

‘Sam’ Interview Transcript

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[00:00:00] **Interviewer 1:** Um, so if you could just start by telling us a little bit about yourselves, like, where you're from and where you live now.

[00:00:09] **Older Adult 1:** What, her start first, me start first, or what?

[00:00:13] **Interviewer 1:** Let me start with you and then go to [redacted]. How's that sound? Okay.

[00:00:15] **Older Adult 1:** Well, I was born in Iowa in Waterloo.

[00:00:20] **Older Adult 1:** And I've lived there, uh, say, 90%, 90 percent of my life or more. I did get married at one time and lived in California for about a year. Um, and, uh, came back, I got divorced. And I've been living in Waterloo ever since until about last year when I had some incidents that happened at the house and I ended up staying in a hotel while the house was being worked on.

[00:00:47] **Older Adult 1:** So, um, yeah. And I fell in the bathroom at the hotel. Then they took me to the hospital. And at that time they found out because I had cracked up some bones in my back, I had bone cancer. And they found out there was something wrong with my kidney, I guess because the cancer had affected my kidneys. And that's when all this bad stuff started to happen.

[00:01:12] **Older Adult 1:** And I don't know how far more you want me to go with this, but, um, um, The doctor in Waterloo asked me to go to Iowa City to get some work done there, which is a large hospital in Iowa, probably the largest in Iowa. To see what was going on as compared to what he thought was going on. And when I went there and I got some information, which was kind of funny because they thought I was basically, you know, I had hurt my back.

[00:01:40] **Older Adult 1:** But they were going to, they were going to check me out and let me go back home. And I found out right before I left, they wanted me to stay. So I ended up staying in the hospital and going through some treatment there. And my sister was nice enough, she was coming up about every other day to see about me because I had to stay in the hospital at the [redacted], in Iowa City.

[00:02:07] **Older Adult 1:** And, um, it would be a lot easier if I could stay. You know, maybe come to Des Moines where she was living at, then she wouldn't have to drive a hundred miles every other day to come see about

[00:02:17] **Interviewer 1:** it,

[00:02:18] **Older Adult 1:** you know. And so, I was up there, I was in Iowa City for about two weeks or so, and when I went back to Des Moines, and when I got there, they said, well, they think there's something, you got cancer, you should have been on dialysis long ago.

[00:02:38] **Older Adult 1:** And one of the people in Iowa City didn't think I would. That was necessary. Then, who you gonna believe? You know, one of the biggest hospitals in this, in the Midwest. But the only thing that I knew that had more I guess, more nuance with them or whatever, was, uh, the Mayo Clinic. And so, they tried to put me on dialysis as soon as they could while I got here to Des Moines.

[00:03:05] **Older Adult 1:** And then, out in the Midwest. They put me in the hospital in Des Moines, here, in, uh, I think it was, uh, [redacted], I think it was. I was in there for about two or three weeks, and my son come over. I guess they thought I wasn't going to make

[00:03:22] **Interviewer 1:** it,

[00:03:23] **Older Adult 1:** you know. But like I said, before, I don't know, I had lost a lot of weight.

[00:03:27] **Older Adult 1:** I went from like 220 down to, at that time, I was on to like 145. I had lost a lot of weight. And, uh You know, I was kind of wondering, you know, like, one week I'm healthy and doing whatever I wanted to do, and the next week I'm, I'm dying. You know, that kind of thing. Which, uh, that's the thing she was kind of laughing about.

[00:03:54] **Older Adult 1:** Talking about, you know, you want to talk about the future? Well, according to that, I might not have a future.

[00:04:01] **Older Adult 1:** But anyway, uh, I don't know how far along you want me to go with this. Um, You know, I was in the hospital too. I was in Waterloo. I was in the nursing home. And I was in there for about a month or so. And then my insurance said, we're not going to pay for this anymore. We're going to put you out. You know, and I thought that was what my insurance was for.

[00:04:26] **Older Adult 1:** You know, where am I going to go? I can't go back to my house. My house is being worked on. I can't stay here anymore. So my sister said, come stay with me. That's how she got involved with a lot of this stuff. And, um,

[00:04:47] **Older Adult 1:** I was trying to get on Medicaid because they would handle some of that stuff. And I tried to apply for that, and I was rejected. And then I tried to apply while I was in the nursing home with the, with the, uh, social worker She said, you know, you shouldn't have any problems. Cause you know, I was in the nursing home and I also got COVID.

[00:05:09] **Older Adult 1:** Which I never had before. I always took my shots and this and that. But you know.

[00:05:15] **Older Adult 1:** So, you know, they shut the door and locked me in. Can't come in. Can't come out. That kind of thing. And uh,

[00:05:25] **Older Adult 1:** you know, what am I supposed to do? You know, like, I I had, I wanted to pay my bills, and one of the things my car payment for my insurance would do, and I had to go out and get another six months thing, I can't leave here. I can't go out, I can't even go out in the hallway, let alone come talk to somebody about my insurance.

[00:05:44] **Older Adult 1:** That kind of thing, and I was starting to get behind on my bills because I couldn't, I couldn't get to the bank, and.

[00:05:53] **Older Adult 2:** No computer available. Yeah.

[00:05:56] **Older Adult 1:** Um. You know, like I, I couldn't, like I said, like when I had talked to you earlier, I said, well, you got things about Medicaid, I want, I want to apply again. I had talked to two or three different, um, um, social workers and they said, well, you shouldn't have any problem.

[00:06:12] **Older Adult 1:** Well, how come I don't have it then? Because I've already applied. You know, not that you guys got anything to do with that, but I was just kind of wondering, you know, if they said I should, I thought I could, but I'm not. So I don't know if that was just me or if they didn't know what they were talking about or what the deal was.

[00:06:27] **Older Adult 1:** I need to know more about it. You know, because I'm walking with the King, you know. And I was walking, I wasn't walking up from Fort, while I was in the wheelchair. And like I said, you know, my son from Texas came up to see me, because I guess they told him, you better come see your dad before you don't have a daddy anymore.

[00:06:45] **Older Adult 1:** But, uh, I, you know, I You guys can ask me questions about, you know, my, my, uh, medical appointments, like I said, I was in dialysis. I was, well, I'm still going there. I was going there three days a week. I was going to, getting cancer treatments two days a week. And, uh, I was having trouble trying to, you know, get there because I was in, you know, Pleasant Hill, which, like I

[00:07:20] **Interviewer 1:** said.

[00:07:21] **Older Adult 1:** Which is, like, Twenty miles from where I got to go to get treatments, which is another thing, because I'm not from this area, you know, I don't know where things are, I don't know how far it takes to get there, I don't know how you get there, you know, and uh, I couldn't afford to do that, you know, because they wanted anything from 35 to 60 one way.

[00:07:42] **Older Adult 1:** I can't afford that, you know, and I can't, not

[00:07:46] **Older Adult 2:** five times a week.

[00:07:48] **Older Adult 1:** I can't afford to have her get off her job, you know. Five times a week, you know, to take me to somewhere and then bring me back, you know, and she will still keep her job. That kind of thing. And finally, I did find a place where they said they will charge me 7 for a round trip.

[00:08:06] **Older Adult 1:** Which is, for me, which doesn't sound like that much, but like I said, I don't even have like, my only payment is Social Security, which is 1, 300 a month. But I got to pay them 7. 00 It's round trip and that's five days a week, you know, and like, you know, if I wanted to go back home and check on my progress there, well, we got to know where you're going to stay at.

[00:08:33] **Older Adult 1:** We got to know where you're going to get your treatments at when you get back. I just want to go down there and come back. She said, well, you know, you can't do that, you know, you know, I got to stay at a hotel. That's a hundred dollars a day. I can't afford that, you know, and I got to stay a couple days, and then I got to come back, and if that's not enough, I got to go back again, that kind of thing.

[00:08:52] **Interviewer 1:** Uh,

[00:08:52] **Older Adult 1:** and, I have trouble, like, with dark. They saying that they have to cut, cut back on that, so hopefully they will still be able to take me to my places. Or not. Uh, but, you know, like I, you know, I'm trying to say, I hope everybody doesn't have the same treatments that I have, you

[00:09:19] **Interviewer 1:** know. How many hours a week are you spending going to different appointments and things?

[00:09:26] **Older Adult 1:** It takes approximately a little over a half hour from Pleasant Hill for me to go to my dialysis and about the same amount of time for me to go for my kidney treatments. So that's, when I first started out, that was what what, uh, half hour for each one, two and a half hours, one way, two and a half hours, five hours a day, that kind of thing, and I got to be at the dialysis four hours just for the treatment.

[00:09:57] **Older Adult 1:** So, basically, I'm just, my whole day depends on this, either going to the doctor, coming back from the doctor, or being at the doctor, you know, so it's not much that I have as far as. free time. I don't have a place here. Her friends were nice enough to let me stay at their house, you know, so basically I'm just watching TV and going to the doctor.

[00:10:24] **Interviewer 1:** And then that's where you're staying now at your, your friend's house. Yeah, I definitely have a lot of like follow up questions about what it was like to apply to Medicaid and how you learned about these transportation services and and how they could be improved. But, um, before we dive into that, uh, [redacted], if you could just answer the same question and talk a little bit about your background.

[00:10:47] **Older Adult 2:** Okay. I was also, um, um, born and raised in Waterloo, Iowa. And stayed there until I was 17. And then I started my undergraduate education in Indianola, Iowa. Okay. And, um, finished there and, uh, moved to Des Moines and had various jobs. And, uh, started working at [redacted]. And, um, they had a, um, educational benefit.

[00:11:26] **Older Adult 2:** So, took advantage of that. Went back and got my master's degree. And, um, they paid for that, um, uh, all of it except for 300. So I thought that was quite a deal. Um, and I was already working at [redacted] when, um, um, I decided to go back to graduate school, so I just went from there to a higher level position when I got done.

[00:11:58] **Older Adult 2:** And, uh, I've been here ever since. I've been here almost 41 years. So, I am single. I have no children. Um, his son is my child. There he is, right there. My baby boy. He's not a baby

[00:12:20] **Older Adult 1:** anymore.

[00:12:21] **Older Adult 2:** Yeah, he's 47.

[00:12:24] **Older Adult 1:** 47 in August, huh? I

[00:12:26] **Older Adult 2:** think he's 47 now because we're 20 years apart.

[00:12:28] **Older Adult 1:** Oh, okay.

[00:12:31] **Older Adult 2:** Um, I've had a lot of jobs, uh, in helping people.

[00:12:38] **Older Adult 2:** Um, it doesn't sound like it. It sounded like I was only at one job. But, um Probably my first job was at, um, a long time ago, you went to job services, that's what it was called, to get a job, and so I went there with my little suit on and my briefcase and twenty one years old, and um, so the person who interviewed me asked me if I would like to work there, and I went, oh, sure.

[00:13:08] **Older Adult 2:** So, when I was there, I I looked at all the social work positions and blocked off, uh, um, uh, one particular one I was interested in so the only person they could send would be me. So I got the job and, um, uh, did that for a while and I left there and I went to [redacted] and worked as a, a social worker with Indo Chinese children, which are very different from American children.

[00:13:36] **Older Adult 2:** And, um, left there and went to [redacted] and I have been at [redacted] since. Um, and the, um, I've worked in, um, in the hospital as a therapist and now in the outpatient clinic as a therapist.

[00:13:54] **Interviewer 1:** Thank you both for sharing all that. Um, how old are each of you now? How old are you? I'll be 41 [redacted].

[00:14:04] **Older Adult 1:** Not 41, 71.

[00:14:05] **Older Adult 1:** Oh my god, you're insane!

[00:14:09] **Older Adult 2:** Oh, that would make me 31. I'm 67, I'll be 68 soon

[00:14:12] **Interviewer 1:** and how old do you feel? Oh god, 80.

