

ORAL HISTORY INTERVIEW WITH REBECCA REYES

Duke University Libraries and Archives

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COLLECTION SUMMARY

This collection features an oral history I conducted with Rebecca Reyes on 01 25, 2024 for the Bass Connections Agents of Change oral history project. The 95-minute interview was conducted in Perkins Library. Our conversation explored her early life and career, and her role as an activist and social worker at Duke Health. The themes of these interviews include health disparities, community outreach, social work, and Latino health.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4)

The materials we are submitting also include the following separate files:

- Audio files of the interview*
 - Stereo Reyes.WAV file of the original interview audio
 - MONO Reyes_01 .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (credit: Rebecca Reyes)
- Scan of a signed consent form

*At the end of the interview recording, we recorded a self-introduction and room tone for use in a production edit of the interview.

BIOGRAPHY

Rebecca Reyes stands as a beacon of change, an advocate for social justice, and a pioneer in healthcare equity. Born in San Bernardino, California, Rebecca's journey was shaped by her vibrant Hispanic heritage and a deep-rooted commitment to making a positive impact in her community. Growing up in a tight-knit Latino household, Rebecca witnessed firsthand the challenges faced by marginalized groups, fueling her passion for social change from an early age. Raised in a Presbyterian household, she learned the values of compassion, service, and the importance of education, instilled in her by her family.

In 1979, Rebecca made history as the first Hispanic woman ordained in the Presbyterian Church, a monumental achievement that marked the beginning of her lifelong dedication to social justice. Her grandmother's words, urging her to transcend the confines of traditional religious spaces, resonated deeply with Rebecca, shaping her approach to advocacy and community work. Reyes states, "In terms of my work, spirituality was never to be confined inside the walls of a church. It was always to be transcended."

Equipped with a bachelor's degree in biology and mathematics, Rebecca initially pursued a career in teaching before finding her true calling in social work. Inspired by her experiences and a desire to address systemic inequalities, she obtained a Master of Social Work. Rebecca's career took her to various roles, from working with the Presbyterian Church to serving as a campus minister at the University of North Carolina Chapel Hill. In 2000, she played a pivotal role in establishing Latino Health Services at Duke University, recognizing the urgent need for culturally competent healthcare for immigrant communities.

Throughout her career, Rebecca faced numerous challenges, from systemic barriers to entrenched stereotypes and misconceptions. Yet, she never wavered in her resolve to advocate for those in need. Her visionary leadership and unwavering dedication left an indelible mark on countless lives, transforming healthcare outcomes and fostering inclusivity within communities.

Beyond her work in healthcare, Rebecca actively participated in various community boards and committees, championing cross-cultural dialogue and promoting inclusivity in all aspects of community life. Her unwavering commitment to justice, compassion, and service serves as an inspiration to all who strive for positive change. Reflecting on her remarkable career, she aspires, "to make a difference in bringing voice to those that don't have voice or surfacing gaps in our systems."

INTERVIEW TOPIC LOG (Reyes.wav)

00:00	Introduction
00:27	Previous Positions and Connection to Duke Health
01:17	Early childhood and Religious Influences
11:11	Academic Background and Career Synopsis
15:01	Historic Ordination of the First Latina in the Presbyterian Church
22:04	Moving to North Carolina as a Campus Minister
23:02	Work in Global Education
25:17	Mentorship at UNC- Chapel Hill
32:15	Undergraduate Mentorship at Duke University
33:54	Early Engagement with Hispanic Community in Durham
38:10	Partnership with Local Organizations in Durham
45:14	Initiatives within Duke Health
49:23	LATCH and ALMAS Program
57:17	Interpreter Usage in Hospital
1:01:42	Description of Typical Day as a Social Worker
1:06:18	Overcoming Challenges and Stereotypes at Duke Health
1:13:34	Retirement: Current Roles and Advocacy
1:19:33	Personal Insights on Activism and Self-Reflection
1:23:38	Aspirations for the Furture
1:25:13	Family Life
1:33:31	Final Reflections

TRANSCRIPTION (Reyes.wav)

Fiorella Orozco 00:01

Hello, my name is Fiorella Orozco, a third-year undergrad at Duke University. And I'm here with Mr. Rebecca Reyes in Perkins Library. I want to thank you for joining us today for this oral history interview. Your insights are invaluable, and we're excited to capture and preserve your experiences. Ms. Reyes, could you provide a brief overview of your positions and current roles, as well as your connection to Duke Health?

Rebecca Reyes 00:27

I'm currently retired. But when I did work at Duke, I entered as a social worker working at the birthing center, at the Duke Birthing Center. A couple of years after that, they created what's called the Latino Health Project, as a fellow social worker of mine had worked with administration to create that. And they asked me to apply, and I applied and then I became coordinator for the Latino Health Project, which was funded by the hospital and had a big staff of 1.5 [people]. The point five being a part time secretary. So that was that Latino Health Project.

FO 01:17

Thank you. So, I'm going to start with some early life and background information questions. So born in Texas, your family's roots traced back to four generations in the southwest of the United States. How did this rich heritage shape your identity and your perspective on community?

RR 01:36

First of all, I was born in San Bernardino, California, not Texas.

FO 01:39

Not Texas? Ok, Thank you.

RR 01:40

In the last three months. I've renounced Texas, so California. My parents were from Kingsville, Texas, and so they had lived there with my grandparents and my great grandparents. We were there from the time that Mexico became Texas, so we had been living there for quite a few generations. Growing up in South Texas, in a bicultural, bilingual environment, made all the difference. One of the things that made an impact or a significant difference for me as a child [was that] my great grandparents had been converted by the missionaries to become Presbyterian and not Catholic. I grew up in a Presbyterian environment, not in a Catholic environment. That was a marker that differentiated me and my family because of the stereotype that all Latinos are Catholic. Growing up in school was interesting. I particularly remember being a middle school or junior high. We were studying the Reformation, and my teacher asked the class if anybody knew John Calvin or Martin Luther King. I mean, Martin Luther. I raised my hand and she looked at

me like, “What do you even know about this?” And of course, being Presbyterian, John Calvin was huge in the Presbyterian family. And from that moment on, it was interesting that she perceived me totally different than she had before because Presbyterians focus on education. Education is huge for them, for the denomination. They build schools, hospitals, whatever. I was aware that being a Protestant and Latino, were markers that differentiated me from most of the Latino population, or my friends.

