

*Interviewer:* Very well, where are you from?

*Interviewee:* Argentina.

*Interviewer:* How long have you been to the United States?

*Interviewee:* 22 years.

*Interviewer:* Do you usually communicate in English?

*Interviewee:* In both languages, in Spanish and in English, depending on where I am.

*Interviewer:* Very well, do you usually go—take your kids to Spanish speaking physicians, or not? Why you do it or why you don't?

*Interviewee:* In this moment I do; the pediatrician who attended Martin until he was 17 years old is Hispanic; I like it with her, because of the manner she has with the time matter, more than anything, that she took with the kids and to get to know the patient; nowadays, we visit a different physician because now Martin, who turned 18, goes to a different general physician, he speaks English, then, regardless of the fact that I don't get inside with him, he's my own physician, then communication has to be in English.

It's actually in English because the physician comes from Argentina, but he also speaks both languages.

*Interviewer:* Very well. Then, you went with the pediatrician to look for someone who—someone who would pay more attention to you, that gave you more attention.

*Interviewee:* It was actually to make sure he paid more attention, an English-speaking physician doesn't really do that.

*Interviewer:* Do you feel that an English-speaking physician doesn't really do that?

*Interviewee:* No, the first experience I had with Martin's pediatrician, by the way, that was a racist remark, because he is white, has clear colored eyes and said—he said to me, “those eyes are going to change because Hispanics don't usually have eyes with that color, looking at me like, I have blue eyes, then I kind of didn't like the

manner really, that was the reason I left her, because it was a racist remark, and well. They recommended this physician, that honestly, it doesn't matter that she is Hispanic and I like her more, but for the way she treated us for almost 15 years, she was Martin's pediatrician, and, she continues seeing Juan, and Luciano.

*Interviewer:* Then you've had negative experiences with English-speaking physicians, but positive ones too?

*Interviewee:* Positive ones too; for example, the dermatologist that we are seeing now is a physician—he speaks only English, the truth is he took his time, anything we don't understand, he explains it again, we realize that he understands who he's talking to, he gets interested in knowing the person, we have—we have a good relationship; we've had good experiences too.

*Interviewer:* Then, you feel that you could also communicate well with non-Hispanic physicians, depending on the physician.

*Interviewee:* Yes, yes.

*Interviewer:* What would have improved your experience, regarding the times when it wasn't that positive?

*Interviewee:* Actually, what should change is the other person,

*Interviewer:* What should he have done or said differently to make you feel better?

*Interviewee:* I think that—attending, a physician must attend with a—his professional ethics has nothing to do, it doesn't have to—it shouldn't have to do with the patient's race, it should follow a general guideline, or at least, try to be—that there isn't a difference—

*Interviewer:* Do you feel there is discrimination sometimes, based on nationality, family name—?

*Interviewee:* I think that, well of course, the family name, the appearance, the accent when speaking, makes the physician realize that English is not our first tongue and, of course, they ask where we are from and — I had a bad—what I mean is that the professional ethics must be

in general, from the physician's point of view, the same for everybody; I say this because of the experience I had in ER with my son, he had—he fell, cut himself in the chin and it was a weekend and the physician,—the plastic surgeon was on call, then when the physician who was attending told us” this is what we can do here, or, since it's in the face and it requires a number of stitches, actually the plastic surgeon should do it but he's on call, you can, if you want to, wait, because he's actually at home; when he arrived, he was upset, because he said that any other physician could have done that, this is going to cost this amount of money, you're gonna have to pay and everything” then, I say, that, I felt it was discriminating, like to see if we were able to afford it, why? Because we're Hispanic? I don't know, then I told him—I told him—I knew my rights, I told him, “you were on call, this situation requires you to be here, my insurance will cover it and if it doesn't, I will for sure pay you”, then he told me, he said, “okay, I'm already here, I have to do it”, At the end he gave me his card and said ”Okay, make an appointment in my office to remove the stitches and I'll give you the bill, the invoice to pay, and I said, “okay, thank you very much” of course I didn't go to his office because I didn't need to go to his office to have the stitches removed, the stitches can be removed at the hospital, and that's something I know, it was more like an intimidation from the physician, the truth is that I played along, up to a certain point, but I also told him, that he was there to attend us, it was necessary in that moment and well, I never received anything, I never received a bill about that, then that means that it was simply an intimidation from the physician.

*Interviewer:* Do you think he allowed that because of the patient's nationality?

*Interviewee:* Yes, absolutely. I think that this is like that—they, -to a native or white or the way you call it, they wouldn't do it, they wouldn't do it because other risks for them would come into play, there might be some legal things that I don't know about or I don't know in what kind of problem could he get into if he said something like that to another person. I consider myself a little ignorant in that topic.

*Interviewer:* Yes, thank you for sharing. Now, I know you speak English very well, but, for example, if someone from the family needs a physician who speaks Spanish, who is not a native speaker, would

you feel okay with that? That the person doesn't speak perfectly, but that he gets the message across, that he can make an effort?

*Interviewee:* The physician?

*Interviewer:* Would you prefer a Hispanic physician or someone who speaks Spanish but not native?

*Interviewee:* That's not a problem. As long as he knows how to communicate, about, about the important part that needs to be communicated, I don't mind if his first language is Chinese or Spanish.

*Interviewer:* Then, you wouldn't feel that kind of superiority, right?

*Interviewee:* No, no, no. I would feel empathy. Because I'm in that plane, all the time.

*Interviewer:* Very well. Finally, do you have any recommendation or suggestion to the medicine students who are now studying Spanish too? Some speak well other not so much, but they are all working towards it; something that you could tell them or suggest to them?

*Interviewer:* Since I learn English as a second language, at first I was very afraid to make mistakes, then I didn't dare to communicate because of that fear of making mistakes or because I was afraid of people making fun of my accent, or because I felt that the other person criticizes me or, specially makes fun of me, that stall me a great deal, for a very long time, at first, then when I finally understand that I'm actually expanding myself by speaking two languages, and by being able to communicate with more people, I said, what I'm getting here represent power, then I take it like it's my 'super power', I speak two languages, it doesn't matter, I make mistakes, I don't speak perfectly, I learn something every day, but, that's where the advantage is, in trying every day, and if someone corrects me, don't get offended, take it as a constructive critic, regardless of who's doing it.

*Interviewer:* Very well. Any other commentary?

*Interviewee:* No. [Laughs]

*Interviewer:* Very well. Then that would be all.

*[End of Audio]*