[00:14:20] **Older Adult 1:** Like I said before, I felt fine, you know, I was up and running around, you know, doing everything everybody else was doing. You know. And all that seemed like it changed overnight, you know. Um, I, I was scared for her because before all this happened to me, things happened to her.

[00:14:41] **Older Adult 1:** She had open heart surgery. So, I don't know. But, you know, now I take more, a day at a time, you know. You know, you know, she always saying, well, [redacted] don't talk that way, you know. Like I got a thing at the hospital, the disease I got, the bone cancer I got, said most people don't live more than three years.

[00:15:04] **Older Adult 1:** What am I supposed to think? You know, you try to live, you know, get as much out of life as you can, you know, I try not to feel sorry for myself, you know, I try not to bother her, you know, cause I know she cries about it, you know, and I cry about her too, cause she might have had another open heart surgery.

[00:15:22] **Older Adult 1:** She said, well, you know, I got to take care of you, you got to take care of me, You know, like I said, my son is in Dallas, Texas. He can't do much down there. But, you know, you try to, you try to, I shouldn't say that, I'm trying to help as many people as I can while I'm still around to do that, you know.

[00:15:42] **Older Adult 1:** You know, I don't want anybody to feel sorry for me. I just want to say, you know, try to get the most out of life that you can.

[00:15:51] **Interviewer 1:** And how about you? How old do you feel?

[00:15:55] **Older Adult 2:** Um. Well, probably in the past five years, I have aged in terms of how I think of myself. Um, before I felt, I can't believe I'm this old. And, um, in the past five years, I've found out about different diagnoses that I never knew I had. And, um, when I had to have open heart surgery, that really opened my eyes to, I need to, Take better care of myself and things like that and so I may even, like he said, have to have another surgery.

[00:16:35] **Older Adult 2:** I'll find out on the 28th or 29th of this month that I have a, um, my aortic valve went bad and so now I have a cowl valve. And, um, so it's not doing very well in there. So, I may have to have another surgery. I'm not looking forward to that. That was a traumatic experience to have your chest cut open. And, uh, so, we'll see.

[00:17:06] **Older Adult 2:** We'll see what, what, what happens. So.

[00:17:11] **Interviewer 1:** And did you both grow up together? Mm hmm. Have you always been this close? Well, we were. Yeah. Yeah. Goodbye. Um, did you have ideas or expectations about what it would be like to get older when you were younger? Never even thought about it. I'd

[00:17:32] **Older Adult 1:** say, you know, I just, I took, you know, I, to me life was fun, you know, like I, it's like, you know, I felt, I'd say two years ago I felt like, same as I felt when I was like 30, 40 years old, you know.

[00:17:47] **Older Adult 1:** I, you know, I'd go out, you know, and. And they had a new casino in Waterloo. I'd go to the casino, you know, and they had a lot of young ladies out there. You know, I'd talk to them. I'm a single man, you know, like that

kind of thing. All that changed. Now you got to worry more about trying to get up in the morning than trying to go and talk to somebody in the morning.

[00:18:12] **Interviewer 1:** What about you? Did you have expectations about what it would be like to get older?

[00:18:16] **Older Adult 2:** I always thought about what it was like to get older. Not. Like 60 and 70, because I thought that was really old. But, um, to be an adult. And I always thought that I would be wealthy. So it's a hell of a disappointment today.

[00:18:35] **Older Adult 2:** I always thought that I would be wealthy and taken care of. And not single and taking care of myself. Um, and I think that's because, um, we have parents that did. Um, In the neighborhood in which we lived, we, my parents, did well. Probably better than most people in the neighborhood. And so, I just thought that my life would be even better than that.

[00:19:03] **Older Adult 2:** And, um, so it's much harder, life is much harder than I ever thought it would be. And, um, it's just, um, my dreams and goals, uh, didn't come to pass. Um,

[00:19:21] **Interviewer 1:** are there things that you heard people say about aging that you find true or untrue?

[00:19:28] **Older Adult 2:** Yeah, um, I guess I really tuned in to aging when my parents started getting older and my mom started to have health problems.

[00:19:38] **Older Adult 2:** And I was her, um, person that took her to the doctors and, and listened to all the things that they said. And it was, um, It was a horrific experience, um, so, um, and then I started paying attention to, um, because I was always at the hospital and, and with my mom and her friends and they tended to be older than her.

[00:20:10] **Older Adult 2:** And it was, it was eye opening for me to see. see people aging because I had not thought about that. I mean, I had thought about getting older, but probably a 30 or 40 because to me at that time, that was old. And, um, I never thought about being this age. So I asked myself a lot, should a woman of 67 be doing what I'm doing and dressing like I'm dressing?

[00:20:40] **Older Adult 2:** Should I be having on the mom jeans and, um, And, um, because when I think of somebody, like sometimes I'll get referrals, and I'm starting to get more referrals, uh, I'm a mental health therapist, and I started, starting to get more referrals of people who are like 60 and 70, and I remember saying, why am I getting all these old people, and I thought, oh, I'm the same age as they are.

[00:21:05] **Older Adult 2:** And so I find myself looking at people, thinking, hmm, she looks 80. And she's 60 or, um, you know, and so it's just surprising. Um, I'm starting to feel a little bit of fear because my career days are over. Uh, as I see it, they're over. And I'm going to be leaving my job fairly soon. Um, so I'm a little bit scared about that.

[00:21:40] **Older Adult 2:** And The thing that scares me most since I'm having health problems is what is my insurance going to be like? And am I going to be poorer than I am now? I am not poor now, but I don't want to be poorer and Will I be able to manage So I worry about that as my first time around as a elderly

[00:22:06] **Interviewer 1:** person

[00:22:10] **Interviewer 1:** Um, what does aging well mean to you? Uh, I don't, I

[00:22:19] **Older Adult 1:** really can't tell you because I don't think I have. You know, I had a hard time, I shouldn't say a hard time, going, I should say, you know, she, she said that she thought she would have more when she got older. Well, I thought I would I'm going to be able to do more and have more when I was older too.

[00:22:45] **Older Adult 1:** You know, because I went to school and I got my bachelor's degree. And my folks helped me get that. And I worked two jobs during the time I was going to school. So I can probably say one thing to myself. When I walked across the stage, I was debt free. And you know, like a lot of people say, You know, the government wants to pay off your school loan, and this and that.

[00:23:10] **Older Adult 1:** I said, well, that that's really nice, but, I still say I'm still proud that I walked across a a stage, and I didn't know anybody that died. That kind of thing. And I, um, I thought, you know, when I when I got my degree, I thought, well, hey, you got your degree. You know, you you got it in a good area, I've, you know, I got my degree in accounting, you know.

[00:23:34] **Older Adult 1:** So I can walk over to this place and say, well, I got a 4-year degree in accounting. Do you need an accountant? You know, and you always talking about, you're looking for minorities. I went to almost every accounting firm in town. And I was saying, you know, I'm available. You know, and after the first couple of them, I said, well, you know, we don't need anybody.

[00:24:00] **Older Adult 1:** I started asking people, I said, well, hey, I work for free just to get some experience. I couldn't get anybody to talk to me about it. That kind of thing. And I said, well, things are a little different than what I thought. And, like, the very first, I say, really good job I got, you know, really what, don't want to mention the name of it because they know exactly who I am by me saying that.

[00:24:26] **Older Adult 1:** Uh, when I had the interview, one of the very first things they say were, Do you have a drinking problem? Laughter. No, I don't have a drinking problem. You know, they asked me a few more questions, and they asked me that question again. I said, no, I still don't have a drinking problem. I said, if I did, do you think I'd kill you?

[00:24:46] **Older Adult 1:** You know, but, uh, I, you know, I, I, I found out later I got the job. I think there was something like two or three hundred applicants. And they said they were kind of forced to hire me because out of the two hundred people, I was number one. Okay. So, I finally ended up getting that job and certain things happened and, you know, I don't want to mention specifics because if I do, then they know exactly what job I'm talking about.

[00:25:17] **Older Adult 1:** But, um, um, I don't know, just me as being a minority in a predominantly non minority area, um, and I ended up going to California because I got married to a California girl. When I was in college. And, uh, we had a son. She called her son.

[00:25:42] **Older Adult 1:** And, um, But, uh, I don't know. Getting older, and growing up, it's a little different for me than a lot of people, you know. Because everybody that I grew up with ended up working in one or two places. There was a big community. Um,

[00:26:04] **Older Adult 2:** meat

[00:26:07] **Older Adult 1:** packing plant and the other place, John Deere. You either work those two places or, that's where, that's where we worked.

[00:26:14] **Older Adult 1:** And um, I went in a few that didn't go there. But I did end up going to the packing plant, but the packing plant eventually closed. Uh, and as far as, Growing up But you

[00:26:32] **Older Adult 2:** had a lot of difficulty at the packing plant because they hired you in a management position and the other managers were all white and did not want to accept

[00:26:45] **Older Adult 1:** you.

[00:26:45] **Older Adult 1:** Yeah, I got I got stopped on the first day at work. I was on my way to the job. On my way to the department. And I was a manager. And then the like, superintendent was like kind of above the managers.

[00:26:58] **Interviewer 1:** Don't hate me.

[00:26:58] **Older Adult 1:** Peace out. He said, what are you doing? I said, I'm on my way to work. He said, how come you got that, uh, white coat on?

[00:27:06] **Older Adult 1:** I said, that's what I'm supposed to wear.

[00:27:09] **Older Adult 2:** Which represents the manager

[00:27:10] **Older Adult 1:** position. He said, no you're not. I said, that's what they gave me. He said, come with me. I said, okay. So he took me down to the office, and brought me in front of the other supervisor. He said, why is this guy wearing a white coat? And his boss said, because I gave it to him.

[00:27:25] **Older Adult 1:** I said, okay. You know, I said, what are you talking about? He said, well, we hired him last week. He said[redacted]ve, you okay? I said, yeah, I was just on my way to work and he stopped me to come down here. He said, why don't you just go up to your job and we'll talk to him. That was the very first day on the job.

[00:27:44] **Older Adult 2:** Well, you could not believe that an African American was hired for a position other than a line position. You have the same situation when, when, uh, No.

[00:27:55] **Older Adult 1:** There's other jobs that we don't want to mention, it's a, it's a, it's a government job at the city. But.

[00:28:08] **Older Adult 2:** That wasn't where I was going, but go ahead. Okay.

[00:28:10] **Older Adult 1:** That's why I don't want to mention it, because there's certain things that only they would know that I, what the city was, because even when I, after I resigned, one of, one of the people that were heading in the interview said, did you quit because. of these incidents, and I just said no, I quit because I wanted to quit.

[00:28:31] **Older Adult 1:** But.

[00:28:33] **Interviewer 1:** Oh, thank you for sharing all of that. Um, must have been really frustrating, you know. I'm sorry about that.

[00:28:42] **Older Adult 1:** Well, you know, things happen, I guess.

[00:28:45] **Interviewer 1:** Yeah.

[00:28:46] **Older Adult 1:** But they shouldn't.

[00:28:49] **Interviewer 1:** Um, do you ever feel discriminated against when you're receiving health care services?

[00:28:54] **Older Adult 1:** Well. I don't, you know, I don't know if it's just me or if it's just the way the health care system is because I know I, when I first started taking dialysis, you know, I started, I was having problems.

[00:29:08] **Older Adult 1:** I was, I was, like, they'd take stuff out of me and then they'd put stuff in me. Like, they'd take blood out of me and clean it up and then put it back. And if you take too much out of you, you can cramp up. And so I would tell them that I think you're doing something wrong because Every night since I've been doing this, I've been cramping up after I leave and go home.

[00:29:31] **Older Adult 1:** And it's getting worse and worse. And so, they just, kind of, just like, They say, well, things will get better. So things got, it got, it got better, it got worse. I ended up being in the hospital for two or three days. And then the hospital asked me what was I doing, I was telling them what I was doing. They said, well, they're probably taking too much stuff out of you.