FO 04:28

What was your community like growing up?

RR 04:33

Totally Latino. I'm the middle child of five kids. I have three sisters, two older sisters, one younger sister and a brother. My dad was definitely a hard worker, hard work ethic. [He] worked two jobs. Mainly, he worked with the government as a pipefitter, but definitely middle class, lower middle class. [He] determined to get their children educated. My mother was a homemaker. She worked during the summers, probably to get away from the kid, right? Now that I think about it. But the environment [was] very religious. I went to church every Sunday. Being Protestant, every Sunday [we had] Sunday school, church, youth group, choir. Every Wednesday, [we had] bible study, choir, any other activity. It was very centered around the church or faith or spirituality. My parents were big on education. Unlike the bias, or the stereotypes that people have about Latinos and getting women married, my parents were very clear that I was gonna get an education. “You're gonna go to college,” [they said], even though they weren't college graduates. Education was huge for them. All of the women children got educated. My grandmothers were significant, significant, significant. I spent the summers when my grandmothers were a huge influence. My maternal grandmother had a lot of Spaniard blood. She was tall, light skinned, had blue eyes, silver hair, and she was adamant about the language and the culture. One of the rules that I grew up with is when she was in the presence of the family, even though my parents were bilingual, and mainly spoke Spanish. Anytime that my grandmother was around, we were going to speak Spanish, it was just a given. And I remember she'd be at my house when I brought my friends in and even though she understood English, she'd say I don't know why you're speaking English. You don't speak English in the house. One day I said, “So why are you so hung up on us speaking Spanish.” She said, “I'm gonna tell you one thing. I'm gonna tell you once. If I don't teach you, and if you don't learn your language, the world out there is not going to teach it for you. And you'll forget your culture, you'll forget who the artists are, the humanities are. You'll forget an entire culture because you don't know your language. And that's why I'm teaching you because I don't want you to forget it.” That was so crucial. On the other side, my paternal grandmother was more *india* [native], had some native blood. [She was] more poor and just more medicinal. I learned a lot about herbs and medicine and kind of *curanderismo* [folk healing] more through them. So, my grandmothers were very significant to me. And then you know, uncles, aunts, whatever, but definitely a rich, rich family.

FO 08:38

Yeah, it sounds like your grandmothers really played a big role especially like later on in your life. Being able to speak two languages, being a Spanish and English speaker has really helped you connect with the community and really inspired [you to] make a change here [Duke Health]. Were there any specific moments or influences during your early years that sparked interest in advocating for change?

RR 09:04

Growing up in South Texas I was aware of in elementary school, there were a lot of farm workers, people that worked the fields, agriculture. And again, because my parents, even though they came from very poor environments, my father and my mother were determined to do better. I was aware when farm workers came seasonally. I would see that those [people] were going to make a big difference. For two summers, I picked cotton. There was this little epiphany at 12 years old picking cotton and saying, "I'm not doing this," I have other options. And my parents didn't say you can't go pick cotton. I think I did it because my friends were all picking cotton and that was the thing to do. I was gonna make money. But I think that was epiphany of, I don't think I want to do this. I want to try to find something else. So, I think that was a subconscious kind of decision.

FO 09:16

Moving towards your early career, what motivated you to become a social worker? When did you first become interested in this field?

RR 11:11

As an undergraduate, I majored in biology and math. I had hoped to go to medical school, but it only took the first semester of undergraduate to find out that nope. Just like any other organization, that wasn't going to happen. Then I went into teaching math. But the environment, the climate situation, growing up in South Texas, a lot of oil. That's when Rachel Carson was coming out with her book about the environment and what it was doing. I went back to do some graduate work in environmental ecology, and studied ecology and was doing a Masters on that. And it hit me, I wanted to know what the church was saying about the environment. I didn't hear much about that. I didn't hear about [that]. Here we worship God a creator, yet no one was speaking about the oil spills or anything like that. I then intentionally chose to go to seminary and to study just what was the theology of the environment, with what the church was saying about the environment. In that process, I got ordained and worked with the church for a good 10 years in global education, doing global work going around the world, working in health disparities. Then, when I was a campus minister at University of North Carolina, I decided that I'd leave that job to get an MSW (Master of Social Work) and then come and work at Duke. It was out of a crisis that I ended up going into social work. In a professional crisis and decided,

I'm going to get an MSW and I did. Just an interesting thing about being a social worker. Once I got my degree in social work, I applied at Duke Hospital. The first year, I got out of school, graduated, I had been doing part time jobs and I had been applying. I'd put down that I was bilingual. I put down that I had this and I had that and never got a response back from Duke. And, and I was just really shocked because I thought, well, they need bilingual workers, but I was shot. And in my church in Chapel Hill, the church that I attended, there's this woman that was a secretary to the Director of Social Work. And she came up to me one day, and she said, um, have you applied to Duke? And I said for the last year, and I haven't gotten anything. She says, send me your application tomorrow. And I sent it to her. The next day, I got an interview and I got a job. So, it's who you know, yeah. And just to get this timeline, right, you went to college for four years at? Texas A&M, from 1970 to 1974.

FO 14:53

And then you got your-?

RR 14:56

Masters of Divinity.

FO 14:59

Was that here in North Carolina?

RR 15:01

That was at the Austin Presbyterian Theological Seminary. I went there from 1976 to 1979.

FO 15:07

After that you completed some like?

RR 15:11

I worked with the church. I got ordained in June 1979 and I worked with the Presbyterian Church, as a local pastor. Then at their denominational headquarters in Atlanta, and then came to work at University of North Carolina as a campus minister. Then in 1993, I applied as a social worker. I went to school for social work from 1990 to 1993, I think it was. I don't remember.

FO 15:56

I saw online that you said that you were the first Hispanic/ Latina woman ordained as a teaching elder in the Presbyterian Church. Is that right?

RR 16:05

There had been no Latinas ordained in the Presbyterian Church as a pastor or what they call teaching elder or minister. Yes, I was the first one ordained in the Presbyterian Church.

FO 16:19

How did this achievement influence your journey and the community around you?

