**RES-883 Interview Transcript 1**

**Directions**: Use the transcript below to complete the Topic 3 and Topic 5 assignments.

**Asthma Beliefs and Practices in an Urban Minority Community in Western New York**

**Interview #31 at participant’s home**

**Interviewer (I)**

**Respondent (R)**

**Respondent’s Husband (RH)**

**Study Problem**

There is a high prevalence of asthma and related poor health outcomes in urban, minority communities in the Northeast of the U.S. Little is known about how asthma is perceived and managed in these communities.

**Study Purpose**

The purpose of this study is to explore how adults with asthma living in urban minority communities in the Northeast of the U.S. perceive and manage their illness.

**RQ1**

How do adults with asthma living in urban minority communities in the Northeast of the U.S. p*erceive* their illness?

**RQ2**

How do adults with asthma living in urban minority communities in the Northeast of the U.S. *manage* their asthma?

**I (Q.1): People have different ideas about what asthma is. What do you think is asthma? As far as you know, what do you think it is?**

**R:** Well my opinion would be something like a lung disease, um, that when a patient would get asthma it can be triggered because of a cold, or ... When it comes to asthma patients they are so sensitive and, I don’t know, from so much experience that I’ve gone through with my daughter I’ve kind of learned as … everytime she gets it I’ve learned something new of how to try to avoid it. So, um, my opinion is that it’s a lung disease.

**I: When did you first learned about asthma? What happened?**

**R:** O.K. my sister, the youngest, well not the youngest, the middle, she was diagnosed with asthma when she was three months old.

**I:** And how old is your sister?

**R:** She is 20 years old now.

**I: So, you’ve known about asthma for many years.**

**R:** For many years, and she suffers from chronic asthma. And I remember most of my years when I used to live at home with my parents she was constantly in and out of the hospital because she was so sensitive and, um, that’s where I really got to know the meaning and understanding about asthma. Cause I used to see how my Mom used to prepare all the solution for the inhaler and all that and give her the, [not the inhaler the machine], and there was times when she would only had that little wheezing and how she would show her how to use the inhaler by herself and that’s, I always kind of said I hope I never have to go through this with my kids because this is scary, you know. There was times when I remember my sister used to say I just can’t breathe, she would like to try to, I need air, and I was like I hope I never have to get to go through that experience. A couple of years ago I really did go went through that experience myself with my daughter and it was very, very scary.

**I: How old is your daughter?**  
**R:** My daughters’ upstairs, she six years old.

**I: What was her first experience with asthma like? What happened the first time that she was diagnosed with asthma?**  
  
**R:** O.K. At the time the lady that used to take care of her, her husband was a very, he was chain-smoker…

**I: …you are talking about your sister, right?**

**R:** No, my daughter.

**I:** **Oh, your daughter, O.K.**

**R:** And this lady used to take care of my daughter and when I was, when I had to take him over and this and that and I never knew that he had this kind of problem, his smoking, because she was the kind of person, to church and all that. I never got to really have the chance to get to know her husband until all this happened. Well one day I received a call at work and it was my husband saying that my daughter had problems breathing, he had to rush her to the hospital. And, I’m like breathing, what do you mean? And then he said the sitter was telling me that she spent most of today with her knees on the floor and her head resting on the cushion of her love seat, trying to seek for air. I remember it was the winter, I believe it was January or February, it was the coldest months of the year. And, you know how you keep all the windows closed and the man was just smoking along in the house and my husband that when he went to pick her up as soon the open the door there was a huge cloud of smoke was in that apartment. And that’s her.

**I:** **Hi, how are you?** [**R’s daughter:** Fine.] **I:**  **She so cute.**

**R:** And um we rush her to the hospital and that’s when they really didn’t diagnose it yet, with asthma, they said it was a respiratory infection. So she stood there for a couple of days and she was under a tent of oxygen, they were kind of keeping an eye on her and she was fine after that, after a couple of days when she came back home. They didn’t even send me home with a machine they just said, oh, they gave her some steroids, and they said she should be fine after this.