[00:29:53] **Older Adult 1:** So, you know, after I got out of the hospital, I went back and told them, Oh, no, that's not, that must be something else. So, I'm just telling you what the doctor told me there. Now, you can argue with them if you want to, but I'm just telling you what they told me to tell you don't do that or don't do it so much anymore.

[00:30:09] **Older Adult 1:** So, they didn't listen, so I ended up back in the hospital again. So I said, I'm not staying here anymore, I'm going to another dialysis place. So I end up going to another place.

[00:30:26] **Older Adult 2:** Let me, let me say something. The dialysis, they didn't talk to us about dialysis, they just assigned us to a location. And they assigned us to the dialysis location in the African American neighborhood.

[00:30:41] **Older Adult 2:** And not that that's bad or horrible, but it would not have been the one that we would have chose. But that's the one. And I had to have really a verbal fight with the social worker in the hospital. Um, about that, because you need to talk to us and let us know what the plan is and why you're making the decision you're making.

[00:31:05] **Older Adult 2:** This is new for us, and so we need to be informed. So, I said, we'll go, but I doubt if we'll stay there, but we'll go because he has to get out of the hospital and there's no other assigned place. So we went, didn't work, so I found another place which is down the road from here, which is in the white community.

[00:31:27] **Older Adult 2:** So I thought, well, maybe you'll get better treatment in the fact that it's a, um, it looks better. It looks like a better facility. , uh, surely they're not going to. But, I don't know, they're just as bad or maybe worse as, um, because they don't listen to, and he's talked to the doctor, the doctor's orders, please don't take this much fluid out of this individual, and they do it anyway, and, you know, he got cramped up again, so we had to have a meeting, and, you know, so we're still having problems with them.

[00:32:08] **Older Adult 2:** And is it because he's African American, or is it because they don't listen, is it because they don't care? What is it? And so I have had numerous meetings with the, the doctors and the directors and this and that, and, um, they seem to be, um, Uh, open, uh, and hear what I'm saying, but the behavior says that they're not open, and that they don't hear what I'm saying.

[00:32:41] **Older Adult 2:** So, um, it's very frustrating, and you wonder why African Americans don't trust the health system, or any other system that's majority white. It's because of the history, way back from slavery up to today, you know. Even the court system is, um, weaved with racism, and I will just say this and move on because I don't want to get off, but, um, You know, a part of my job is to work with students who are part of my other job that I don't work anymore.

[00:33:19] **Older Adult 2:** I used to work at the [redacted]. They had a satellite program here in Des Moines. And so I would have graduate students come and do an internship with me. And some of them wanted to be on the substance abuse unit, which I had worked on. So They would go to the unit and sit and observe, and they would come back and they would say, Oh, we hear about so many black people being, you know, drug addicts and using, you know, heroin and this and that, but the, but the treatment center is all white.

[00:33:52] **Older Adult 2:** I don't understand that. What is, are we getting bad information? And I go, it's a good research question for you. You find that out. And we come back and we talk about it. So she found out exactly what I thought is that when you go to court. The criminal justice system is also, um, uh, plagued with racism because blacks go to prison and whites go to treatment.

[00:34:18] **Older Adult 2:** And that's why you see whites in the treatment center and you see the blacks and Hispanics in prison. So, I mean, it, you, you can see, you can see it all over, even woven into the, the system. And I want to get back to health care.

[00:34:37] **Interviewer 1:** Uh,

[00:34:38] **Older Adult 2:** when I, um, got out of the hospital for my open heart surgery, I went back to, well, I learned something about, uh, hearts.

[00:34:49] **Older Adult 2:** Is that you have a heart doctor, and then you have a cardiac interventionist, and then you have a, um, thoracic surgeon. So It was my heart doctor who referred me to the interventionist, and then they refer you to the thoracic surgeon. But after I had my surgery, and then you go back to the cardiologist, and I was saying, I don't think my scar is healing well.

[00:35:16] **Older Adult 2:** It's getting wider. I can put my fingers in it. My skin is very dark. And I was trying to show her. And she was like, further away than you are. And she did like that. And I go, well, you'll probably have to come closer to take a look at it. And she goes, oh Let's have your internist take a look at that. And I thought, hmm, you are the heart doctor, but yet you want the internist.

[00:35:50] **Older Adult 2:** It's not his specialist. Not, it's not the cardiac specialist to look at that. And So he went with me and so I said is it me or is this woman Not giving me the right treatment or what and he goes. No, I seen it So I thought well somebody is scared to come close to me scared to touch me I can't that I can't trust them to be my doctor.

[00:36:17] **Older Adult 2:** So I didn't have any help. I asked for help to try to find a cardiologist. But I didn't have any help so I picked one out based on talking to other people about, you know, where are the cardiologists at. So there's one, um, very close by. So, and people were recommending. I was in cardiac rehab and they recommended three people and I just picked one from the three.

[00:36:43] **Older Adult 2:** And I went to her and we talked about all this. You know, she just took a glance and said, Oh, it's fine. And I said, Is my scar supposed to be three times as white as it was when I had the surgery? And she goes, It's fine. And I said, Am I supposed to be able to stick my fingers inside of the scar? And she goes, Well, different people heal in different ways, and you're fine.

[00:37:13] **Older Adult 2:** And everything the previous doctor did, I would have done too, and I go, but you haven't even looked at me. How do you know you would have did it? And why, I go, I'm not a cardiologist, so maybe it is fine, but I don't know how, I can't imagine you're that good that you can just look at me and tell me that everything is okay.

[00:37:34] **Older Adult 2:** So I don't believe you. So, I want to test. And so she said, well, if you want a test, we'll give you a test. So she gave me a test. She told me, um, we'll get back with you, but she never got back to me. As a week went by, I thought, oh, okay. Two weeks went by. So I called and I said, I asked to speak to her and she wasn't available and I didn't get a call back.

[00:38:01] **Older Adult 2:** Uh, so without identifying more of the person, I mean, The office was, uh, close, so I went to the office, and I said, I want to talk to somebody about my tests, and, um, she was going out the door, and she goes, oh, it was fine.

I went, oh, okay. So now I'm thinking, they're going to think there's something wrong with me, that if I have to get a third cardiologist, they're going to think that I'm someone who, um, So, you know, I don't know, but not a positive thought about it.

[00:38:42] **Older Adult 2:** So, um, I was complaining to my cardiologist, not my, my internist, about the scar and looked at it and he goes, it looks to be okay with me. And I felt comfortable with that because he actually looked at it and he felt it. He put his finger in where I was saying all of that and, but he said, I'm a little bit concerned about, um, um, some of the pain and pressure you talked about having.

[00:39:15] **Older Adult 2:** And so he said, did you tell the cardiologist that? And I go, yeah. Then he goes, I want you to have another test. And I went, okay. So I had another test. They call me with the results. And my, uh, valve that they put in is, uh, thickening, tightening, blood is leaking. So, if I had to just listen to the specialists in the area, I wouldn't be looking at maybe having another heart surgery.

[00:39:52] **Older Adult 2:** And don't get me wrong, I don't want another heart surgery. I just want to be healthy. So, um, I was thinking, why didn't you want to come and look at it? Why did the other one not want to do a test? And, um,

[00:40:11] **Older Adult 2:** I don't know. So, what is that about? You know, what is that about? Is that racism? Is that not liking an assertive woman who's saying I want to be taken care of? Is that both? You know, what is that about?

[00:40:29] **Older Adult 1:** Well, if you don't talk up for yourself, it won't happen. It's like, remember I was telling you about, I went to, I got those tests taken, blood tests from my dialysis, and nobody knew nothing.

[00:40:46] **Older Adult 1:** And they said, well, did you go? And I said, yes, I went. And nobody could say that I went, so I had to go back again. And then. Get that 10 cure over.

[00:40:55] **Older Adult 2:** Told him to bring urine in.

[00:40:57] **Older Adult 1:** They didn't put his

[00:40:58] **Older Adult 2:** name on the urine so they couldn't find it. When they did find it, they tried to use it and it wasn't any good.

[00:41:05] **Older Adult 2:** And he had to do a urine test again. And they said it was, was not enough. But the doctor said it was enough. And it's like, who do you believe? What the hell? You know, so, another question mark about can I trust the health care system to take care of me?

[00:41:28] **Older Adult 1:** Because I, I, I couldn't, because I, they asked me at dialysis, well, how's your cancer treatment going? I said, well, the cancer doctor says I'm doing fine, I was going twice a week, now I'm going once a month. Well, you know, and every time I come here, you said I'm doing a lot better than when I first got here.

[00:41:45] **Older Adult 1:** Doing great. And I was going three times a week. But I'm still going three times a week, so if I'm doing bad when I first got here, I'm going three times a week. And I'm doing a lot better, but I'm still going three times a week. So miraculously, after I said that, they want me to go take some more tests.

[00:42:03] **Older Adult 1:** Now I'm only going twice a week.

[00:42:05] **Older Adult 2:** And is he going twice a week because he questioned it? Or is he going twice a week because his counts are better? Which I gotta follow up on that to find out. I want to see some comparisons in the count. to see what they look like, because I think, I hope not, but I think it's because he said, I'm, you know, you're telling me I'm doing great, but yet I'm still coming as much as I was coming.

[00:42:33] **Older Adult 2:** And so now that the cancer doctor has given him a positive flag, that he's going to get a positive flag too, and now he only goes two times a week. But is that warranted based on the type of, um, uh, function of his kidney or are you doing it because, you know, something should be happening and it's not happening.

[00:43:03] **Older Adult 2:** And I read on the internet that they are being sued for doing tests that are not warranted. So. I was talking to them one time. I said, well, with the suit that you all have going on, you, you know, perhaps, you know, this is why it's like it is. And then they go, well, I don't know anything about a suit. And I go, well, you should.

[00:43:28] **Older Adult 2:** Everybody else knows about it. So, um, I don't know. I mean, I feel like there's a lot more I could and may say, but I don't want them to take it out on him. Because if you're not getting the treatment that you're supposed to get, and you're challenged by that, what else might they do? And again, this is a long history of a lack of trust that African Americans have that is still not cleared up.

[00:44:00] **Older Adult 2:** The clarity is still not there. Whether it's, you know, are you doing this because he's African American? Why is he having more trouble? than anybody else. Now I don't know everybody's health situation, but we end up talking more in the conference room than anybody else I see over at there.

[00:44:24] **Older Adult 1:** I know the first one I got, it was, it was so bad.

[00:44:28] **Older Adult 1:** It was funny because remember I ended up going to get to the cancer, I mean the dialysis, and I was waiting up in the hall because you wait there until your, your turn and then somebody will come and get you. Going in there, but the doctor came out and said, [redacted], what are you doing here? I come three times a week, Tuesdays, Thursdays, and Saturdays.

[00:44:48] **Older Adult 1:** He said, well, you don't have to come today. Well, nice to know somebody who told me, you know. He said, well, we just got your test back, and I guess nobody called and told you, but your tests were good, so we're gonna try, so you only come two days a week instead of one day. Well, you know, she said, all you gotta do is call DART back and they'll come get you.

[00:45:11] **Older Adult 1:** I said, it's a lot easier than you think it is. I said, there's been a lot of times where DART's brought me out here, and then they're supposed to take me back. Well, at 4 o'clock. They didn't pick me up till 5. 30. So, you know, a lot of times I gotta wait an hour, an hour and a half for somebody to come get me.

[00:45:28] **Older Adult 1:** And you

[00:45:28] **Older Adult 2:** don't feel good.

[00:45:30] **Older Adult 1:** You know, so I'm not trying to say I'm blaming you, or when you get the test, I'm just saying it's not easy as you try to make it easy. You know. So, you know, I called her and I said, maybe she can come get me. That kind of thing. So she came and got me. She said, what do you mean you're not supposed to be here today, you know?