RR 16:27

There's no doubt that it was an unexpected thing. I didn't plan to do this. It's not like I had a trajectory and said, "That's my target." It fell upon me. When I was at seminary, I was a first-year student, it's a three-year program, and interestingly enough, there was a woman that was maybe 15 or 18 years older than me, that had been my Sunday school teacher. She was also at seminary. She was actually, in her beginning of her senior year, so she would have graduated and gotten ordained first, but she developed cancer in the liver. She ended up passing away before she graduated. When I graduated, I got a job and I became ordained. I'm aware that, this just fell upon me. But it did change. One is the influence of women. It was still in the early ages, in the early stages of women theologians, of the feminist movement, of LGBT movement, of Black Theology and Latina theology. All these women theologians that were making a difference in the church were just brilliant minds and to be able to sit at tables and have conversations with them was incredible. The concept of the omnipotent is being shaped and reshaped and reimagine was so exciting because I really do believe that the church is an institution just like any other institution, and we have to go beyond that. And as a matter of fact, when I was ordained for the church, my grandmother, my maternal grandmother, after they had this service, and you have all these representatives from different parts of the country. Do y'all go to church, you don't belong to any church? Yes or no? What church?

FO 19:19

Back home I go to a Catholic Church.

SS 19:21

I'm Jewish.

RR 19:23

Ok, there you go. They have these rituals, where there's a priest and they have the ordination, right? They have the laying of the hands or the reading over a ritual. I had this ritual in San Marcos, Texas. That was the church that I was in which happened to be the first church established in Texas. They were ordaining the first Latina in the first church that had been established in Texas and its history, right? I remember they have this big hoopla and big celebration and rightly so. It's a historic, wonderful gathering. It's a small wooden church, not very big. And my sister said, "Your grandmother, *tu Abuelita quiere hablar contigo* [your grandmother wants to speak with you]." We were at the back of the church, outside the church. My grandmother said to me, "I'm very happy for you. I want to give you a benediction, a

blessing.” And she says, “I want you to remember, yes, you had a big, wonderful ordination service inside that church, that building, but I don’t ever want you to forget that what you really were ordained to do was outside the building, not inside.” That has always stayed with me, in terms of my work, spiritually was never to be confined inside the walls of a church. It was always to be transcended. I’ve always seen the work of the Holy to go into every aspect of everyone’s life, not just inside the walls of a particular religious building.

FO 21:22

How does Abuelita’s philosophy kind of translate to the work you’ve done here at Duke?

RR 21:27

Well, first, the fact that I learned Spanish. I wouldn’t have had this job if she hadn’t insisted that I learn Spanish and remember my culture. Remember who I am because a lot of us assimilate. A lot of us forget. A lot of us blend in. A lot of us just decide, no, I don’t need to do that. And so that was to my identity, remembering my identity, remembering who I was. I think that’s one, culturally, and the second is to again, remember that no matter what work I was doing, it was to be done for the community of all, not to promote a particular population or to promote a particular culture or to promote, but to work, and to contribute for the benefit of all.

FO 22:27

Perfect. I want to go back to the time when you came to North Carolina, so you came to North Carolina in 1984. Is that right?

RR 22:40

I think so. I should have gotten you my resume. I’ll get that to you.

FO 22:47

Thank you. You made a significant move to North Carolina to become the minister-

RR 22:57

The campus minister at UNC.

FO 23:02

What inspired your decision to pursue that?

RR 23:05

In the Presbyterian Church I was working for the denomination, I was doing global education, taking college students to the hotspots of the world: South Africa, Eastern Europe, Cuba, Nicaragua, Guatemala, and all these hotspots where people were having a hard time and taking young people to meet other activists in these communities, and to speak to these activists about

how their faith was contributing to the work of justice. That was my work and doing this around the denomination. In South Africa, we would meet with activists like Alan Bozak or Winnie Mandela, because Nelson Mandela was in jail. In Eastern Europe, we would meet with the activists there. In Nicaragua, wherever. So there came a time that in the Presbyterian Church, it's called the northern Church and the southern church. They decided that they were going to unite and the southern church had an office in Atlanta, and they decided, when they united, that they were going to go to Louisville, and I didn't want to go to Louisville. A friend of mine called me and said, the University of North Carolina is looking for a campus minister. Will you apply there? And I said, Sure. I came to Chapel Hill. I submitted my application. They asked me to come for an interview. And I thought there's no way that I'm gonna get that job. And a couple of days later, they called me up. I moved to Chapel Hill as a campus minister and became a Tar Heel, sorry.

FO 25:17

What was your day as a campus minister? Can you describe what a typical day looks like helping students, mentoring, etc?

RR 25:26

It's the best job I've ever had. There's nothing like being at a campus. At the university campus, where people are seeking, researching, and having fun, are the height of their energy. The imagination, the intensity, the questioning, the doubting, the separation of their families, the decision making, everything. To be involved in people's lives, as they live these lives, is incredible, especially when they come and they say, "I'm really struggling with my career. Because my parents long ago set up this little fund that I was supposed to become a doctor, and I don't want to be a doctor. I've never wanted to be a doctor and I want to be an engineer. How do I tell my parents that the money and the dreams, that's not what I want to be?" To involve and to converse about that, or to have a student say, "College isn't for me. I've never wanted college. I want to go and be a plumber. I want to go and join the Peace Corps. I want to go and be an advocate in some other place. How do I do that?" Or to have students say, "I want to get married, and we're gonna get married in this church." And I come and say, "Why do you want to get married in church?" And they kind of look like, wait a minute, you're not even supposed to ask me that question. What is so sacred about that building that you want to get married into it? Just because your parents got married in it? And what causes you want that? You have to make your students think, right? Why do they want to do that? To me, campus ministry means to be involved in people's lives, whether it's not only students, but professors that are dealing with marriages or their children, or tenure. [Faculty] will say, "Dean wants me to do this. And I really believe that this is what I have to write. And the university is not allowing me to do this kind of research or writing." To be involved in that environment of someone's life, it's just so exciting because these are the people that are gonna make decisions in the future. To help them struggle through that right now. It's just great.

FO 25:41

What was one of the most rewarding aspects or if you can give a specific story where you thought it was especially rewarding? When you are going on trips or mentoring specific students or anything that made you especially proud?