**I:** **For a respiratory infection they gave her steroids?**

**R:** They gave her some kind of steroids, yeah. And I think it was for three days she had to drink the steroids and after that she was fine. But they I noticed that every January or February she ended up in the hospital really ill, cause of the asthma. First it would start as a cold, then it hear the wheezing and that, and that’s when they said I’m sorry to tell you this, but your daughter, she’s diagnosed with asthma. I … how can I explain .. I was like why is this happening to me, but they said you just have to try to deal with it, we’re going to send you home with the machine, they kind of should be how to use [abitrol ..] how to mix everything in there. I remember after that they said try to follow-up with your primary doctor, Dr. Jaén. And he’s been great, I’m telling you I remember after a couple of times going to the hospital when I finally some him he was like why is she going in the hospital so often, this is no good. And then when they used to send me home with another prescription of steroids and he said this is no good for her because she’s still little this can affect her growth in the future, you know, and I’m like well what can I do, and he was like, well, I’m going to prescribe you with an inhaler, it’s called [.. Into.]. He said give this to her even though, he said give it to her, I believe it was three times a day, with the air chamber. Even though she doesn’t have asthma you going to give it to her in the morning before she goes to school, your going to give it to her when she comes home, this is to try to avoid the flem in her chest, and I was like O.K. So I started doing that, I’m going to be really honest with you, it worked. And it’s been I think two years, thank God, she hasn’t been hospitalized since.

**I:** **Now what do you think was responsible for her frequent visits to the hospital?**

**R:** It was starting as a cold I would giver her the nebulizer. I would give it to her every two hours, and nothing. She was like fine for 5 or 10 minutes and then again she would tell me, she would be like a couch potato, she just wouldn’t move, and she’s very active. And when I saw her like that I’m like there’s something wrong. I would put my ear against her back and I would hear that wheezing and I’m like. My husband is a little bit more, he’s the one who kind of deals, cause I get like nervous, so he’s a little bit more, he gets a little bit more involved than me because he has more patience than me. I’ll be like honey, I’m going to take you to the hospital. No we don’t have to take her, she’s fine, don’t worry, I know what to do. I’m like O.K.

**I:** **Does he go with you to the Doctor so he would get the same information you were getting?**

**R:** Yes. So we’re just giving her the [intel??] inhaler as indicated and I also got a prescription for school and for the [albuterol] so if anything would happen they already have the permission for them to give it to her, just when a wheezing may occur, you know for the albuterol inhaler. I remember last year when she was in kindergarten, my fear was, you know how kids tend to carry so may germs and getting colds and this and that, that maybe for her sweating in gym, may go out to the cold, like a fire drill or something, she might get a draft or something and start wheezing. My fear was that they probably wouldn’t know the proper way, how to do it.

**I:** **They would not know?**

**R:** They would not know, and [interruption] I had to go personally to show the nurse, and this is said, because a nurse should at least know. Because she called once over the phone and she was like how many cups do I have to give her, four? I’m like no no no. Would you like me to go down there personally and show you because I wouldn’t like my kid to go through an overdose? She’s like, please. So I went down there and I showed her personally how to use it. That kind of freaked me out. But, thank God, she’s been doing great.

**I:** **Those frequent hospitalizations started as a cold?**

**R:** As a cold.

**I:** **Do you know if there was something in the environment that might have affected her?**

**R:** You know what also I noticed too, when the seasons changes.

**I:** **When the season changes?**  
  
**R:** Yes, you know like in the summer when pollen comes out. I try to keep her indoors and it’s hard. Because the kids in the summer want to go out and play. I try not to take her out that often because I’m afraid of her, you know, getting sick.

**I (Q.2): O.K. The next question is, what type of asthma education have you received from your doctors?**

**R:** Oh, so much. Literature, we have received, especially from Dr. \_\_\_\_\_, demonstrations on how to use the [products ???] and all that. It’s been great, it’s like when things happen, it’s not like, O.K. what do I do know? We know what to do.

**I:** **Have you seen their videos?**

**R:** That I haven’t seen, not the videos. But how do mix the different solutions and the nebulizer, how to use, she, I’m surprised, when she was 4 years old, she already know how to use an inhaler. Not to many kids know how to use, the doctors prefer them to use the air chamber. Just so you know that they’re getting mist in there. So, she can take it by herself, but I rather me seeing it.

**I:** So they showed you how to use these medicines and got you to apply the medication. Now did they also teach you what asthma is and the surrounding aspect of this?

**R:** Dr. \_\_\_\_\_ showed me [interruption]. He showed me I remember one room, well most of the rooms that they have at the clinic, they have like a lung thing.

**I:** **A poster?**  
  
**R:** They got the poster and if I’m not mistaken, I saw like a little diagram of the lungs and then and he kind of showed me how the lungs look like when the got asthma and how it looks like when their not. It kind of really surprised me, I’m like wow, I’ve never suffered from that, thank God.

**I: When you saw that image what came to your mind? That is, the image of the poster of the lungs.**

**R:** What came to my mind was I wish my kid didn’t really have to suffer from this because maybe an adult can be able to really tolerate, but a kid, that broke my heart, that really did. I was like I wish, I wish there would be a total, something a cure, to really knock this asthma away.