[00:45:47] **Older Adult 1:** And then, and you know, then they explained that to her and I said, okay. Well anyway, while I was waiting for her to come, I was sitting out in the hall after [redacted] left and then, uh, uh, I don't know if you call them clerks or whatever came in to take me back to do the dialysis. So I'm not, I'm not going today.

[00:46:06] **Older Adult 1:** She said, what do you mean? She said, well, the doctor just came in and said that I don't have to be here today, that they're going to skip a day and I'll come back next Saturday. Oh, no, you're not supposed to come in today. I said, no, I thought something like this might happen, so I had to write this note.

[00:46:22] **Older Adult 1:** It says what days I'm supposed to come here and what days I'm supposed to go get tests taken and that kind of thing. So I'm not sure of the note. She said, oh, I see the problem. The note says you're not supposed to be here And, uh, you're not supposed to, you're supposed to come Saturday, but you're supposed to come today.

[00:46:39] **Older Adult 1:** I said, the note doesn't say anything about me coming today. The note, it says, I'm supposed to come Saturday. He says, well, I think you got it wrong. I said, well, I think I understand English. I said, I think what you need to do is call the doctor back and talk to her and see if we can get all this straightened out.

[00:46:56] **Older Adult 2:** No, it's like, um, you're too stupid to understand instruction. And, um, um, I'm very offended by that. I'm very offended by that. And, um, it's like, it's like you, I think

[00:47:12] **Older Adult 1:** one of the patients is laughing

[00:47:13] **Older Adult 2:** about it. You know, it's like, if you would just take the time to read the chart, and if the chart doesn't clarify it, then somebody's not doing the note taking that they need to do, and why are you arguing with the person who is sick?

[00:47:31] **Older Adult 2:** And, um, it's like, it shouldn't have to be this difficult when somebody has a chronic illness. It shouldn't, you shouldn't be so rude. And um, my response back, unfortunately, is rude because you're not taking care of my family member. And that's a problem for me. So, um, it is. And that's that trust cycle. You never reach where you feel comfortable.

[00:48:06] **Older Adult 2:** And I just go into prayer and just say, Lord, just kind of work with and through these people so that we can get the best treatment that we need. And you feel helpless because my area of expertise is not cardiology or dialysis or cancer. You know, so, I'm, I feel like I'm at their mercy a lot of the times.

[00:48:32] **Older Adult 2:** And so, I'm, I'm asking for paperwork with the little knowledge that I have, and I'm comparing and contrasting and trying to see and looking things up on the internet and all that to make sure we are getting the best that we can get. And it's that lack of trust, um, that, Just kind of leaves you bare. Um, when I was in cardiac rehab, um, in the cardiac rehab hospital, um, there was a, an African doctor that came in.

[00:49:13] **Older Adult 2:** And he did something that the white doctors didn't do. He came in, he introduced himself, got a chair, pulled up to the side of my bed. and talked with me not only about what I was feeling, what was good, what was bad, but my mental health. And, um, and that made me feel comfortable. And I think that a lot of times you don't feel comfortable because nobody really understands your culture or, um, Who you are and just jump into it.

[00:49:56] **Older Adult 2:** And you don't feel like they get it or they know or they care or, or they care.

[00:50:03] **Interviewer 1:** Mm-Hmm. .

[00:50:04] **Older Adult 2:** Um, and they don't know about certain things. I mean, as a mental health therapist, um, white people who adopt jet Black children come in and their hair is a fright. It's like, what the hell? , you know, and I have spent.

[00:50:19] **Older Adult 2:** Some of my time doing hair in a session, and that's more therapeutic for that child because they know that they don't look like they're supposed to look. So, um, uh, it is, um, you know, those sayings about the angry black woman, or the angry black man. Well, if you can't even trust foundational stuff, you are going to be angry, and you're not going to trust.

[00:50:47] **Older Adult 1:** So. Um, I guess the other thing I can't understand, when I go they say, ask me, well [redacted], has anything changed since the last time you've been here? Have you had a cold? Have you had a cough? Are you throwing up? Or whatever? And you know, I tell them, I say, well, I was cutting my toenails and one of the toenails fell off and I was bleeding and stuff like that.

[00:51:09] **Older Adult 1:** Oh, tell your doctor about that. I said, well, okay. I said, and stuff like that. I said, if you don't care, why even ask me? You know, it's sick. Tell your primary doctor about it. I said, because every time I tell you something is wrong, you don't care. You know, I guess it's something you have to ask me, you know.

[00:51:30] **Older Adult 1:** And I just guess I get offended, you know, if you don't care, why bother asking me? And it's like I'm talking to one nurse in there, and I'll ask her something, and she just walked off. And, uh, you know. I said, I guess, you know, and she walked off , and I said, I guess you just don't give a shit. And another nurse walked by and said, well, maybe she didn't hear you.

[00:51:51] **Older Adult 1:** I'll go back and talk to her. I said, you're standing over there. She's standing right in front of me. And you heard it. You know, and then she'd come back and tell me, well, [redacted], I have a hearing problem. I might have to get a hearing aid.

[00:52:02] **Older Adult 2:** Well, then tell me that so we don't have any confusion.

[00:52:06] **Older Adult 1:** You know, and that was about a month and a half ago. I started asking yesterday. Got your hearing aid yet? You know.

[00:52:16] **Older Adult 2:** It's, um, you know, and it works the other way, too. Um, and I guess this is, this is health care, too, because as a mental health therapist, um, you know, you're assigned different cases, and so you go out, you introduce yourself to the person, and I was telling my brother about this, I think maybe today,

and I was seeing a 17 year old and her mother had brought her in and I came around the corner and she went like that, looked at her mom, like, you know, so I don't know what she was thinking, but the only thing that came to my mind was, it's a black person.

[00:52:54] **Older Adult 2:** Am I going to, I didn't know I was going to see a black person.

[00:52:57] **Interviewer 1:** Hmm.

[00:52:58] **Older Adult 2:** So, I, she said, Mom, can you go in with me? And Mom said, I thought you didn't want me to. And she goes, well, And the mom said, can I go? And I go, it's your daughter's session. If she wants you to come, that's fine. So we got through it. And the next time they came, they brought me a tray of cookies.

[00:53:21] **Older Adult 2:** And, uh, when I was teaching at the [redacted], I taught a racism and discrimination class. And I asked the class, What do you think that was about, that tray of cookies I got? And, you know, we had discussion that it's an apology about how we acted, or, um, we want you to know that we're sorry, but we don't want to say we're sorry, or, you know.

[00:53:42] **Older Adult 2:** So, it's the elephant in the room, but nobody really wants to talk about it. Generally, I bring it up. But, you know. Um, and that's the right thing to do. But sometimes I'm not in the mood to always talk about racism all the time. So I just forged ahead with what I had to do. And I've had people say, um, to maybe another one of my colleagues, they said, you know, we work with [redacted] and she's just like everybody else.

[00:54:13] **Older Adult 2:** I'm thinking, what the hell does that mean? I'm like, am I a monster? You thought I was a monster or something before? But they just didn't know what it was like in rural Iowa to have a, uh, up close personal encounter with an African American. And even students I taught at the [redacted], they would say they come from these rural towns that they never seen black people before until they seen them on the news or until they got to college and that their parents had told them to be wary and to be leery and to stay away and, and um, I did not hear that kind of racism in my household when I grew up.

[00:54:59] **Older Adult 2:** I'm not saying I didn't hear anything. But not to the extent and the depth that some of these students would tell me about. And, um, you know, about don't touch her, her, her skin color may come off on you or, you know, things like that. So there, there are a lot of things that African Americans hear and experience that make them angry and make them leery and make them not trusting.

[00:55:29] **Older Adult 2:** So, Um,

[00:55:32] **Older Adult 1:** so, um, So it's a little different, that's why I was asking you the question before. Being an African American in a small town where you're the only one, as being in a large city where, you know, you could probably walk for three or four miles and all you see is African Americans. You know, it might take me three or four days before I see another one, you know.

[00:55:54] **Older Adult 2:** You just learn to, or at least I have learned what I call as being bicultural, that I know how to react and respond in my black neighborhood and I know how to react and respond when I walk into the door here. It's two different, it's, it's two different types of um, presentations and um, I was sitting at a staff meeting one time.

[00:56:23] **Older Adult 2:** And, um, it was some kind of outbreak of, um, measles, I think it was, mumps or something. And the nurse was in there and I, you know, I had said, well, you know, it's kind of odd, but as a child, I never had mumps, it was mumps. And I've had measles three times, I've never had mumps. And so she said, well, what would it matter if you couldn't see it anyway, because your skin is dark, you couldn't see it.

[00:56:49] **Older Adult 2:** And I go, what the hell did you just say? And the director said, look, we want to take this, you know, let's just take this outside. I said, it happened in here. Let's deal with it in here. Why, why are we going to take it outside? And she said, well, [redacted], I don't want, and I go, I don't care what you want. This happened here.

[00:57:06] **Older Adult 2:** Let's discuss it here. So, I mean, there are situations that you don't think are going to, um, come up, and they do come up. And. It depends on the type of mood I'm in about how I'll deal with that. Sometimes I haven't been, I haven't dealt with it very well. I've gotten angry and, um, blasted people, or said things that were probably too hurtful, probably too strong for a professional setting.

[00:57:37] **Older Adult 2:** Um, but at that point, you hurt me, and you got what you

[00:57:43] **Interviewer 1:** got.

[00:57:44] **Older Adult 2:** Other times, I can overlook it. I remember my mom and I, I was looking for an apartment and I had called on the phone and said, yeah, we have openings. Come over. We'll show you. And when we got there, it's like, no, we don't have any openings. I said, well, you got rid of those openings.

[00:58:02] **Older Adult 2:** We're like five minutes away. So it took us five minutes. They didn't have any more openings. So as an African American, you have to decide which fight are you going to fight? Are you going to fight all the time or Are you going to choose your battles? Or am I going to be in a mood to fight today? So, I'm pretty assertive.

[00:58:26] **Older Adult 2:** And, um, You're like your mother. Yeah, I am. I'm like my mother. So,

[00:58:33] **Interviewer 1:** Um, to kind of wrap up this part of the conversation, I was wondering, you mentioned trust a few times. Mm hmm. Um, and you mentioned the one doctor that you established trust with. He sat down with you and asked about your mental health. Mm hmm.

[00:58:45] **Interviewer 1:** Have there been other experiences when doctor, when you trust doctors?

[00:58:48] **Older Adult 2:** I have had, I've had some white doctors who I felt like, like my, uh, primary care physician, the one who I told about the heart problems, um, he's great, you know. He looked at it. He He touched me, he, you know, um, when you have a doctor who is afraid to touch you, I don't trust a doctor like that.

[00:59:13] **Older Adult 2:** Um, I fell one day, I had the flu or some kind of virus and I got up to go to the restroom and I passed out and um, I got to, uh, I had to be taken to the hospital because I broke my, shattered my ankle. And I, When I was in the hospital, of course you have to walk up and down the hall as part of your rehab.

[00:59:38] **Older Adult 2:** And the doctor who was on call came in and, um, I said, you want me to go back into the room? And he goes, no, just do your foot like that. And I went, well, that looks pretty good. And then he said, okay, we'll see you tomorrow.

[00:59:56] **Interviewer 1:** What the hell?

[00:59:59] **Older Adult 2:** The, uh, rehab person was with me and she goes, a white woman and she goes that was not right that was not and i go hmm you noticed it

[01:00:10] **Interviewer 1:** too,

[01:00:12] **Older Adult 2:** so, I've had several situations that, um, are not right, and that's where my lack of trust comes from.

[01:00:21] **Older Adult 2:** You know, can I trust you? Can you even speak to me and present to me as if I'm a human being that you care about? So, um, I'm angry sometimes. I'm frustrated sometimes. I'm hurt sometimes by that. And I don't always want to deal with that. And even, you know, assignment of cases. Like, why would you assign me this?