RR 28:38

There's so many. There was one student here that went to Duke University. He wanted to be a dentist. He was studying to be a dentist. He grew up in the border city of Laredo. His parents used to be on food stamps. He got a scholarship to come. When I was working at Duke Hospital, I would be involved with Latino students. I would try to tap in with them, and just kind of check in and see how they were doing because this was a totally different environment. Here's this guy, smart, wonderful, economically not even able to keep up with the economy here. When you come when your parents are on food stamps, and you're on a scholarship and you're on a budget, you can't fly home. You can't do this. The four years I was with him in his senior year, he wrote his master thesis on the work of access to dentists in the southwest. All the way from Texas to, New Mexico or Arizona. He did a whole study on that, of what was the access of dentistry available to Latinos in the southwest. He asked me to be on his committee. I wrote to him. I said, "I can't be on your [mentor]. I'm not a doctor. I'm not a dentist. I'm not a PhD. There's no way I can do this." He said, "No, I need you to be on it." I read his thesis. The time came that he had to present his thesis to this committee of three at the university. They asked me to be part of it because I was part of the committee. I'd listen to his presentation. His presentation, because he was also studying Spanish, was done in English and in Spanish. I was like, "Wow." His data was incredible. His presentation was incredible. At the end, when the committee was sitting around, I immediately said to the committee, "I don't know what you all gonna do. But this guy not only deserves to be passed, but with honors. I mean, his thesis is incredible. And not only that is the first thesis ever that's going to give information to other students and to the university about dental care and Latinos in a whole new population, it's a resource that's available." They discussed it, and sure enough, they passed him. They gave him honors. After that, for graduation, his parents came to graduation. I said, "I want to meet your parents [and have them] come over to my house for dinner." Well, he also brought his grandmother, who had never been on a plane before, to come to this university and watch him graduate. I was like, "Wow." That is an education. That's an experience. That's why we're here. I mean, this is why we're here. That's what education is all about. His grandmother just didn't understand English at all. I had them over for dinner. But that was probably one of the highlights in the stories that I remember most.

FO 32:15

That sounds amazing. Do you have an idea as to why he chose you to be his faculty mentor?

RR 32:42

The only reason is because I had worked with the hospital. He saw me mentoring a lot of the Latinos that first entered medical school. I was on the medical admissions and saw a lot of Latinos coming in. That's the only reason. I don't really know. But I'm glad I was able to do it. He's a successful orthodontist in California somewhere making a lot of money.

FO 33:24

Your hands are making a bit of noise. Thank you. Can it be said that you're among one of the first pioneers who brought attention to the needs of the Hispanic community here at Duke?

RR 33:42

Would I agree to that? Yeah, probably. Me and others. It wasn't by myself.

FO 33:54

I was gonna ask what it was like. What was the Hispanic community like when you first arrived, if you can describe that?

RR 34:02

North Carolina in 90s or late to mid 80s, the Latino community had an influx overnight. The demographics changed. Schools, churches, health departments, hospitals, everything changed. People were literally scrambling around trying to figure out how to deal with the Spanish speaking population. What do we do? You have English speaking people, and they wouldn't see Latinos that often, right? It was among the Latino community and Latino professionals with an intentionality of saying, "What do we need to do to help and to integrate the Spanish speaking population into this county, in this state, in this city, this school?" Whatever the entity was. There were professionals that stepped up that were leaders that made all the difference in the world. For example, at El Centro Hispano, which still exists today. A social worker that worked at Catholic Charities by the name of Susan Gilbertson [and] an Episcopal priest who by the name of Martha Clark Boothby, both of them got together and started working in a small building by the Episcopal Church to provide ESL (English as a Second Language), sewing classes, information about school registration, you name it. Now it's the Hispanic Center, 33 years later. They created that. You have Andrea Bazan, who started El Pueblo, that [still] exists in Raleigh. All of a sudden, she said we're going to create El Pueblo and it made all the difference. When she met with Governor Hunt and others in terms of advocacy and immigration. How do we do immigration? How do we get amnesty going? You had others create El Futuro. Luke Smith, 30 years ago started with a small, small agency and now is one of the top-notch counseling in mental health. You have a whole bunch of folks that happened to be here that brought us all together and said, "We've got to create something for our people [such as] integrating and creating systems and helping the institutions to provide access to all sorts of services."

FO 34:49

How did the needs of the community change over the years. At the beginning, what were some things that were [lacking]. What were the gaps back then compared to the gaps today?

RR 38:10

El Centro Hispano was noticing that a lot of workers were being assaulted, and being assaulted on Fridays when they were getting paid. Home invasions over weekends. People being violated and their money stolen. They started doing some research and recognized that because Latinos didn't have a bank account, they had a lot of cash in their house. The community started noticing that. They get paid cash. They don't get paid with checks. They don't have bank accounts. They have cash in the house. There were a lot of home invasions and a lot of assaults. El Centro Hispano did a collaboration with Self-Help Credit Union to create what's called the Latino Credit Union now, but it took years to create. Self-Help Credit Union helped the Latino Credit Union to establish bank accounts for the Latino community. El Centro Hispano created these identities in working with the Mexican consulate or any other consulate to create identities. Picture identities that they could use to go to the bank that was credible to for whatever businesses, whether they were gonna go to insurance to get insurance for their cars, or whatever. They could use these valid IDs. They opened up bank accounts that created safety right there. I've talked about Luke Smith, and his whole mental health [organization]. We started recognizing that many Latinos were coming here, and they had mental issues. There were psychiatrists that was working with the Health Department and other hospitals. That was helpful. The other one was an issue of drunk driving. You had a lot of folks driving without a license and doing drunk driving. They were getting arrested, not knowing or not able to pay their fines. [They were] driving without insurance, getting into car wrecks, [and] establishing all these big hospital and [auto]mobile bills, every kind of bill. El Centro Hispano began to do some work with the DMV, in terms of educating people about drunk driving and doing videos. What happens when you do drunk driving? Doing videos, giving pamphlets, and having health fairs. [They] talked about drunk driving, just trying to educate the people about the hazards of drunk driving. What were the consequences of drunk driving other than just killing someone? What were the consequences for your family? What are the consequences for you? What are the consequences, economically or emotionally. All of that and providing resources for that. A lot of education in the area of drunk driving. The other one was access to the health system. A lot of folks were coming in. And using the health system, [specifically] the emergency room as their primary care unit. That's so expensive. To come in for a hangnail when you could go to some other emergency kind of clinic, instead of the emergency room. In trying to teach people not to come for these services, go to the health department, go to the clinics, go somewhere else, but do not come to the [emergency] department for these kinds of issues. Educating people on how to access health. Also, they were coming in with dual names. I came in one day, Rebecca Reyes. I came in three months later, Rebecca Reyes Garcia. I came in, you know, a year later, Rebecca Reyes Garcia [etc]. The medical system was never able to get a clear picture of my health because I was coming with different names. We tried to educate folks about the importance of using the same name. At the