**I:** **So seeing the poster with the diagram of the lungs and a normal lung and the lung with asthmatic, did that help you really understand what this illness entailed, or did it make it more confusing to you?**

**R:** No it didn’t. It kind of made me understand more and being more on top of it. Because there might be parents be like, okay, asthma, oh whatever, and then when you get, take care of ??? and whatever, but it’s like I see that I got to be more careful. When its cold I got to make sure she has proper clothing on, when she goes to sleep, I always make sure she’s got socks on in the house, her slippers on. In the winter, not to keep her hair wet, you know blow drying it. I try make her happy because I know by getting it, I know how miserable she gets, and I’m telling you it has helped so far.

**I (Q.3): Okay, the next question is [interruption]. What kinds of things do you know make people have asthma? You probably alluded to some of them already. Now what kinds of things do you know trigger asthma?**  
**R:** Dust. They might be I don’t know if its certain foods. Like my sister do certain foods she can’t eat because it can trigger the asthma. The pollen, dust mites, upstairs I have to cover on the mattress, a cover on the pillow. You got to be so protective when it comes to all that stuff. Constantly were changing the vents in the furnaces, because that accumulates so much dust, and by turning it on that dust comes in. Try to keep the house as clean as you can, you know, your kid tends to put their hand on the floor, sticking them in their mouth, and just trying to keep a clean environment, as clean as you can for them.

I: And you also mentioned the cold, the cold weather, you mentioned cigarette smoke.

**R:** I can’t, like after that incident now I’m so careful when it comes to trying to get a babysitter. Does your husband or do you smoke, no, o.k. I always try to check. I always tell them, I’m sorry, but are you clean. Because that’s where my kids are going to be, and I always showed them like in the past, thank God it hasn’t happened, before she was in school, I had to show the babysitter how to use the nebulizer. How to mix everything in, or if not how to give her the inhaler just so … and it was an experience to them because they weren’t really familiar with asthma and when she would take them out or whatever make sure they had their hats and their scarf just so that no draft would go in.

**I: Do you know if overexerting themselves also affects their asthma?**

**R:** What do you mean?  
**I: Playing too much, perhaps.**

**R:** Playing too much, I’ve only noticed that when she jumps or plays to much it might cause a cough. But for it to trigger asthma no.

**I (Q.4): The next question, can you describe a couple of experiences that you’ve had with asthma, like can you describe an episode of asthma that she’s had. Where was she, what was she doing, what happened, how did she feel, what did she do?**

**R:** There was, I think that after so much of her going into the hospital and coming home, that by me taking out the machine and all the solutions, she already know. In the beginning she was like a little, a little upset about it, because she really did want to go through it. But after a couple of times of her getting asthma she would feel comfortable to come up to me and say, Mommy I don’t feel good, I need my medicine. She wouldn’t just sit down and [….wheezing sound] and I’m like Dane what’s wrong. She would automatically come to me Mommy I don’t feel good. It really didn’t have to come to a point, a drastic point that I see her and I’m like of my God. For her age she kind of know when I feel something different, something’s wrong, let me tell Mommy about it. She would come up to me if she has a headache or running nose, Mommy I don’t feel good, what’s wrong, and she would explain to me what it is, and from there I would check further.

**I:** **What other experiences have you had or episodes can you tell me, to give me a sense of how does she get asthma? Has she gotten asthma in or sleep …?**

**R:** Yes.

**I:** **O.K. Can you describe me one evening that she got asthma and what was she doing?**  
  
**R:** I believe a 1 ½ or 2 years ago she constantly got it for the cold months like January and February. I remember I had to got up every hour on the hour, set my alarm, to give her the [????, nebulizer] and she would like after the nebulizer she would try to toss and turn, I would have to put probably 2 or 3 pillows to try to .. that would be the only way she could probably breath, by sleeping on her back flat it wouldn’t work. So by at least putting at least pillows and give her the nebulizer I think maybe the lungs would probably, the nebulizer would do something with the lungs that she could at least get a little oxygen in here, maybe after a couple of minutes time .. sleep. It was like every hour of the hour giving her the nebulizer she was miserable, miserable.

**I:** **[Interruption] And um did you finish addressing that issue.**

**R:** As long as I had those three pillows behind her back trying to maintain her body in a level, where after taken the nebulizer she would at least get some oxygen in her lungs, she was o.k., but it was, oh my God, there were times like I said every hour of the hour I had to set the clock, give it her that nebulizer. When she gets a cold, running nose starts, that’s when I have to start my action. I can’t wait to hear that cough, cause after that she might start, the wheezing starts to occur, so as soon as I see that running nose I’ll giver her that Dimetapp, and the next day the running nose is gone. So, if I let it slide things will get worse. That’s how I see. So as soon as I see a sign that’s when got to start to act.