[01:00:51] **Older Adult 2:** I don't know anything about this. Or, you know, a lot of people I will take a case. that a lot of people don't want, simply because I can learn.

Like they wanted, there was a woman who was Muslim and she came in and and, uh, she wanted to know who knew about the Muslim faith because she didn't, I mean I get it, she didn't want to start all over trying to tell you who I am before I can treat you.

[01:01:17] **Older Adult 2:** And, uh, nobody wanted to take her and I said to her, I don't know anything about the Muslim faith but I'm willing to learn and there are times that you will be the teacher. And I will be the student, and in times that you will be, I will be the teacher, and you know, vice versa. And she goes, thank you. And that was our joining point.

[01:01:37] **Older Adult 2:** And that, you know, or give it to [redacted], she'll take it, because she'll take, you know.

[01:01:45] **Interviewer 1:** Anything. Yeah.

[01:01:46] **Older Adult 2:** But I try to take things that are outside of my expertise, but sometimes you have to. And, um, so. I got gang members, like, like, yeah, they're black, but they come cut from a different court than what I'm cut from.

[01:02:06] **Older Adult 2:** I went to a white Catholic school. It's like, what do I know about gang members? Same thing. It's like, okay, you're the teacher today and I'll be the teacher next time, you know, and that's it. And that's how you learn. You have to humble yourself to find out who somebody is. And I've learned a lot by having that kind of attitude.

[01:02:31] **Older Adult 2:** And you can't have what you always want. You can't always have a black therapist. You can't always have a black doctor. But if you get somebody who shows you care and concern, Um, you feel that. And you choose to open up as a result of that. So, or at least give them a chance. So.

[01:02:52] **Interviewer 1:** Yeah. Thank you for sharing all of that.

[01:02:54] **Interviewer 1:** Um, and Stephen, what makes you trust a doctor?

[01:03:00] **Older Adult 1:** Well, I, I trust a doctor if he can sit down and tell me what he think is wrong and explain it to me and not explain it with these words that are 16 digits long. Cause he knows I don't know what it means. And you know, and he was saying like, if you don't know what that means, it's just me talking to you.

[01:03:18] **Older Adult 1:** That kind of thing. And, you know, I said, well, ain't no sense in me sitting here talking to you, because I don't know what you're talking about. I don't know if it's good, bad, or indifferent, you know? And you're trying to, I

guess you're trying to say that I'm so stupid, I wouldn't understand anyway. And so, that's, that's

[01:03:39] **Interviewer 1:** what

[01:03:41] **Older Adult 1:** pisses me off with a lot of, with a lot of doctors I talk to.

[01:03:43] **Older Adult 1:** They act like, well, ain't no sense in me talking to him, he don't understand this anyway. You know, that kind of thing. You know, I said, if you sit down and explain it to me, you know, I'm not stupid, I can understand things, you know, then maybe I can tell you more that you need to know that's wrong with me, you know.

[01:04:00] **Older Adult 1:** And, uh, like a lot of the people, like I said, I have a lot of trouble with dialysis, you know, they don't want to listen to me, you know, and I, like I said, I talked to the doctor, I said, well, are you telling these people what we're talking about? I said, no. He said, well, yeah, I'm writing them notes and this and that, so either they're not listening to you or understanding the notes, or they don't care.

[01:04:24] **Older Adult 2:** Or you're not sending the notes you said you would

[01:04:27] **Older Adult 1:** send. Just like, a couple days ago, we were talking about, well, in the past, I had went to the pharmacist, and the pharmacist said one of the doctors had given me a prescription for some pills for, um, what do you call it?

[01:04:46] **Older Adult 2:** Anxiety. Anxiety.

[01:04:47] **Older Adult 1:** I said, Nobody talked to me about having anxiety.

[01:04:51] **Older Adult 1:** He said, Well, this doctor has these pills for you. It's the worst kind, you know. The pills, they take one every day till they're gone. So I did. You know, and, I said, Well, who's the doctor? She said, Well, you don't know. I never did find out who it was. You know. And, and, It's like, um, The doctor at the dialysis place said, Well, Our social worker had, you had, you take this test about how you're feeling and how you're doing and this and that and they were talking about maybe I should take some pills about having anxiety.

[01:05:23] **Older Adult 1:** I said, well, she said, well, have you thought about maybe killing yourself or something? I said, well, no. I said, well, everybody thinks about it every now and then, but if I wanted to kill myself, I got enough medicine in my drawer, I could have been dead months ago. You know, I take over 20 different kinds of pills, so if I wanted to be gone, I've been gone a long time ago.

[01:05:42] **Older Adult 1:** I said, I'll kill somebody else before I kill me.

[01:05:46] **Older Adult 2:** I was just thinking about a situation with your son. Um, when he was younger, he took a turn for a little while to, uh, do things he wasn't supposed to do. And, um, so he had to, um, talk with a probation officer. And she came to the house and, um, We were all very curious, so we were, like, nearby and earshot.

[01:06:10] **Older Adult 2:** And, um, so they went into the den and they sat down. And the first question she asked him, she didn't even tell her what her name was. And she said, Do you steal things? And he said, Look around. I got everything I need here. Why the hell would I steal and why would you think I would steal? That was her.

[01:06:34] **Older Adult 2:** thought process that he is black and always in trouble and you're stealing and blah, blah, blah. So, he got turned off from her from day one. So, they never did click. She never did write anything positive. I mean, she started off on the I mean, she should have at least introduced herself and said, why am I here?

[01:06:56] **Older Adult 2:** And so, his, what he had heard from his other friends That they're not going to be fair with you, they're going to treat you badly, poorly. And she walked in and did exactly what she is known to do. So, it's on every level. Um, it's in every sphere of our society. Um, I don't know. It's frustrating.

[01:07:26] **Older Adult 1:** I thought we would just meet, you know.

[01:07:29] **Older Adult 1:** Maybe it's, you know, like a lot of other people too. And I thought, well, you know, maybe, maybe I get mad too quick, or maybe I should just shut up and look and go along with the program, you know. But then they said, well, you know, he doesn't care. He doesn't, you know, he doesn't want to participate. That kind of thing.

[01:07:49] **Older Adult 1:** Well, you know, well, help me, you know, tell me what you're talking about. You know, what are you doing? You know, you don't do things till I get mad.

[01:07:59] **Older Adult 2:** Yeah. Um, I don't know if you want me to go through this or if we've been talking too much or what. We're

[01:08:04] **Interviewer 1:** a little, we're over halfway through. Do you want to take a break or anything?

[01:08:08] **Interviewer 1:** Are you good? We can keep going. It's

[01:08:10] **Older Adult 2:** up to you. I'm okay. Do you need to take a break? Do you need to go to the restroom? Or do you want some more coffee?

[01:08:14] **Interviewer 1:** Can I

[01:08:14] **Older Adult 2:** have some water? You can have some water. Yeah. Let me

[01:08:18] **Older Adult 1:** go

[01:08:18] **Older Adult 2:** get him some water.

[01:08:20] **Older Adult 1:** I just got to go, got to get to the back. I said, we don't need two people on the bus.

[01:08:25] **Older Adult 1:** What, you know, why do we got to go sit in the back? It's because I told you to. I said, well, I don't think that's right. I said, why don't you just give us our money back and we'll just get off. He said, I'm not giving you nothing that you're going to get in the back. I said, well, you know, I'm young and I'm in high school and, and I play football and I'm, you know, pretty good for myself, you know, at the time.

[01:08:51] **Older Adult 1:** And, uh, he, and I said, sir, I don't want any problems with you. I said, just give us our money back. I think it was only like 25 cents. Yeah! And, you know, we'd be glad to get off your bus. He said, no, he said, don't make me come back there. And I said, I'll tell you what. You come back here and you won't come back to any other buses.

[01:09:09] **Older Adult 1:** Because me and him will take you off of your own bus. And take all your money. And he said, he said, you can try it. I said, nobody's stopping you. And so, he got up, and he started to come back, and he said, No, let's get off my bus. I said, let's give him my money. So, I finally gave him my money back, and we got off.

[01:09:31] **Older Adult 1:** And that was the first time I really ran into racism, right up front. You know, I've heard a lot about it on TV and stuff, but I never knew. I live up north, in Iowa. I don't live in Mississippi. And that was the first time I had to face to face.

[01:09:48] **Older Adult 2:** I remember being in New York one time at a nightclub, and we met some guys, and we were dancing, and he was going, where are you from, blah, blah, blah, all that get acquainted stuff.

[01:09:59] **Older Adult 2:** And I said, Iowa. And he said, what? Then we stopped, and he goes, hey, man, come over here. This is a black girl. She's from Iowa. And he said, is that where the potatoes are at? And I go, no, that's Idaho. It's where the corn is at. And he said, do you work on a farm? And I go, No. And he said, Isn't there just farms there?

[01:10:21] **Older Adult 2:** And I went, No. And he goes, Wow. And you look good and everything. I thought, Wow. I just felt like, what other people must think about blacks in a small, smaller state. Other blacks think about. So.

[01:10:40] **Older Adult 1:** Well, that's where I take the question and ask them. I say, Well, you know, all this stuff is for the urban people.

[01:10:45] **Older Adult 1:** Minorities, but nobody thinks about us here in the rural towns, you know, like, we don't exist. You know.

[01:10:55] **Interviewer 1:** Um, I wanted to ask a little bit about, uh, you had mentioned you used to receive housing assistance, and then, uh, food stamps or SNAP that you tried to apply again and it didn't work out, but can you tell a little, talk a little bit about, um, what it, trying to apply again, or, like, what it was like to lose, uh, those services?

[01:11:15] **Older Adult 1:** Well, the, uh, I did have SNAP, but this was, what, a few years ago. I guess the government was giving a lot of people a lot more, well, they didn't call it a snap then anyway, a lot more, uh, food stamps. And I was getting like, maybe, this is me now, about 200 a month, which I thought was way, You know, more than I needed, you know.

[01:11:42] **Older Adult 1:** And I was able to go to the food bank and pick up stuff I needed I couldn't, you know, get with the food stamps. But then the state changed it. I don't know whether it's, it said they couldn't get any more federal money or whatever. So I went from getting 200 a month to less than 20. And you had to fill all these long application stuff and I, I said, well, instead of doing all that, I'll just get by with less than 20 worth of food stamps.

[01:12:07] **Older Adult 1:** But as far as the. I think you're more referring to the Medicaid, you know. I thought I would, you know, after I went through all this stuff and I hurt my back and I got cancer and this and that, I thought I would be able to get Medicaid. And so I filled it out and I was rejected. I said, well, maybe I didn't do something right.

[01:12:28] **Older Adult 1:** So I had a social worker when I was at the, uh, Well, I called the old folks home, the nursing home, and she said, well, yeah, you shouldn't have any problem with that, you know, I'll help you fill it out and send it in for you just in that. And she helped me fill it out, and I got all the information she wanted,

and I called the bank, and the bank sent me some, um, my bank statements for the last three months, and I have some, uh, Insurance, my life insurance.

[01:12:54] **Older Adult 1:** My life insurance sent me a letter saying that I didn't get any money. I just had, you know, in case I get killed in an accident or something like that, you know. And I sent all that stuff to them, and she sent it in, got rejected again. And I called them, and they told me at the state, you know, Department of Human Services, they said, if you have Medicare, you'll never get Medicaid.

[01:13:17] **Older Adult 1:** And so I called my insurance company, I said, you know, they said, Well. I'd never get Medicaid because I had Medicare. He said, well, no, that's not true. I said, well, you have to tell the state that because they're the ones that have to issue me to get Medicaid. And she said, well, you probably need to talk to her boss or something.

[01:13:35] **Older Adult 1:** I said, okay, so I applied again. And I was rejected again. And then I started staying in, um,

[01:13:44] **Interviewer 1:** Pleasant Hill.

