the country a lot, and we like it a lot. Her grandma, I met my great-grandma. Yeah, it was her grandma, so it's my great-grandma. And she die 115, yes. And my dad's mom, my grandma, she die by 101.

[0:32:20.6]

MK: Good genes.

[0:32:23.1]

MA: Yeah. My dad is eighty-nine now. Her sister, my aunt, just died about three months ago. She was ninety-three. So, yeah, they live long. My mom didn't—she died young. She had cancer. It was just thyroid cancer that was like, a week, she was gone.

[0:32:54.2]

MK: Wow. What was that like?

[0:32:56.7]

MA: Yeah, she was fifty-one.

[0:32:58.0]

MK: So when was that?

[0:33:00.3]

MA: That was in 1985.

[0:33:04.4]

MK: Oh, that must have been really hard.

[0:33:06.1]

MA: Yeah. Yeah, it was. It was hard because—I mean, it's hard losing your parents, especially in that way. She was in peace. I didn't feel sad because I know that she wasn't hurting anymore because she was in not so much pain, and we spent time, so it wasn't—it was hard, but it was peaceful. And knowing that my children, they get to spend time with her, they got good memories, so it's good.

[0:34:08.7]

MK: Were you dealing with a lot of, like, doctors and hospital stuff around that time when she was going through that?

[0:34:15.7]

MA: No, because she—it's like I said, she had an appointment, and that was after Mother's Day and she said, I guess, something, "I cannot swallow good," because they had removed part of the thyroid a couple of years before. And she said, "Well, tomorrow I got the appointment and they're gonna see."

When she went for that, the doctor said, "I need to remove—you've got a tumor in there." So that night, she had surgery. She never got out from the hospital.

[0:35:02.1]

MK: Wow.

[0:35:04.2]

MA: She lasted—I was in Tennessee, I flew in. So she lasted that week. That was it.

[0:35:12.3]

MK: Wow. Do you know if there's—does it run in your family?

[0:35:18.7]

MA: In her family it runs the cancer, cancer of anything. And then in 2005, I was fifty-one, I had to go to an urgent care because I was brushing my teeth and I scrape all the ceiling—I was trying to brush in the back of the tooth and I was—and I scrape all the—until I was bleeding, and said, "Oh, my god. I have to go to doctor so they can see it."

And he said—when the doctor saw me, he said, “Oh, you’re going to be okay. That’s going to form a little bubble and your body’s going to absorb it,” and this and that, “but I need to check your thyroid.”

And I just said it just happened that I had my labs done. Since my mom died, we all do the labs. So he said, “Well, I want to do a sonogram with contrast, and I want you to do it today or tomorrow.”

And I said, “Why?”

“Because I feel something in there.”

So by the time they did it, I had five nodules and a tumor in there. The only thing was that it didn’t show it was going inside, so I was having trouble swallowing, but, something that I was thinking, probably I’m putting too much in my mouth. But sometime I was choking even drinking water, and I was having other symptoms and I was gaining weight, because I always was very small, and gained weight and all that stuff.

So, yes, then, of course, it went through my head, you know. I was the same age of my mom. I was having the tumor and all that stuff, but everything went okay and they remove it. That’s why I have the thing here. They remove it, and they were going to remove part of it and I told the surgeon, I told her, “Just remove the whole thing, and you can scrape it and everything. I don’t want nothing left in there,” because my mother, they remove only half of it. And thyroid is one of the glands that actually can grow back, so—  
[0:38:09.0]

MK: That must have been so scary.

[0:38:11.6]

MA: Yes, it was. It was very scary.

[0:38:13.6]

MK: You have an hour for lunch, right?

[0:38:18.3]

MA: Yes.

[0:38:20.0]

MK: And you haven't eaten. Do you want to eat some and then we can talk a little more? It's 12:55. Do you have an appointment at 1:00 or—

[0:38:28.3]

MA: No, I have to go back to work at 1:00.

[0:38:30.1]

MK: You have to go back to work? Okay. Do you want to eat something?

[0:38:32.3]

MA: No.

[0:38:32.4]

MK: Okay. I don't want—I feel bad taking your whole lunch.

[0:38:37.2]

MA: No, no. As long I'm back at 1:00 in there, that's fine.

[0:38:39.6]

MK: Okay. We'll talk till you have to go back. Let's see. What should we talk about? Five minutes. [laughter]

[0:38:49.4]

MA: In five minutes.



[0:38:51.9]

MK: Yeah. I'm curious if you've had—like, you were talking a little bit about your experience with the cancer scare and them taking it out. How have your experiences been with doctors? Like, have you ever had a doctor that you really connected with or you've had a bad experience in a doctor's office?

[0:39:11.7]

MA: I have bad experience because with some providers, and usually I just change them, because some of the providers, I'm one of the patient that is asking them why and how and there is something else, and some provider, they don't like that. They like you to do what you tell you because they're the ones to go to school, and I had a provider that told me that. "I was the one that went to school for this."

And I said, "And I appreciate that, but I need to know the why," you know. And so I changed my provider. [laughs]

For this experience, I was lucky and blessed that I had this surgeon that she was—I think I was one of the last surgeries she did, probably, in those days, because she retire. You see, she's a good surgeon. She was very good explaining you everything, what is it, what it come from, what to expect, also talking with my husband at the time and telling what to expect, and she followed me because I had complications, because I didn't know nothing about thyroid, how important it is in your body, how much control have in your body. And sometimes it's sad that it take you to be in that position to learn about, but, yes, I was very lucky to have that provider.

[0:41:37.6]

MK: Do you think that bad experience and the good experience have affected the way that you interact with patients?

[0:41:46.2]

MA: Yes. Yes, because I tell my coworkers, “At some point, we are patients somewhere, and we are lucky because many of us, we know how to ask the right questions. Other patient, they don’t, so it’s up to us to empower them to learn, to learn about their body, about what they need to ask, not to be afraid to ask.” If they’re not feel comfortable with the provider, they can always find another provider, not to find one to tell you the same thing you want to do, it’s to tell you what you don’t know that probably what you’re thinking is not right or is not correct. So, yes, yes, it has empowered me a lot.

[0:43:02.2]

MK: That’s great. Mirna, thank you so much for your—

[0:43:05.6]

MA: You’re welcome.

[0:43:06.1]

MK: —sharing. You’ve been great to listen to. Is there anything else that you want to add before I turn off the recorder?

[0:43:06.1]

MA: No, I don’t. [laughs]

[0:43:12.1]

MK: No? Thanks for taking your lunch break.

[0:43:19.1]

MA: It's my pleasure.

[End of interview]

Edited by Emily Chilton, November 1, 2018