**I (Q.5):** **Do you know if there are different types of asthma? In your opinion. [Pause] Cause you mentioned chronic asthma. What do you mean to have chronic asthma?**

**R:** Chronic asthma. They get it all the time. They get it like, maybe, by even going up one step, it’s just so sensitive. That constantly they have to be carrying around their medication, with their puff. Um, maintain a clean environment.

**I: So, would you describe your daughter’s asthma as chronic? How bad do you think is your daughter’s asthma?**

**R:** I don’t consider it chronic asthma, I really don’t. I’m not going to compare what my sister goes through and what my daughter goes through. I see what my sister really goes through with asthma and seeing how my daughter, and I’m like my daughter hardly, now, my daughter hardly ever gets it and my sister, like, [….???] she gets it. It like she so sensitive when it comes to that. Thank God for that, but it categories, I would say she’s in a very fair state.

**I:** **So then would you say there are different types of asthma?**  
**R:** I would say there is different types. In my opinion.

**I:** **And what kind of asthma would be your daughter’s?**

**R:** My daughter would be, I would say like a level, I would say in a clear stage. She doesn’t really get it that much. Maybe in a year she might get it, I might hear wheezing or something. Like I said I just try if I see a signal of a running nose or something I would act it right away just to avoid the wheezing that happens. She hardly ever gets it. I would say maybe once or twice a year might be a lot. And I thank God for that but I hope that she would outgrow it because she really gotten it a couple of years ago when she was diagnosed.

**I:** **So would you say there are different degrees of severity or different types of asthma?**

**R:** I think there would be different degrees, not types. I think it would be different degrees. Yeah, that would be my ….

**I:** **So that chronic would be more what …?**

**R:** More severe.

**I:** **More severe. All right and have you ever heard of the term *fatiga* or fatigue. In which context have you heard it? How do people use that term?**

**R:** *Fatiga* would be kind of like asthma in my opinion. Fatigue would be somebody lets say if they run and run, and like, oh my God, I’m out of breath. That would be more like a fatigue. Like …

**I:** **Shortness of breath, right.**

**R:** Breath, yes.

**I:** **You get fatigued. But the term in Spanish, *fatiga*, does that term evoke the same image or the same definition as you know it or as you heard other people use it, in Spanish?**

**R:** No. It’s totally different.

**I:** **Have you ever of people referring to asthma as *fatiga*, I mean, sorry, have you heard people using *fatiga* referring to asthma itself?**

**R:** Uh huh.

**I:** **No. Why would you say people in the Hispanic community sometimes refer to asthma as *fatiga*? [Long Pause]. Have you been to Puerto Rico, have you heard it used in Puerto Rico?**

**R:** Yeah, I remember my Mom used to tell me, [Spanish-speaking] ..

**I:** **Your sister has *fatiga*?**

**R:** Yeah she has asthma? You know putting it in English ..

**I:** **Yeah, but knowing that she has asthma, right, knowingly? She would say your sister has *fatiga*. [I’m translating] Or otherwise your sister is fatigued. Do you have any idea why would people use those terms or think of it those terms? So at this point will ask your husband if he has any idea why people use that term.**

**H:** I think since it’s only been heard in the Spanish-community, its rare to hear a person speak or say or my daughter/son has fatigue, they know that they had asthma. I’ll have to say there is probably two reasons: Fatigue (Spanish for *fatiga*) we use it when we see a person just breathing hard, short of breath, so it kind of describes the same symptoms as asthma, they look alike. Now *fatiga* we usually use it in a person that doesn’t have asthma, you know, maybe play baseball and all of sudden short of breath. I’m fatigued. So when a person has an asthma attack it’s kind of like the same symptoms when they’re breathing hard, trying to take some air.

**I:** **So they borrowed the term.**

**H:** I say they borrowed the term because, I have to say that Spanish-people tend to like change words and let’s say, we could chose and say [Spanish words].

**I:** **She has asthma …**

**H:** Exactly, we could choose and say that, which is the correct term, if she really has asthma. But I have to say that it just sounds better or maybe it’s easier to say *fatiga*. I wouldn’t know, make it sound less serious, I have to say the signs are common.

**I:** **O.K. What would you compare asthma to? Is there anything that comes to mind that you could compare asthma to?**

**R:** I compare it to like a lung disease, that’s what it is.

**I:** T**hat’s like the textbook definition of asthma. Can you compare it to anything else? It doesn’t have to be an illness, although you can compare it to something else…**

**R:** Like right now they haven’t found really a cure for it, um, there is medicine that can control it, triggering, I can’t say cancer, because, well I know people die from it and its so …

**I:** **Now given your daughter’s experiences it doesn’t sound like her asthma is not as severe as your sister. And I don’t know if you would compare her asthma to cancer.**

**R:** Oh my sister, yes.

**I:** **No, your daughter.**

**R:** Oh my daughter, no.

**I:** **Think of her with her asthma and what would you compare that to? Any ideas [to husband. When I see that she’s running out of breath ….**

**H:** O.K. When she doesn’t have asthma, the first thing that I think of is her lungs and from what I’ve read and studied about asthma I know its like an inflammation on the muscle where the air path shortens, it gets smaller and then it just hard to breathe in and out the air, I know that part. But I would compare it with, It’s like having a block right on top of your chest where you can’t pump, you can’t expand your lungs and close it like you can’t really use it. I would compare it with that, it’s all in the lungs, the force is in the lungs.