[01:13:44] **Older Adult 1:** Pleasant Hill. And they were sending nurses in to me. Two or three times a week, you know, different nurses, uh, social workers. And people helped me get dressed and get bathed and if I had any questions or whatever.

[01:13:58] **Older Adult 1:** Social, social worker, I told her and she said, Well, in your situation, you know, can you hardly walk and get up the stairs and stuff like that? You should have no problem getting Medicaid. Well, I've heard that before.

[01:14:09] **Older Adult 2:** Rejected again.

[01:14:12] **Older Adult 1:** And so, I went, I went to dialysis. They had a social worker. And she asked me, do you have Medicaid, because you know, I was having trouble getting rides back and forth, and Medicaid will pay for that.

[01:14:26] **Older Adult 1:** And I said, well, yes, I do have trouble, and I had tried for Medicaid before, but I was rejected. She said, why? I said, well, I was told that if you have Medicare, you can't have Medicaid. She said, no, that's not right. She said, well, I'll help you fill that application out and send it in. I said, fine. Guess what?

[01:14:46] **Older Adult 1:** Got rejected.

[01:14:48] **Older Adult 2:** You know, and sometimes these applications are so complicated that, um, you know, I was thinking about when I was, um, trying to help

Mama get, navigate through some of this when she was elderly and, and sick, and so I'm trying to fill all this stuff out. So, it is not a friendly system. Um, For the elderly or, um, I mean, I struggle and I know I'm not Einstein, but I'm not, I'm, I'm not a dumb bunny either.

[01:15:26] **Older Adult 2:** And, um, it is so complicated. Maybe the forms are complicated and the hoops you have to jump through are complicated and time consuming. And, um, the meetings that you have to make, transportation is not available. How do you get there? It's just difficult for people to access the system for a number of reasons, whether it's they don't understand, whether they can't read, whether they can't get to the meeting, whether they don't speak English, or they speak English but yet they don't understand

[01:16:08] **Older Adult 2:** the form Like I said, transportation, um, just, it's just a conglomerate of hoops that you have to jump through. It's just not a friendly system. Um, especially for somebody who's chronically ill and somebody who's elderly. And I'm thinking, what the hell?

[01:16:31] **Older Adult 1:** They sent me letters that didn't even have my name on it. It was for somebody else.

[01:16:36] **Older Adult 1:** You know, I'll call them back and say, well, I don't know this person. It's a woman, you know, I'm not a woman.

[01:16:42] **Older Adult 2:** Yeah, they make mistakes.

[01:16:44] **Interviewer 1:** How many times have you applied? At least four. And getting help with different social workers,

[01:16:51] **Older Adult 2:** too? This next social worker that I'm gonna get you though, she gonna, she gonna get

[01:16:57] **Interviewer 1:** you

[01:16:58] **Older Adult 1:** through.

[01:16:58] **Older Adult 1:** I've heard that before, too. Nope.

[01:17:01] **Interviewer 1:** Then what do you pay for out of pocket, currently, of the different services that you receive, versus what does your insurance cover? I don't know.

[01:17:09] **Older Adult 1:** Well, my insurance, I have like, I have about four or five nurses come in, well, over at Pleasant Hill, and, and they would come in, like, one

nurse would help me with different exercises and stuff, and one would help me, um, with bathing and putting clothes on and help make sure that my medication was right, and they would check me to see if I had any wounds or this and that.

[01:17:33] **Older Adult 1:** And they did that, I don't know if I'd like that. A month, a month and a half.

[01:17:37] **Older Adult 2:** They weren't all nurses. Some of them were occupational therapists. Some were physical therapists. Some were actual nurses. Um, so it was, uh, supposed to be the gambit of what they assessed him to need. And, um, they come, um, for a month, which is not nearly long enough.

[01:17:58] **Older Adult 2:** Um, but that's all you get. And they're real anxious to come, because they must get paid. by how many people they serve.

[01:18:09] **Older Adult 1:** Because the hospitals fight over you.

[01:18:10] **Older Adult 2:** Yeah. Then there's the math aide, who was three or four hours late, and he lied about times that he came, and it was like, oh my God. But, so, I need to quit moving around.

[01:18:28] **Older Adult 2:** You're not going to be able to get me in the picture here.

[01:18:34] **Older Adult 1:** Well, I hope I'm answering your questions then. Okay.

[01:18:37] **Interviewer 1:** Yeah, yeah. Um, what do you wish your insurance covered? Like, where is it falling short?

[01:18:43] **Older Adult 1:** Well, I think they would handle more of the, like I call the old folks home. You know, that kind of thing, because, um, This week, well, I shouldn't say this between me and you, I still owe the old folks home money.

[01:18:55] **Older Adult 1:** You know, because

[01:18:56] **Older Adult 2:** Everybody does.

[01:18:57] **Older Adult 1:** Yes, well, I owe them like, let's say 5, 000 or something like that. And, uh, I don't know why my insurance said, well, we'll pay part of it and we won't pay the other part. You know, like they say, like, you're no longer sick. Well, the doctor said I need to stay, you know. Well, I guess, well, he may need you to stay, but does he need to get paid?

[01:19:19] **Older Adult 1:** So, I have to go. That kind of thing. So, they don't tell you why you have to go, they just say that, you know, the doctor's

[01:19:30] **Older Adult 2:** going to pay for your stay.

[01:19:34] **Older Adult 1:** That kind of thing, but anyway. So you,

[01:19:37] **Older Adult 2:** he was asking you, what do you have to pay for? You have to pay for your transportation, a portion of it.

[01:19:43] **Older Adult 2:** Transportation, medical portions, doctors.

[01:19:45] **Older Adult 1:** My insurance, my prescriptions. Um, like, they do help me with my insurance, my prescriptions. I'm in a program with the state of Iowa called Extra Help. And like, I had talked to my insurance company, I said, you know, we, we have talked and this is the best insurance that you guys have that will satisfy me, you know, and, uh, the state of Iowa will pay, I think the insurance was 39 a month.

[01:20:12] **Older Adult 1:** Like, this year, it was 34 a month and they paid everything but 4. Which, I could live with that, you know. And next year, they're going to pay it all. You know, but I have to I guess, stay on top of it to find out and make sure that I qualify. Because you know, I don't want to end up paying 39 a month if I don't have to.

[01:20:38] **Older Adult 1:** That kind of thing. It's some, you know, and I have like 20 different kind of medications. And they pay most of that. So, if I have, some of my medications are like, well, over 100 for a 30 day supply.

[01:20:52] **Older Adult 2:** Thousands of dollars.

[01:20:54] **Older Adult 1:** Yeah. Well, I know the medication I take now is over 1,000.

[01:20:58] **Interviewer 1:** One. One of the

[01:21:00] **Older Adult 1:** twenty. That I have to pay.

[01:21:02] **Older Adult 1:** You know, I just wouldn't have it. Simple as that, you know. So I have to stay on top of that. But nobody tells you that. You know, I just have to call people and ask them. I say, you know, how can I do this? Or how can I do that, you know. Who do I talk to? Well,

[01:21:18] **Older Adult 2:** if you don't have an advocate, you can't access services.

[01:21:23] **Older Adult 2:** And for every service, there's an application. And if you're chronically ill, you lose a lot of services because you don't feel like it, or you don't understand it, and when I don't feel good, I can't understand anything either. So, um, it's just not a friendly situation, and it seems like it's set up so you won't bother with it, and so it's not used,

[01:21:52] **Older Adult 1:** and

[01:21:53] **Older Adult 1:** I can't understand this but people ought to think everyone is computer friendly You know, I don't have a computer, you know, I just got a cell phone two years ago, you know, so, well, can you practice this, well, no, because I don't know how to do that, you know, that kind of thing, you know, and I'm in a different town, I don't know how to get to where you are, or, you know, where you are, or who this doctor is, or that kind of thing.

[01:22:18] **Older Adult 1:** Uh, I, you know, I get confused sometimes, so, well, do you have a, what do you call them kind of doctors that I don't have?

[01:22:26] **Older Adult 2:** A primary provider.

[01:22:28] **Older Adult 1:** Well, primary provider. Well, what does he do? Where is he at? I don't know anybody here. You know.

[01:22:35] **Older Adult 2:** They don't help you to access the system.

[01:22:39] **Interviewer 1:** When you apply for Medicaid, has it been online or like paper forms?

[01:22:43] **Older Adult 1:** Paper forms. Because, you know, Uh, I don't do anything online. You know, I have never did one text in it. Anybody. You know, because I don't know how to do that. I didn't get a cell phone until two years ago. You know, and I wouldn't have got that, but my son was on me so bad, telling me, Dad, I need to get a hold of you sometime, you know.

[01:23:08] **Older Adult 1:** And, uh, everybody said, well, I can't afford a cell phone. Well, yours cost about a thousand dollars. Well, I can't afford that. So, you know, I finally found one. I could get one for like, I think it was 80 bucks, you know. So I just like working with a cell phone. It's like a phone. You use it to call somebody.

[01:23:24] **Older Adult 1:** You know, you don't use it to do this. You don't use it to do that, you know. Is there a place where you can, you know, learn about all these, uh, stuff?

[01:23:35] **Older Adult 2:** If you got in transportation, you can get to where they're at to teach you. Sometimes you have to pay for it.

[01:23:41] **Older Adult 1:** Well, if you got to pay for it, you can't afford it.

[01:23:43] **Older Adult 2:** Right.

[01:23:44] **Interviewer 1:** Yeah. And what about all the phone calls you're making, uh, to, you know, learn more about your eligibility or troubleshoot some of these problems, um?

[01:23:53] **Older Adult 1:** Well, I just, I called the, I called my, I called the operator on, on my cell phone and I said, do you have a number for the Iowa Department of Human Services?

[01:24:03] **Older Adult 1:** So they, you know, they called me and I called them, then they put me on hold and then said, well, leave a message and they had to call me back.

[01:24:09] **Interviewer 1:** Mm hmm.

[01:24:10] **Older Adult 1:** And what gets me is I get, I bet you I get at least 30 phone calls a day. Half of them, if all of them were true or were right, I'd be a millionaire because I'd get at least 5 different calls every day about when the publicist cleared the house.

[01:24:27] **Older Adult 1:** So, you know, I don't know why they'd pick me after, you know, I won 10 million today and another 10 million tomorrow and that kind of thing. I don't know. And then my phone company called and told me, he's like, well, these, these area codes, don't answer them because they just scams,

[01:24:43] **Interviewer 1:** you know.

[01:24:44] **Older Adult 1:** Then, well, you know, I have a lot of doctor calls, you know.

[01:24:48] **Older Adult 1:** And when they call me, the number says unknown. I don't want to miss those, you know. So I don't know if they got the same area code or not. So they say if you answer these phone calls, that they can charge you something or whatever. Uh

[01:25:00] **Interviewer 1:** huh.

[01:25:02] **Older Adult 1:** But you got to answer because you got to know if a doctor's calling you, wanting to give you some information, you have to go someplace.

[01:25:08] **Older Adult 1:** What do you do?

[01:25:09] **Older Adult 2:** Same thing. Difficulty with access to care. Yeah.

[01:25:14] **Interviewer 1:** Yeah, how much time do you think you spend, not necessarily like managing your health, like it takes all the time to get to those appointments and you're doing dialysis for four hours, but like what about like these phone calls and trying to get the, you know, trying to get that dart, transportation or the other transportation.

[01:25:30] **Interviewer 1:** How much time do you think you spend managing? It's like, kind of like, you're not managing your health care, you're managing managing your health care.

[01:25:38] **Older Adult 1:** Well, hey, yeah, I say, um, If I wanted to put it in, in, in a matter of times, I spent at least four or five hours every day trying to get a ride, or talk to a doctor, or try to find out something about, uh,

[01:25:55] **Older Adult 2:** Or,

[01:25:57] **Older Adult 1:** or, Medicaid, or Department of Human Services, or my social, Social Security, or, Then you get letters, because they don't know where to send them.