same time, educate the health system on how to register people and how to ask about that. It's amazing how the health system originally would say, "I can't believe these people have, you know, these hyphenated names that come in with their last hyphenated name, blah, blah, blah." And I remember doing some classes at the hospital with staff and I would say to the class, "How many of you are married with hyphenated names? Just show me your hand? Alright?" We're making this big deal about these Latinos that are coming in with these hyphenated names. Excuse me. It's not that we don't have hyphenated names. But again, the stereotype, right? This "other" is causing a major interruption. I have to take my time to pay attention to them. They're a different color. They don't speak my language. Then that's when we started doing some more diversity classes and in education in the hospital. It wasn't just them coming in, but what about us who had the stereotypes. It was a mutual kind of work that had to be done there. So those are just some examples that were done.

FO 44:59

All of that is amazing work. I just want to clarify that while working at Duke, you also partnered with El Futuro. Those were also some initiatives you also had your role in?

RR 45:14

Another one was the billing. I remember meeting with the Vice President and the President of the financials in the hospital. They said to me, "One of the things that's happening is Latinos are not paying their bills." And I said, "Let's go through this." These issues surface because the Latino community were telling me that they're having people coming knock on their doors about not paying their bills, or this or that. That's what created these meetings. I remember meeting with them, and I said, "Let's go through this billing, give me a bill and I'm gonna do a roleplay with you." First of all, what's wrong with this bill? It's all in English. If I speak Spanish, how am I supposed to know what I owe? That's one thing. So how can we change that? The other issue is to educate the hospital about Latinos in terms of saying, "Let me just kind of help you understand. If I'm undocumented, do you think I want someone knocking on my door? Telling me that I owe them money? Do you really think that I want anybody knocking on my door?" Probably not. It's not that they don't want to pay their bills. It's how can we change the system. In order to change it to Spanish, that meant that a Spanish speaking person would then have to come and talk to a Spanish representative. Well, how many people do have in billing [who] speak Spanish? Okay, so then that meant they had to recruit, right? But even in recruiting [there were issues]. Let's say you have your billing people. You're bilingual or you're English speaking. And I say to you, "I want you to get all the Spanish speaking people. And you get all the English speaking people?" Well, that's not fair because there might be only three people that call your day, and you're getting 100 calls. So that creates some kind of animosity. We had to create a system where it was fair that if you're bilingual, you can also get English [speaking patients]. It was a system. It wasn't just the simple act of doing this, but also knowing the implications that it has on customer service and employee to employee interactions about Latinos. You have to

remember folks who didn't know about Latinos [and] all of a sudden like, who are they? What do they do? They speak differently. That was a huge, constant, constant education.

FO 45:14

Well, your work sounds amazing. I really appreciate how you worked outside the community, but also worked within the system to make changes to help the Hispanic community. And I was wondering, how did you establish the connection between the Hispanic community? How did you gain their trust? What about you made them feel you can be a person that they can trust and talk to?

RR 49:23

I think the fact that I was here with a lot of other professionals [such as] when someone was establishing, El Futuro. Luke would call all of us and say, "This is what we're working on. You're working here. You're working there. Can you help me with my project and how do we identify [issues]?" El Centro Hispano, the same thing with their board, trying to get it going. How do we get this going? We all knew each other and we all try to support each other. When issues such as a crisis happened, we immediately knew how to call each other. When initiatives were starting, if someone from the hospital came and said, "I'm starting a Mental Health Initiative, and I need some help." I'd say, "You need to call Luke Smith and this is the person that'll help you." You start kind by word of mouth. You can vouch for one another. I think the other person that was very, very helpful was a community health person [by the name of] Susan Yaggy. I don't know if you're familiar with [her], but she's retired. Susan Yaggy was [working] with community health in the [Duke] School of Nursing. They started a lot of projects working with the community. There was a project called LATCH, Latino Access to Community Health. Susan brought in social services, health department, police department, Latino Health Services, all these organizations. We're not talking social workers, we're talking top level leadership, the director of the Health Department, the director of the clinics, the vice president, so she brought in the leadership to look at Latino projects and issues and say, what can we do differently to change the system? We would be invited around that table. There would be a trust level because we were kind of the worker bees. How you're going to change this and we'd brainstorm together. LATCH was that program. Another one was called, ALMAS Program. [It] looked at a depression in Latinas and maternal health. There were also allies in community health in the [Duke] School of Nursing School and [Duke School of] Medicine. This is a population that professionals are working with. All of a sudden, I go down the list and identify who the doctors were or identify who the medical students were. I want to meet with y'all. Let's get together for coffee. Then let's talk about what you're seeing. What are you seeing in your clinic? What are you seeing and helping us with? A lot of them didn't even realize the Latino community is out there because when you're at Duke, you're insistent. You just stay within these little walls. You don't even have to go out there because someone's doing research. You bring someone out. Someone tells you what to do rather than going out to the community and volunteering out there. That's what Susan

Yaggy did. Susan Yaggy was out in the community. When she was getting all these folks for LATCH, which is now called Project Access, it was an incredible movement. People were using their imagination, not only the Latino professionals or the workers, but also there were people that had been working at the Peace Corps or had been working globally. There were many people that knew the population and thought they could be instrumental.

FO 53:45

I know you mentioned a lot of projects, but I was wondering which one you thought was most impactful to the community or you thought was very meaningful for you?