**I (Q.6):** **O.K. That’s a good comparison. Now, back to you (R), what things do you do to treat her asthma, and some of this gets repetitive because with the first question you have already addressed some of these issues, what things do you do to treat her asthma?**

**R:** Medication wise.

**I:** **Medication or things that you do.**

**R:** Maintain, one of the things is maintain the house clean, make sure she’s clean, her hair, cold weather, not to keep it wet, make sure that she has socks at all times and T-shirt underneath her shirt. When she goes outside make sure she always has a hat. Good clothing. Make sure no draft would go into her coat, I’m not going to overdress her because that your body starts sweating. Try to keep her the most clean and protected as possible.

**I: (Q.7):** **You already talked about when she gets short of breath with the wheezing, what you do and that your husband often helps her out when you get nervous. Now, how much control do you feel that you have over your daughter’s illness? How much control?**  
  
**R:** He has more control than me, like in the past, when she used to get really, really ill he knew exactly what to do. Even though I know what to do, he has had at those times a little bit more patience than me.

**I:** **He has more patience. But you would get more nervous.**

**R:** Yes.

**I: Even though you knew exactly what to do?**

**R:** Yes. I can’t leave knowing that she’s like that. Just hearing her whining and she’s so uncomfortable, it’s hard for her to breathe, a kid at that age.

**I:** **Now would you say that you have control over her asthma or her asthma controls you?**

**R:** No. No. I don’t know. I think so far ..

**I:** **Think of your sister too, and think of other people who have asthma, given that the asthma that she gets. Do you feel powerful or powerless?**

**R:** I think we should feel powerful, not have this disease we overcome you, you have to overcome the disease. Well we should treat not wait until it gets worse, because when it gets worse it’s when your really go through the … how they end up in the hospital or its going to .. how much medication longer ….

**I:** **It sounds like you have a certain degree of control.**

**R:** Yeah.

**I:** **As opposed to other people that I have interviewed that this has rules every second of their lives in a way.**

**R:** We have to thank Dr. \_\_\_\_ too, because he is a really good, he’s been… If I’m not mistaken, I remember every time we used to go in there, he was like, again, she was hospitalized again. We don’t want her going through these […..??] again. There something that you guys are doing wrong and after he have us that [..?] inhaler he was like this is going to help.

**I:** **So that was the magic …**

**R:** That was the magic.

**I:** **A treatment.**

**R:** Yes. That was the magic treatment to avoid that flem occurring in the lungs. And like I said you can’t wait until a kid ….

**I:** **Did education play a role there also?**  
  
**R:** Oh yes. I think our past experiences going what we went through with her and what Dr. \_\_\_\_ really told us is like we don’t want you guys to go through this. He really was a really good friend.

**I:** **A really good what, friend?**  
  
**R:** Friend, besides a doctor. You know explaining when it came to her asthma, so thank God for that. And I wish there was cruel, medicine. Here we guarantee this is going to be 100% and you won’t go through this again. But thank God that she hasn’t had it for a while.

**I (Q8): The next question is, what worries you most about this illness?**

**R:** My worries are that it will get worse.

**I:** **You mean progression?**

**R:** Yeah, as the body develops and all this. You know how kids tend to get excited and like to get involved in some other things, like sports and all that, right now she be just like a regular, probably like jumping-jacks and all that in school. That doesn’t trigger anything but my fear is like if she would get into swimming, I heard swimming is great for the lungs, but if she would get in any kind of sport or anything like that, that I hope it wouldn’t really trigger, cause that when your really tried to really force your body to work a little harder, and I just that it won’t, wouldn’t get worse.