[01:26:07] **Older Adult 1:** Someone was sending this stuff to my house in Waterloo. That house is, the mail's probably stacked up that high. Uh, then they send it to her house. Then they send it to, uh, Pleasant Hills. Then So, you know, you got to put all this stuff together to make sure that, you know, they got, you know, the right thing, you know, do you live here, do you live there, or do you live over there?

[01:26:31] **Older Adult 1:** You know, and we getting ready to move, so that's going to start a whole nother ballgame. Now, I'm not saying everybody's like that, I'm just saying, I thought, you know, it's me, you know. I'm sure If it happens

[01:26:42] **Older Adult 2:** to you, it happens to other people, too.

[01:26:44] **Interviewer 1:** Yeah. Um, We talked about, like, trusting doctors and the people that are providing care, but what about, like, health systems at large or politicians at large?

[01:26:55] **Interviewer 1:** Do you trust them? Do you think that they have your best interest in mind?

[01:26:59] **Older Adult 1:** Well, it's, don't get me, don't get the wrong idea now, but you know, you're part of this too. You know, you, you've got politicians that want to find out what's going on with me, so they're supposed to help me, you know. And, you know, to me, I just put in the, I just put in the blame on somebody else.

[01:27:16] **Older Adult 1:** You find out what's going on and then tell me that I can help them, you know. What are you doing? You know, waiting for somebody to give you the answer? But you

[01:27:26] **Interviewer 1:** know. Lack of trust.

[01:27:27] **Older Adult 1:** You know, like I said, you know, you want to find out what's going on, but like you said, you got minorities in Chicago, 50 million of them, and you got 50 in Iowa.

[01:27:37] **Older Adult 1:** You know, I can understand most of the attention is going to go to them, most of the programs are going to go to them, but what about those 50

don't get shit ?

[01:27:45] **Interviewer 1:** Yeah. Um, so like the, the U. S. has an administration for aging that oversees programs and new policies and rules around aging. Um, like what would you want them to know about you?

[01:27:59] **Interviewer 1:** What would your message to them be?

[01:28:01] **Older Adult 1:** We exist. You know, you, you, you got these agencies and you got these programs and they got good ideas. Don't get me wrong. I, I think they got good ideas. But, you know, you, you go to all of them, there's us over here, too. We, everybody's not a farmer, you know, and it's like, um, I don't know, you probably haven't heard anything about it, you know, but it's a big deal around here.

[01:28:27] **Older Adult 1:** You got a large, um, uh, A party of Hispanics that worked in Waterloo, because I'm from Waterloo. We got one of the biggest packing

[01:28:38] **Interviewer 1:** companies. Was that near Storm Lake?

[01:28:39] **Older Adult 1:** No. It's only about a hundred miles from here. And, they had, they had fired a bunch of them. You know, when they came here, all the Hispanics went to one area of Waterloo.

[01:28:53] **Older Adult 1:** They had a big, um, what do you call that place? trailer park for them. All of them stayed in the trailer park. Nothing but, nothing but Hispanics in this trailer park. And they, they, they fired almost half of them. And they were, they were having some kind of contest. How long would this Spanish worker want to stay?

[01:29:11] **Older Adult 1:** How many do you want to fire this week? It was like a game. And finally, a lot of them are suing the packing company because of this, you know, because they wouldn't do this because they were, things were going on that they were discriminating against them. They were making, having them do stuff they weren't supposed to do.

[01:29:28] **Older Adult 1:** And, um, I don't know exactly what happened, but it was a big thing on TV, and it's, right now, it's still going on. But, you know, I'm sure nobody from your organization knows about it, you know. And, you know, Hispanics and African Americans don't really, I shouldn't say get along, but they don't really mingle together.

[01:29:51] **Older Adult 1:** There's no blacks in that part, in that, uh, in that lot. As a matter of fact, the company even had the bus to come get them and then take them to work and then bring them back. That's all they brought them for. And they said half of them are illegal there, illegally. They go down and get them and bring them up here.

[01:30:11] **Older Adult 1:** You know, I'm sure, you know, your people know about this. You know, it's not, they're trying to hide it. You know, if I knew about it, I'm sure a lot of

[01:30:22] **Interviewer 1:** other people know about it. Um, are there health care issues that you think are specific to like, living in rural Iowa? Like are there different problems that you encounter, uh, just like living here that people might not encounter in other places?

[01:30:38] **Interviewer 1:** I

[01:30:38] **Older Adult 1:** mean besides not having health insurance or not having, uh, so you, you like to say you live in, like, let's say you live in Chicago. There's hospitals all over the place, 50 of them probably, you know, and we're lucky we got three, you know, and one just got bought out two years ago by a larger company.

[01:30:58] **Older Adult 1:** From Des Moines. Was it Mercy One or something that bought out Allen Hospital? No, Union. The one you work for. Union Point. You know, we don't, you know, we have people from even smaller units, you know, smaller towns, that say there's only 30 or 40, well, it shouldn't be 30, 40. Say 3, 000 people come to Waterloo to go to the hospitals.

[01:31:22] **Older Adult 1:** From areas all around town. You know, we don't have, you know, the hospitals and health facilities that you guys have in larger areas. You know,

[01:31:31] **Older Adult 2:** access to care.

[01:31:34] **Older Adult 1:** If you don't have a car in the rural area, you're really in bad shape. Because, you know, we don't have buses that run everywhere 24 hours a day, seven days a week.

[01:31:43] **Older Adult 1:** You know, you'd be lucky if you have a bus that runs from nine o'clock to six o'clock in the afternoon and they don't go everywhere.

[01:31:49] **Older Adult 2:** And, you know, I think also, and this is, well, I'm just gonna say it. Um, The quality of, um, doctors is, my opinion, is poor in smaller towns because nobody wants to live there.

[01:32:07] **Older Adult 2:** They don't want to take their family there because there is nothing there. There's no social leisure. Their, you know, houses are not maybe what they could get or are accustomed to in terms of style and flair or whatever. So, As soon as someone maybe gets a medical degree, they're gone. They're, they leave.

[01:32:30] **Older Adult 2:** You know, and who wouldn't want to live in California? And who wouldn't want to live in New York, rather than in, um, you know, these small towns that maybe have 3, 000 people? Um, so, we can't keep a stable doctor. And that's true of the colleges, too. I remember, uh, when I was getting my bachelor's degree, we couldn't, the, the, the program that I was in couldn't get accredited because they couldn't keep, uh, um, a professor long enough to get accredited because as soon as they get on their feet, they're gone for a better paying job, for a town that has more social leisure, something to offer their family.

[01:33:14] **Older Adult 2:** And so you just don't have what you want. would normally have. Now, they're trying to do some things about that. Asking doctors to, they're flying doctors in from wherever, Chicago or New York or whatever for one day a week or whatever. Um, and that's putting a, I mean it's an effort, but it's a bandage over a gaping sore.

[01:33:39] **Older Adult 2:** So they just don't have the quality of doctor. They don't have enough doctors. They don't have the funding. And, you know, it's all trickledown. So, there's many reasons. So, the whole population will struggle with that. And then if you're a minority, that's just something on top of what you struggle with. You know, uh, even the poverty.

[01:34:05] **Older Adult 2:** Being in poverty, um, you don't get nutritious foods. And so, um, Maybe you don't feel as well, or maybe you got more diseases, and un nutritious foods cost more money, and, um, you don't have money, and I mean, it's just a vicious cycle. Um, you can't get your medicine, you can't even get your doctor,

[01:34:31] **Older Adult 1:** because I'm about to call a doctor.

[01:34:33] **Older Adult 2:** Yeah, you can't. I mean, it's just, um, that's why I'm, I have a newfound fear. Um, cause I'm getting ready to retire. I haven't said that out loud yet, so I might have that bleeped. Cause I haven't told the people yet. So anyway, um, I'm thinking about what is that going to mean for me in healthcare. Like, I belong to a, um, an organization where if you will agree to, um, Talk to a pharmacist and to someone about your health care to to intervene sooner then you get some of your medications free and that a Lot of my medications have fallen into that category.

[01:35:24] **Older Adult 2:** So when I separate from My job, I'm gonna lose all of that. Yeah, and what's it gonna look like for me? and You know Um I'm diabetic and, you know, insulin is like six, seven hundred dollars a month. And it's like, what the heck?

[01:35:46] **Interviewer 1:** Do you have private insurance now through your job? I have private insurance

[01:35:50] **Older Adult 2:** through my job.

[01:35:51] **Older Adult 2:** But I won't have that when I leave.

[01:35:54] **Older Adult 1:** Well, at least you got somebody to look at you. I remember I had, I had, I had, I take shots for my diabetes. And then when I moved here, I won't have a diabetes doctor anymore. And you can't get, I have one of those patches you put on your arm for diabetics.

[01:36:11] **Interviewer 1:** A monitor.

[01:36:12] **Older Adult 1:** Yeah, right.

[01:36:13] **Older Adult 1:** If you don't take insulin, you don't get those. Or at least you don't have to, you have to pay for them. Because my insurance was paying for them. So they wouldn't pay for none of that. You know, and I got to find a diabetic doctor. Well, I don't know any diabetic doctors in here. Is that right?

[01:36:27] **Older Adult 2:** And nobody's helped you find one.

[01:36:33] **Older Adult 1:** So. No. And not only that, but

[01:36:36] **Older Adult 2:** a good one. What are you going to lose?

[01:36:39] **Older Adult 1:** I'm going to lose, if I don't take insulin shots, and if I don't see a diabetic doctor, that's gone.

[01:36:47] **Older Adult 2:** Oh, really?

[01:36:53] **Interviewer 1:** Do you want to return to Waterloo? Is that

[01:36:56] **Older Adult 1:** Well, I'd like to return to Waterloo, but I can't go there until the house is fixed.

[01:37:02] **Older Adult 2:** The house got into a, um, um, a pipe broke, and he was not home. And it was four feet of water in the house. So, they had to tear out everything. Floorboards, the walls to the lower level, washer and dryer, bathroom, Washing and dryer, the computer, The electrical system, The hot water heater, blah, blah, blah.

[01:37:25] **Older Adult 2:** Thousands and thousands and thousands of dollars. And so, it takes a little while to fix it up. And the insurance, of course, is not wanting to cooperate. And I wanna give you a nickel and a dime to put a house back together.

[01:37:40] **Older Adult 1:** I gave, I had a lot of clothes down there too, and a lot of my parents' stuff was down there.

[01:37:47] **Older Adult 1:** I had a lot of stuff in closets and stuff down there. Winter stuff. I put winter stuff down there and summer stuff upstairs gone. I had a com, I had two computers on there. Caught printer. Gone. That's gone. Mm-Hmm.

[01:38:01] **Older Adult 2:** kind of like having a fire.

[01:38:02] **Older Adult 1:** Yeah. I had a, I had a bedroom down there. All the bed TV. Gone. I had a little, uh, uh, bathroom down there.

[01:38:11] **Older Adult 1:** They had to take out the sink, tub, and all that. Not tub, sink, uh, water heater,

[01:38:15] **Interviewer 1:** toilet,

[01:38:16] **Older Adult 1:** toilet, all that. Lawn. Got to clean all that.

[01:38:20] **Interviewer 1:** Yeah.

[01:38:22] **Older Adult 1:** Um, I'm not saying everybody's like that. I'm just saying that's part of my problem.

[01:38:26] **Interviewer 1:** Yeah. Uh, looking at this different, this worksheet with different aspects of aging well, I'm wondering if any of these stand out as things that the government should Uh, help people with or things that are more the responsibility of, of individuals.