RR 53:54

I think that the one that I had been beneficial, overall, was the one that I just mentioned, it's called LATCH or started off as LATCH. [Now it's the] Latino Access to Community Health. It was a grant given from the federal government and Susan Yaggy, who was a community health [advocate] for Duke, created that. This was a project to, first of all, educate people about access to health, but it dealt primarily with the uninsured. If you didn't have insurance for health care, this project was for you. We were able to bring in a lot of people that were uninsured, to give them access to health. We worked with the clinics or the doctors or all sorts of free care or doing health fairs or doing diabetes testing or whatever to prevent future illnesses. The LATCH project is one that still exists today. It's called Project Access. That's for the uninsured. That's a great program. It has lasted over 15 years or more, I think.

FO 55:27

I was just trying to make [sense of the timing]. It's like it's been a long time. It has had a very long lasting [with] far reaching impacts.

RR 55:33

Oh, yeah. Oh, yeah. Oh, yeah.

FO 55:34

What percentage of the Hispanic community do you think was at some point, if you know any facts, uninsured? Just to kind of put in perspective how many people you are helping?

RR 55:47

Great question. A whole bunch. I don't, I mean, I could look it up.

FO 55:54

A significant amount.

RR 55:54

If you look up LATCH, L-A-T-C-H, under Susan Yaggy, they'll give you the whole description of this grant. It was incredible how it was making a difference for the medical centers and the hospitals because they were educating people about health care. They were making access to health for the uninsured possible, so they weren't coming into the emergency room. Financially, it was making a big difference to the hospital. As I've mentioned, Duke is a great hospital, but financially, they look at the bottom numbers. If you're not bringing in money, you're gonna hear about it, right? To create this system, when the hospital was seeing everybody in the emergency room, when they were seeing people that were uninsured, when they were seeing [this issue]. This project, this community intervention, made a big difference. Vaccines, getting people vaccinated, right? Getting people to go to the health department and get the shots. Children get their shots. Those were big interventions that made a difference.

FO 57:17

I know you're very passionate about education and language acquisition, can you elaborate on how you work to promote access to English proficiency and its impact on the Latino community?

RR 57:40

Anyway, Bill Clinton put in an executive order that insisted anybody that was going to get federal funds, had to use interpreters [and needed] a certain percentage. The hospital established the interpreter's office. It wasn't because Duke said, "Let's use interpreters." No. If you receive federal funds, the government requires you to use interpreters in health care and in schools. I can't believe I forgot that title. But it's an executive [order] from Bill Clinton and the administration. Encouraging people to use interpreters in communicating with their patients was crucial. I'd go throughout the hospital, and I would see providers coming in and they would have a child or they would have their sister or their uncle or their whoever, family member or friend. And because they didn't want to wait for an interpreter, their consensus was, can you just tell them that they've got gonorrhea? Or can you just tell them that their scar looks okay? I would get calls about this. Again, educating the hospital staff, no matter what level from physician all the way to CNA and say, "You have to call an interpreter." That's when they use the phone system. We tried to use the phone system or we tried to use the interpreter or scheduling interpreters, if we knew that a physician or a nurse or an educator was going to go and talk to the patient. So that was crucial, and saying, "We're doing this because we're mandated by the federal government to do this." It's important and because you want to respect your patient [when you] come into a room just to tell the patients something. You come into the room to communicate. If the patient wants to ask you something, they are able to do that. They're not able to do that if they're right there with their uncle, and they say, "Can you tell them that so and so?" No, that's not gonna happen. That was a huge educational [improvement]. I think the interpreters still are widely used and very well respected. There's that ultimate respect. If Duke is going to say you respect your patient and you really provide the best quality care, that's one of the ways to do it.

FO 1:01:02

Yeah, a lot of things can also get mixed up when you have a family member. They can like hide information.

RR 1:01:09

Absolutely.

FO 1:01:10

Yeah.

RR 1:01:11

Absolutely.

FO 1:01:12

It's very, very important, yet undervalued,

RR 1:01:15

If nothing else, patient- doctor confidentiality? I mean, what happened to that?

FO 1:01:23

Yeah.

RR 1:01:25

When I go to the doctor, I'm not gonna go in ask some nurse to say, "Hey, I want you to tell the doctor this for me." No, I mean. It's patient confidentiality too. That's one of the primary things.

FO 1:01:42

Can you walk me through a typical day as a social worker at the hospital? I know you did lots of different projects, but [what did] a typical day [look like] generally?

RR 1:01:53

Sure, as the Latino Health Project Coordinator, a nurse or social worker, or someone from the medical staff would call my office and say, "We have this patient, and she's a 33-year-old, and she's got gestational diabetes. And she really needs to monitor her diet, and she really needs to have some bed rest. She really, blah, blah, blah, blah, and she doesn't want to do that. Can you come and help us out?" I'd go and talk to her. I'd say, "First of all, you need to know I work with this project. Second of all, I am here to ensure that you get the best quality care possible. If you have any questions, your concerns get raised." If they have any concerns, they share them with me to help support [their] family. I would try to ensure and give them some comfort. The other

thing. Then, I would say, "So, you have gestational diabetes? Do you know what gestational diabetes means?" And usually, they would say, "No, I have no idea." I said, "This is what it means. This is gestational, and it affects your baby." Then she would say, "I can't do this because I have two or three other kids at home and no one's there to take care of my kids." Or she would say, "My grandmother in Mexico said that I don't have to pay attention to the doctor because I've gone through three pregnancies, and I've had them fine and this is just something they've made up or whatever." My job was to help her share information, whatever the patient said and then I would meet with the doctor. That even meant having a patient meet the doctor again or the nurse or the educator and say, "Let's go through this again. These are some issues." To establish communication and to help the patient get the results that the doctor wanted, but at the same time, the doctor or providers hear what the concerns of this patient were. That was my typical day. Going from patient to patient, whether it was pediatrics [such as] a mom who had a baby that maybe had a brain issue, and the physician is going to meet [the patient], or the surgeon is going to meet and explain the surgery. I'd have to go and say to the surgeon, "It really would be helpful for you to take a piece of paper in there and do a rough drawing of the brain, and what the surgeries are gonna look like because a lot of people don't know what a brain looks like they don't know what you're talking about, through an interpreter to explain this." My job was to help the surgeon. Some surgeons, you don't tell them what to do. I said, "If you want this patient to be compliant, it really will help you to help them." It's about learning to work with staff as well as with patients.