**I (Q9): So the next question relates to your expectations with your doctor. You already talked about your relationship with your doctor, but what do you expect from your doctor in helping you with your child’s asthma?**

**R:** To give me the best advice as possible and I’m willing to go by it. I’m not going to say O.K. Doc I’m not going to do it, and then […… prescription] one side and it’s going to sit in that corner, no. If it’s something that’s going to help my daughter, why not try it. So …

**I:** **You mentioned friendship … Do you expect that from your doctor?**  
  
**R:** Of course, yes. I really do feel comfortable going to Dr. \_\_\_\_\_ and explaining Doctor this is what I’m going through what can you suggest me to do. And if I remember he has a son who suffers from asthma, if not mistaken I think he told me something like that. He told me and his personal point of view this is what I would do. I kind of felt, you know, o.k. he kind of rocks in the same boat as we do, and he’s giving me a personal point of view of what you know, his opinion. Not that its my choice to really do it or not, but that really helped me and you know, I have experienced, also. I think that when you have the opportunity to go through it, you are able

to really, your able to explain it better. It’s not like you can study it and whenever, but if you go through it your only basis of what your read. You understand what I’m saying. Once you really go through it you can probably go based on what you read, then from there you be able to help other people. Really Dr. \_\_\_\_ and been really helpful in that area to really giving us good advice and that we have gone based on that, it has really helped us.

**I:** **So are your expectations being met from your physician.**

**R:** Yes.

**I (Q.10): The next question, do you know or have you heard about alternative ways of dealing with asthma? That you know, any treatments or tips that don’t really come from your doctor, but that you have heard from neighbors, relatives, from community sources?**

**R:** Based on the experiences that I’ve had at home with my sister and based on what Dr. \_\_\_’s advised that’s really what I kind of like put things together. Like I said at home when I lived with my parents I kind of knew already.

**I:** **Now the treatment that your sister was going through was that similar to what you now know that people do to take care of asthma?**

**R:** Well my sister right now she’s going for allergy shots, because she’s allergic to certain foods. She’s allergic to dust and all that other stuff. So …

**I:** **But say 10, 15 years ago when you realized, when you learned from your sister, what was it like to have asthma. You never saw or heard people saying, trying this or that?**

**R:** They would say, I know in Puerto Rico, they would say drink this whatever tea. This will at least do cure, but never did. People would say [Spanish …]

**I:** **Cause during interviews I have been able to collect from popular knowledge, from the community, different things that people, from generation to generation have learned, to deal, to use, most of it, ineffective, but that people try nonetheless, and I’m trying to learn the variety of things that people try and what they’re opinions are about these alternative ways of dealing with asthma.**

**R:** I’ve also heard, I had mentioned to Dr. \_\_\_, it was like getting an air cleaner for especially her room. And he said it wouldn’t be wrong having it. There was time when she would get a cold and I had asked him about a vaporizer, and he was like don’t put the Vics liquid in there, make sure it’s only with the water, maintain the room kind of humid. He said there was nothing wrong with that but I had mentioned about an air cleaner and there was really nothing wrong with that.

**I:** **But you did mention the Vics.**

**R:** Yes. No, no with asthma.

**I:** **But you know within the Puerto Rican community every kid gets rub almost universally. Vics is like pampers, every kid wears that, or as far as I know, it become like something very ingrained in the Puerto Rican community medicine cabinet.**

**H:** That and alcohol.

**I:** **Rubbing alcohol**.

**H:** Something about the Vics. I grew up using a lot of vix because my Mother use to use it on me. I think just because of the smell. Two things we believe, we believe that the smell of it nasal passages …

**I:** **Open up your nasal passages, take care of the congestion.**

**H:** Exactly, the stuffing nose. And then we also, at least me, I thought the Vics would penetrate and do something to my lungs. When you have chest congestion, the flem, I would think, I would ask myself, why put it in my chest, maybe just in my nose that would be enough. So maybe the chest thing, my nose, do something with the chest thing, I always thought that helped. I never had asthma, but I got sick.

**I:** **Now the thing is that people use it a lot when you get a cold, right, a stuffing nose. But asthma is not a cold and I don’t know if Dr.\_\_\_ has mentioned not to use Vics for asthma.**

**R:** Yeah, he said no.

**I:** **It’s probably because it’s not going to help you at all, and the vapors may be too strong and it may cause a reaction in which the child may be able to breathe even less. But anyway that’s one example of an alternative way of treating asthma which is not what the doctor’s tell you to do. But it’s used because of popular beliefs.**

**R:** Exactly.

**I:** **Because from generation to generation, you know, people have gotten to trust this and use it. I’m telling you I have a long list of things that people have heard of or used.**

**R:** I always want to mention something else. There was a lady from my church, her son also suffers from asthma. She once approached me and told me what do I give my daughter was she has a heavy cough. She was just curious, her son had a very bad cough and he was constantly coughing and he couldn’t sleep, she wanted to know would I give her something like that. Well I would give her the nebulizer before going to bed, a cough is a good sign. But I wouldn’t giver her cough medicine. She said why and I say well #1 she doesn’t have a cold, I remember Dr. \_\_\_\_ had mentioned to us giving Dane cough medicine would do something with asthma patients. I can’t remember exactly what he said, but he said it would do something with asthma patients. I would never recommend cough medicine for an asthma patient. But that doesn’t sound right. I’m going to ask my Doctor [Spanish …] on Niagara …

**I:** **Is that a clinic?**

**R:** That’s a clinic. And she talked to her doctor and she said there’s this lady in church that told me my son has a terrible cough and she told me that I can’t given my son cough medicine, why? And you know something that lady is right. You can’t give an asthma patient cough medicine. I can’t remember exactly what he said what can really cause by giving it, but I know he told me don’t ever give her cough medicine and that has always stick in there.