[01:38:43] **Interviewer 1:** Um, are any of these things, things that you think that the government can help with? Or are any of these things out of the government's control? Do

[01:38:51] **Older Adult 1:** you want me to check it or? Just,

[01:38:53] **Interviewer 1:** if any of these kind of like, you don't have to check anything, but I'm just wondering. I say mental

[01:38:57] **Older Adult 1:** health and ability to get from place to place.

[01:39:00] **Older Adult 1:** Of course, everybody has finances. Um,

[01:39:07] **Older Adult 1:** sense of control and independence.

[01:39:13] **Interviewer 1:** Is a sense of control and independence important to you? Yeah, I thought that was important to everybody. Yeah. And what would give you more independence and control?

[01:39:22] **Older Adult 1:** I don't have, I lived by myself for almost 40 years. Now I'm staying in somebody's basement. I have no control, you know. They can come in and out whenever they want, come in and out.

[01:39:35] **Older Adult 1:** You know, I'm used to my own privacy, you know. Uh, I let the guy, you know, let me stay there, you know, he's one of [redacted]'s, his wife is one of [redacted]'s friends, you know. I wanted to bring my car over there in the driveway, he didn't want that, what are you going to tell him? No, you can't bring your car over here, that's why I parked it down the street, you know.

[01:40:02] **Older Adult 1:** And he wanted

[01:40:03] **Older Adult 2:** his independence

[01:40:03] **Older Adult 1:** back. You know, like they, them staying downstairs and they have like a sliding glass door. And they have curtains across it. Well, he wants the curtain to open so he can look down there and see what I'm doing.

[01:40:17] **Interviewer 1:** Well, I like a little privacy,

[01:40:19] **Older Adult 1:** man. Give me a break. You know, I said, he said, Well, if you're going to give me the vacuum cleaner, I'll vacuum around the place.

[01:40:28] **Older Adult 1:** Oh, no, no. I don't know what you're doing, man. I don't have enough sense to vacuum or rug. You know, it's his rug. It's his house. And I'm staying there. I can't argue with the man about it. You know, I'm not saying I, you know, I don't like him. I'm just saying that I'm used to doing what I want to do. I'm used to having my opinion, like you're used to having yours.

[01:40:55] **Older Adult 1:** And it's like, um, that's, I guess, that one.

[01:41:06] **Interviewer 1:** Both of you could wave a magic wand and change one thing about, uh, Health care in America, what would you change?

[01:41:18] **Older Adult 1:** I would change as far as find out what are your, if you had to pay in the social security what social security ought to pay for some of the stuff that your check paid, that you had to pay, you know. Because I keep hearing, saying, well, a couple years ago there ain't going to be no social security anymore.

[01:41:37] **Older Adult 1:** Well, what do these people hope to do? You know, I'm sure that their landlords or the bank can say, well, You don't get any money anymore. You don't have to pay these bills.

[01:41:49] **Older Adult 1:** I don't think that's going to happen. I guess it's happening with your school loans. Maybe.

[01:41:58] **Older Adult 1:** But like I said, I was proud of that when I paid mine off. I'm not saying it's wrong or right. The kids nowadays, you know, the government's going to pay them off because I'm sure they're paying a lot more than I ever thought about paying. But, uh,

[01:42:18] **Older Adult 1:** I don't know. I'll see. If I had only one to pick up, that would be my one.

[01:42:26] **Interviewer 1:** Then [redacted], what about you? If you could change, uh, wave a magic wand and change one thing about health care, what would you change? Well,

[01:42:33] **Older Adult 2:** the thing that comes to mind for me is access. And, um, uh, the overwhelming cost of health care is taking more than half of people's income.

[01:42:48] **Older Adult 2:** And they have a limited income anyway. That's So, what's your question again? Because it says something a little bit different. Oh yeah,

[01:42:59] **Interviewer 1:** that was, uh, these are different aspects of aging well, and I'm wondering which of those you think, um, like, the government should be responsible for or focus on, or things that are outside of the control of, of programs and policies.

[01:43:12] **Interviewer 1:** That the government should

[01:43:13] **Older Adult 2:** control? Or is it just aging well in, in particular, because it's like, my family is here. The government can't do anything about that, but. Um, if I could wave my wand, um, I would have my family back. I lost my mother, my father, my oldest brother, my oldest sister, and now my only sibling is um, got a chronic disease.

[01:43:41] **Older Adult 2:** So um, so if I were looking at this, if you don't have your mental health, you have nothing. If you don't have your health. At all, you don't have anything. But, um, what the government can do is, uh, do something about the cost of things is out of control. And, um, um, again, I guess I just have to go with, uh, access to health care and the financial part of health care.

[01:44:12] **Older Adult 2:** And, um, uh, wishing and praying for. Good health and trusting if I could access, um, healthcare, am I going to get the best, um, healthcare I can get? You know, I used to work in a substance abuse program and, um, you see everybody come into that program. So you see doctors and, um, There was an assignment that you had to do, and how have you interfered in the life of others while you were drunk, high, drinking, or whatever, and it's amazing how many doctors say I interfered in the life of my patients because I left, uh, my instruments inside of them when I sold them up, or I, um, gave the wrong prescription because I was hung over, or I, uh, was tired that day, and so I didn't really, um, You know, do my best.

[01:45:07] **Older Adult 2:** Well, I think that everybody can say that they didn't do their best in their job on some days. But when you talk about health care, that's a different, that's a different animal. And if you don't want to do it and you don't have the commitment, then you shouldn't be there. So, did I answer your question?

[01:45:27] **Older Adult 2:** Yeah. Okay.

[01:45:28] **Interviewer 1:** Was there anything else that you wanted to talk about, um, that we didn't, that we didn't ask about? I know you had that. I had the paper,

[01:45:36] **Older Adult 2:** but this is shorter. I looked something up on the internet. And, um, um, it was like a short story of nine things that says, number one is young black Americans are more likely to develop and die from chronic diseases that don't show up in white Americans until they die.

[01:45:58] **Older Adult 2:** older age. I would like to know why.

[01:46:02] **Older Adult 1:** We're talking about older Americans, not the young

[01:46:04] **Older Adult 2:** ones. But I would like to know why that is. I mean, how much of that is related to poverty? How much of that is related to racism? How much of that is related to, I don't care about you, so you're not going to get the best treatment?

[01:46:19] **Older Adult 2:** You know, why is it that if my makeup is similar to your makeup, why am I dying sooner than you're dying? And, you know, it just had like nine, are you interested in this?

[01:46:33] **Interviewer 1:** Yeah.

[01:46:34] **Older Adult 2:** Okay. Okay. Black people are more likely to die of all cancers combined than any other racial or ethnic group. Why the hell is that?

[01:46:47] **Older Adult 2:** And I know that it's that we are accessing health care maybe later, and why are we accessing it later? It's because of what we eat, and then why are we eating that? Because that's what we can afford? Or, you know, what really is the reason? And why we can send a man to the moon, we can't save people's lives?

[01:47:13] **Older Adult 2:** Um, I mean, it's more in depth than that. And, um, Black women are over three times as likely to die from a pregnancy related issue as white women. I I don't get it. You're black, you'll get pregnant, you're white, you'll get pregnant, but yet I'm three times more likely to die. And poverty is a big issue in that, and not being able to access health care.

[01:47:42] **Older Adult 2:** Black children are also more likely to die before their first birthday when compared to others. Um, a higher proportion of black people are newly diagnosed with HIV, living with it, or diagnosed with AIDS. Than any other race or ethnicity. Many other sexually transmitted infections also disproportionately affect the black community.

[01:48:08] **Older Adult 2:** There's a reason for all this stuff, and part of it's racism. Black people in the US are more likely to have mental health problems in other people. Um. Now when I look at that, I say, um, I don't know about that. I work in the mental health field, and who I see is white people. But he and I were talking about that, and he goes, you live in the midwest.

[01:48:33] **Older Adult 2:** You live in a little white small town. You are seeing people who have, who can access, uh, access, um, uh, medical care. You know, uh, if you lived in Chicago, would the same be true?

[01:48:51] **Older Adult 1:** Because only 1 percent of Iowa is minority, and you know, I'm sure a little more than 1 percent in Chicago.

[01:49:02] **Older Adult 2:** More black children kill themselves than white children, and it's a rising trend. Now when I see that, because I live in a white community, it's more white children. Who are killing themselves, but when you look at it as a whole when you look at these larger cities

[01:49:21] **Older Adult 1:** Well, you gotta think you live in Iowa no matter what you think of it's gonna be more white when it

[01:49:25] **Older Adult 2:** Is part of Iowa, you know what I'm saying?

[01:49:30] **Older Adult 1:** Yeah,

[01:49:31] **Older Adult 2:** finally black people are victims of violence at a far higher rate than the general population So, you know you hear about every day police officers who are killing young black men. And, um, I worry all the time about his son and say, You have to be careful. You have to be careful. Don't do this. Don't do that.

[01:49:54] **Older Adult 2:** You know, knowing what it means driving while black, you know, that kind of just, you know, I used to live in another, um, Um, suburb called Urbandale, Iowa, and um, every black man that came out to my house, whether it was my father, my brother, my friends, my boyfriends, everyone was stopped for something bogus.

[01:50:19] **Older Adult 2:** I thought you had a light out over

[01:50:20] **Interviewer 1:** there.

[01:50:21] **Older Adult 2:** One was a black man, they were looking for a black man, he was in this area, they thought they would stop my friend who came out to my

house. That's it. That's it. So, that didn't make me feel real good by living in that community. Um, so, anyway, there is that. That's my little piece

[01:50:43] **Interviewer 1:** of paper.

[01:50:45] **Interviewer 1:** Got

[01:50:45] **Older Adult 1:** a little bit of work for it, didn't you?

[01:50:52] **Older Adult 2:** Um, and maybe I've hit on most of these. Um, oh, and then one thing. Black people when they present in, um, emergency, emergency, their pain level is not taken serious.

[01:51:08] **Interviewer 1:** And

[01:51:10] **Older Adult 2:** so, um, I remember when I had, I don't know what it was, still today, some kind of, after I had my heart surgery and I was in cardiac rehab, I had to go to, um, cardiac exercise.

[01:51:27] **Older Adult 2:** And so I got some kind of syndrome. That I could hardly walk and so, um, And I ended up going to the hospital like five days in a row because I never got any help from anybody and they thought I was drug seeking. And I thought, I have never used a drug in my life, but because Drug seeking is out there, and you think that blacks drug seek, and you think that they're in substance abuse programs, and they're not.

[01:51:57] **Older Adult 2:** They're in prison. So, you know, I felt like they were looking at me as a drug addict, and I couldn't walk. It was like, I don't know. It's just, um, It's, it's very hurtful, and I get angry. Probably, More angry than I should and lash out, hopefully.

[01:52:23] **Interviewer 1:** No, I think it's fair. Yeah.

[01:52:27] **Older Adult 2:** Might want to talk to our supervisor about that.

[01:52:29] **Older Adult 2:** I think it's fair. Why are you talking to me like that? Why are you talking to me like that?

[01:52:37] **Interviewer 1:** Yeah. So, thank you both. You're

[01:52:42] **Older Adult 2:** welcome. I think

[01:52:44] **Interviewer 1:** we're good. We're almost done. Yeah. Yeah.

[01:52:49] **Older Adult 2:** Yeah. But that's, that's the hard thing for me, um, even like watching movies like *The Color Purple*. Um, then I'm mad for two weeks after that.

[01:53:00] **Older Adult 2:** And so, I don't want to like, like it or talk about it. But, when I seen your flyer, that perked my interest because, um, I'm now entering into Retirement and what am I getting ready to face? It's a new battle and a new fight that I'm going to have to have. So if you all can do anything to help that in the future, it would benefit me.

[01:53:29] **Older Adult 2:** So I thought well, I can't complain about it if I don't do anything and you know, so that's why I decided to do it. Didn't hurt that they had a financial motivation. That didn't hurt at all.