FO 1:06:01

Did you ever face any challenges? Or were [there] any doctors ever felt that your work wasn't needed, or just any type of challenges you face in your everyday work?

RR 1:06:18

I think that the biggest challenges were always from the lens of stereotypes. Providers, no matter who they were, from CNAs to doctors, to whoever, there was always this sense of, if they would only learn English, it would really be helpful. I don't know why they came to this country. If they would only pay attention to us, everything would be good. A lot of stereotypes. That was the biggest challenge, working with providers that would have the stereotypes. What makes you think that you can learn English overnight? I don't understand that. Talk to me about a person that's working [in] carpentry 18 hours [a day], or let's say 10 hours a day. Why can't they make an appointment to come in? Talk to me, what are the stereotypes you have about this person? Why are you saying that? Is that getting in the way of your giving care? A lot of it has to do with those kinds of experiences that it wasn't a direct, but it was more insinuated. Our job would be much easier if they were my color, [spoke] my language, my social status, my education. Generally speaking, this is a general [statement], my hunch is that those individuals that I had trouble with [the Latino Community], they had trouble with a lot of other people. They weren't only having trouble with my folks, right? They will probably have trouble with a lot of [other

people] because if you go in there saying I wish you would do things my way, speak my language, have my education, have my approach to medicine, you're probably going to have a lot of trouble a lot of other people, not just mine.

FO 1:08:39

Yea, would you like to take a quick break right now and then to get some water

RR 1:08:45

Surely. I'm sure you all would. How y'all doing? You're hanging in there?

FO 1:08:51

Okay, so I'll go get some water.

RR 1:08:54

That'd be great.

FO 1:08:58

I just press this button.

SS 1:09:02

Do you want to stop?

FO 1:09:02

Looking back on your career, what are some moments you are most proud of in anything?

RR 1:09:42

Probably the ability to maintain my culture and my identity, I think that's one, in a country that sometimes encourages blending in so much. I think that's also a way of honoring my ancestors and in the generations of my family that have worked so hard to make a difference for the next generation. To even accomplish what I accomplished in terms whether it's theologically or working at a hospital like this. I didn't imagine that for myself, at any level, and hopefully to have honored those opportunities, to have made the most of those opportunities, to make a difference in bringing voice to those that don't have voice or surfacing gaps in our systems, where people can work on those gaps in bringing about some kind of justice to health issues or people. Being able to, I think, honor the women of all faiths and all colors and all life experiences and recognize how much women in their imagination, in their tenacity, in their resilience, in their humor, in their laughter, in their dreams have made a difference for me and for many other women. I hope I can contribute just one iota to that. Because they continue to reshape our communities in terms of justice and equality, inclusion, and celebration of who we are just pure celebration. So much gratitude for that. I think those are the moments,

probably. The other one is being able to be with my partner of 30 something years and give birth to a daughter. That made a difference and has made a difference. Again, bear witness that being out of the heterosexual circle. You can still contribute and make a difference.

FO 1:13:34

Just to check on the timeline, you retired in 2015? Is that correct?

RR 1:13:39

Yeah, I think so.

FO 1:13:41

Since then, have you still worked with your church? What does your role look like today?

RR 1:13:49

So, when I retired, I decided I wanted to do something totally different that I had never done. I didn't want to be a social worker. I did continue working in my church. I preach and do weddings and do funerals and ministerial officiant activity activities. But I have joined different boards. One of the first things that I joined when I retired was the Durham Parks and Rec. Commission for Durham County, because I wanted to do something totally different. Being on that commission, through recreation and sports, they oversee all the activities going on in terms of recreation, the pools, the soccer, the baseballs, everything that goes on. That gave me an ability to see Durham in a different way. I didn't see it through the lens of a social worker. I didn't see it through the lens of healthcare. I didn't see it through [the same lens]. But I saw it through activities and how activities contribute to all of this that I had been doing. People that are out there playing soccer, they're having to take care of the bodies. Their mental health is going to be different, their physical health, their emotional health, everything. It was refreshing to just go out there and do the bike lanes or play the pickup balls or learn how to play soccer. To supervise all that and see how Durham was being shaped by that. Green space, how do we take care of green space and make sure that green space is not just given away. I also did some work. I continued to work with El Centro Hispano. I was on their board, and then I'm also on the board for the North Carolina Humanities Council, which again, is a council that brings in all the humanity people, the artists, the singers, the professors, the musicians, that all are primarily at universities. I it was an environment [for the humanities] and we do grants for people, such as this type of grant right here. To be able to sit around the table and again be engaged in something totally different than what I am used to. So those are some of the things that I've done. I still do work with my church, go to basketball games. I love basketball. Women's basketball, I absolutely follow those all the time. I try to do exercise at least five times a week [such as] swimming, spin, walking, weights to try to keep the body moving. Travel, I love to travel. I do that. Just daily living with gratitude.

FO 1:17:21

Are there other organizations or groups of people like I know, you mentioned like the environment is very important to you, what are some other interests that you have advocating for?

RR 1:17:41

I try to advocate for the LGBT and transgender community. El Centro Hispano, for the 30 years they've been in existence, they have a LGBT community in the Latino community. They host drag shows. They have a community drag show. Children are invited to come [as well as] grandmothers, whoever. It's a community celebration of who people are and to come and rejoice. That's not a negative thing. I really am a big advocate of kids and sports. I really believe that if we can get kids to play sports, it helps them in so many ways. There's justice movements that I'm involved in [such as] human rights issues. [I'm a big advocate] for human rights. Probably anti-war, been involved in lots of anti-war protests and general human rights.

FO 1:19:33

Very cool. You sound like a very robust activist.

RR 1:19:38

I don't know that.

FO 1:19:39

Would you consider yourself an advocate or activist or like what term would you put?