**H:** What I remember. Let’s say she has asthma. She’s been treated and we give her the nebulizer and whatever can eliminate the flem and all that. The coughing is good you tend to remove it, so you don’t want to stop what really removes the flem and the thing in your lungs. Now if you were to give her the cough medicine then she won’t cough, if she doesn’t cough, all that would just stay trapped. Your doing nothing, your stopping the remedy. Cough medicine is good for a child that is not asthmatic. That’s why it does not exist for a person that has asthma and is coughing cause of that, that’s why he told us not to use cough medicine.

**I (Q.11):** **That’s an interesting point, in a way that the coughing allows her to get rid of the phlegm that is causing her to wheeze and all of that and your suppressing that coughing. So if her problem was only the flu or [??] then it would stop right there. The next question is, what do relatives and friends think about your daughter having asthma? For example, teachers, your relatives, neighbors, friends. Do they know that she has asthma? How do they relate to your daughter or help her because of her asthma?**

**R:** O.K. Um, when she was diagnosed after I explained to you that the lady who used to take care of her, her husband was a chain smoker, I had to find another babysitter. And I had to explain to her the reason why, didn’t you have a babysitter before, I kind of had to explain to them the whole story. Some of them felt a little awkward, O.K. it was a more responsibility for me now as the sitter, I got to take care of somebody whose ill. They consider it like that.

**I:** **So you had to pay them more to…**

**R:** Then when I had to bring the machine over and explain to them how to make the solution like that they were like Oh my goodness. In a way it was good for them because they kind of got to know a little bit more about and I can say they were more responsible. When it came time, o.k. I got to give her medicine, they were right there and then they give it to her. When I would come home from work, they were like this is the time, this is what I gave to her, she’s fine, she’s doing good. They’re a little active, that [Berol …???] they’re high tends to ????? a little bit and they get a little active for a little while. Showing them, thank God, it wasn’t a problem.

**I:** **How about relatives or friends, have you trained them the same way as you train your sitter, or have you told them about what your daughter has and how it’s treated and how you deal with it and do they understand? How do they relate to you?**  
**R:** The only relative I have here is my sister, my sister that suffers from asthma. So the times that she was living here for a couple of years so, she would, when I wasn’t present, and my daughter needed the medication, my sister was there, she knew what to do. So I had no problems with that. I would tell her such and such time she needs to take the Berol ?? my sister said times she would need to take a nebulizer and there was times that [Celese ??] you know you told me to give it to her maybe at 4 but I had to give it to her at 2 because she was wheezing, she didn’t look too good. So her suffering from asthma and looking at my daughter, she knew I can’t wait to 4 o’clock like Celese said, I got to give it to her now. And she, and I would say I’m afraid, she’s going to get an overdose or something … No, she’s not, the [???] she’s not going to get an overdose. Don’t worry. I had to give it to her because she was shortness of breath. I’m not going to leave her like that for an extra two hours, it had to be done. Don’t worry I know what I’m doing.

**I:** **Now does your daughter get any special treatment or is she treated any different because of her asthma? By parents or friends or other care takers.**

**R:** No

**H:** Going back to the question, this is what I’ve seen and what I believe. Seeing that she almost never suffered from asthma, what was a major impact was when she had her first asthma attack. We were not, especially me, educated. I grew up as a kid, believe I almost never heard of asthma, not me. My wife, she grew up with her sister. I don’t know nothing about asthma.

**I:** **You grew up here in Buffalo**.

**H:** New York and then Puerto Rico. But my family members or my friends, none of them suffered asthma. And the first time she suffered, the first time it got serious because I didn’t know about and seeing the symptoms in my face, I was thinking it was something else. How other people visualize it, like friends, neighbors, people in church, well, she was hospitalized. They saw it as a serious condition, I saw it as a serious condition, and I was weary of …… INTERRUPTION – OTHER SIDE OF TAPE

**I:** **You mentioned the church, does church come into play in coping or treating asthma for you. Cause other people that I talked to have mentioned religion or church as having a role in all of this. Does the church play a role in coping with this asthma?**  
  
**R:** We’re Christian, so when she was diagnosed with asthma this was a condition that we put, we had asked the Lord to really heal, but it’s only when He says that’s when we want it to happen, so were just waiting patiently. We just have to thank God that she hasn’t gotten asthma for, it’s been like, over a year, something like that. We just hope and pray to God that she would outgrow this just so she, I don’t like to see her ….

**I:** **Does prayer play a role?**

**R:** Yes we pray and even at night we, I kind of teach both of them like when one is ill I pray for hear and ask God to heal your cold, and at night we got to pray, what do you want to ask God. She would say in Spanish, I would like God to heal Mommy, she’s got a headache, or she’s not feeling God, or heal ??? or heal me, with her running nose or something. And she would say I thank you, I thank you God because I know you have healed me. And the next day she would wake up feeling fine.

**I:** **So would you consider prayer as perhaps an alternative way of dealing with asthma? By alternative meaning whatever the Doctor does not prescribe. The doctor prescribes medicine, a healthy regime, has your doctor prescribed prayer?**

**R:** No.

**H:** We have to be realistic, and when it comes to talking about the Church, you know different religions. Our point of view is this, we know there is God, that has all power over all nature, and part of nature is sickness. We believe, we have to believe in doctors, and not saying that we don’t have faith in God, I want to just point that out, I believe that God has given men the knowledge to go this far on making studies and doing research. God doesn’t send any messages on paper, well here is a new cure. I believe God gives the knowledge to men, you see, to a certain point, you know. Adam didn’t get all the cures in his generation. Generation by generation get studies and knowledge and get all these cures. Even though I go to the doctor, and we get medicine, with medicine or not prayer is always going to be there. Even though the medicine, if the medicine works, we thank God for the medicine, if it doesn’t work, we, for everything we give thanks to God. And, why because for what the bible teaches us, there is always a purpose in life, always a purpose. Even though things might seem so bad and negative, in God’s hands, in God’s point of view there is always a purpose. There is nothing that happens in [????] that does not have a purpose to God. Knowing that gives us a piece of mind, we are not … [Spanish] I don’t know how you say that in English. Where we sit down and my daughter has asthma, well o.k. God’s responsible, were not going to do a thing about it, we’re not going to do that. You know we should take care of what we got in our hands, in this case house, money, car, children, our own lives. And we do physically, mentally, emotionally, what we can do, but always putting God number 1 in our lives. I’m not going to say well if I go to a D=doctor I’ll be rejecting God’s help. We have to keep everything straight; doctors are there because God uses Doctors. Know Doctor’s don’t do miracles, God does the miracles and we just going to doctors, with their wisdom and knowledge and cure, ….

**I:** **You would consider for example, going to the doctor and getting prescription and give daughter her medicine and accompanied by a prayer.**

**H:** Let’s put it this way. In health or sickness prayer is always going to be there. So when you sick we not pray because somebody’s sick – no, we pray because we will always pray even though we were not sick. When this is somebody sick, we just pray to God this person is sick. Say God you know what everything is fine, this day nothing happened, but my daughter is sick, so if it is thy will you want, even though we give her medicine, if its thy will for her to be healed right now, be thy will. We pray for even peace of mind, we even pray for [????] because in sickness we know there’s more we see in sickness then other, and sometimes even though medicine does there job, people tend to get desperate, nervous and they don’t know what to do and we ask God in our sicknesses to at least give us the wisdom to how to cope and deal. I believe in positive suggestion, positive thinking does help sick body. Not that it’s good as healing, because I know the body itself has it’s own way to heal itself, but to have a positive mind its way better than having a negative mind.

**I (Q.12):** **Thank you for sharing.** **So the last question, how has this illness affected your lifestyle or everyday life? Has it changed your lifestyle?**  
  
**R:** I think it kind of brought us more together, but it really kind of like we worry more about each other, you know, and we kind of take care of one another. Just to avoid, I wouldn’t like her to go through this, so we kind of keep an eye on each other …

**I:** **She’s your little one…**

**R:** Yeah, this is the little one, and um, when she’s a little ill or whatever like a little running nose, Dimetap also and give them their vitamins daily. It kind of like brought us more together, like I said, brought us more together as a family. We are more careful and awareness, more aware and just to avoid getting sick. Always watch the hands, always on top of them. Come home from school, wash your hands. Their surround of so much germs that sometimes you won’t, they start eating, well I work at a bank and I’m constantly counting money and when I feel my hands a little funny, I will put antibacterial soap on them, go to the bathroom and wash them. Even myself contact with people at the bank, they’re sick with the flu …

**I:** **You try not to bring that home.**

**R:** Exactly. I don’t want to bring that home. Always awareness, like I said it brought us more united in the family.

**I:** **On that note, I’m going to end this interview. Thank you.**