RR 1:19:48

I would probably say I am a person that tries to pay attention to justice and where justice has to happen. I try to go to protests. I do attend. I pay attention to what's going on politically. I pay attention to what's going on, [such as] gun violence. Those are issues that to me matter to the health of a community. If we can create a space where we can support pets going into a prison and prisoners learning how to care once again, because of the sensitivity of dogs. What harm is that? Or if there's the ability that after a violence has happened, that the community comes [together] and does a vigil honoring that person. What's the harm in that? Or even if individuals that have harmed each other learn to communicate with one another, or at least learn to listen to one another? And even if they don't get a full apology, to understand they can respect one another. What harm is that? I try to pay attention to those issues. Where we can make a difference if possible.

FO 1:21:31

How would the people around you describe you?

RR 1:21:35

Oh wow. Wow. Passionate, probably passionate. Let me see. Engaged? One that is going to be involved with, I'm sorry.

FO 1:22:19

You're good.

RR 1:22:20

Involved with good trouble, Paying attention to that. One, perhaps that is not afraid to speak what's on my mind?

FO 1:22:39

I would agree with that.

RR 1:22:44

Would you agree with that? What else would you add? Nothing else. Come on.

FO 1:22:50

Empathetic.

RR 1:22:51

Really?

FO 1:22:52

Great listener, you listen to your community and using your ears to advocate for them.

RR 1:23:00

Okay.

FO 1:23:01

Yes.

RR 1:23:01

All right. Thank you.

FO 1:23:07

What are your hopes and aspirations for the future of the Latino community in North Carolina or Durham specifically?

RR 1:23:38

That we're always proud of who we are, and that that feeling of pride is grounded in gratitude for who we are. It's not arrogance, but a real genuine recognition of [who we are]. We contribute with dignity and we contribute with celebration, not denying who we are. The whole scope, not just the whole Spanish speaking scope. That we continue to retain our culture, as hard as that is, and that we always recognize that we're part of a larger community and not just one community. I think that's it.

FO 1:24:56

Is there anything that I haven't covered, like any projects or anything of significance to you that you would like to talk about?

RR 1:25:13

No, I think you did cover most of everything. On a personal level, I think it's important for you to know that I have been in a relationship for 34 years. I have a daughter, who grew up when it wasn't popular to be a child of two mothers and had to pay attention to what that was. How the learnings of a child can teach us about that. The importance of the holy in my life. Hopefully you know that I do what I do out of gratitude for that presence, that I'm able to wake up every morning? Before I go to sleep at night, my partner's always like, "What are you gonna do tomorrow and blah, blah, blah..." And I said, "*Si Dios nos da licencia, esto es lo que voy hacer.*" If God gives me license, this is what I will do. That's all I can say. We live day by day. But I think that's it, you covered quite a bit. You did pretty good, but I will get your resume, if that will help. I've totally forgotten and I think that's a sign of retirement. It's like, I'm onto my next life. You know, whatever happened happened.

FO 1:27:24

Yes, and I was wondering if you ever experience any challenges in raising a daughter? Being part of the LGBTQ+ community, did you have any pushback from the church? Were there any challenges doing that?

RR 1:27:59

At the time my daughter was born, I was a campus minister at UNC. I was still working for the church, and the church didn't recognize lesbian [couples] or didn't ordain [same sex marriages]. It was very hard to have a daughter. The good thing was it was in an environment of the university, so they're more receptive than a local church. My partner and I had a very, very supportive community. From the physicians, though, I must confess, when my daughter was born, we did experience some pushback when she was born. From the staff that took care of the delivery. There was a very, very conservative OB (obstetrician) who we didn't know was there. They work in teams. We had two doctors who knew, but there was an OB that when we gave birth, she was the one that was on call. We got some pushback from her. I remember her visiting, to check in on the birth and on the child and she made the remark. I knew she had something to

say because she came into the room and she pulled her chair and sat down, and few doctors do that. She just sat down, and I knew she had something to say and she declared that she really didn't agree with us having children, a daughter. She needed to let us know that. That took me aback. I'm glad I knew that afterwards, not before, because my partner had a very difficult delivery. I wouldn't have wanted to know that about her while she [was providing services]. Ethically, I think she did the right thing. It was still painful to hear. My daughter, watching her having to navigate her own life without a father or having to answer that question over and over who's your dad and to say it's two moms. Sometimes [people are] more receptive and others. I think that it was hard to watch your own child go through that, but they have to navigate whatever they navigate. The church, definitely. I was part of a church in Chapel Hill, that's very, very receptive, very open, and they were very {supportive}. They continue to be very supportive friends. So generally, I can say, it's been okay. There have been those times. The environment from the political situation reminds you that you constantly have to beware because you never know what's going to happen. Fortunately, I'm not applying for a job. I fear for my transgender friends [and] children that are growing up transgender. I just think the political environment is so harsh right now. Every time I go and see my oncologist, who's a woman, or my OB, who checks on my oncology, or physicians that are in the area of maternal health, I say thank you because you guys are having to make some decisions that are so hard. I can't imagine having to deal with women's health, with the political environment the way it is, and having your hands tied. It just must be so hard not to be able to do what you're called to do. All of that combined. I've been very fortunate to not have to explain, experience more harm than I've had good.

FO 1:33:06

Thank you for sharing. My final question is, looking back at the time when you became ordained in the church in Texas, and your Abuelita said, "Do more work outside than you do in the church?" Do you believe you accomplished her promise or you use her advice wisely?

RR 1:33:31

When I look back at my career, it hasn't been confined to inside the work of the church, the walls of the church, and my work has always been led by a strong belief that I have been made in the image of one that believes in justice. I have lived my life, hopefully, in the image of that one that created me because they believe that you should feed the hungry, and you should house and liberate the prisoner and take care of the ill and those that are in the margins. Hopefully, I've been created in that image. That's what I want to live. I would say yes.

FO 1:34:21

Yes, I believe so too. You've done a lot of work inside Duke [and] outside in the Durham community. Personally, you said no to being an activist, but in my eyes, you're very much an activist.

RR 1:34:34

Thank you. Thank you.

FO 1:34:35

And I think that's the end of the interview.

SS 1:34:38

I can just ask very quickly, can we have you give sort of an NPR style introduction, where you sort of just say your name and sort of any important titles?

RR 1:34:47

My name is Rebecca Reyes. I live in Durham, North Carolina, and I have a partner of 34 years. My daughter, and I love basketball.

SS 1:35:04

Perfect, thank you. And we're just gonna record 15 seconds of room tones.