



State of Rhode Island and Providence Plantations

Public Forums to Identify the Concerns of People with Disabilities and their Families

During the week of the 24th anniversary of the Americans with Disabilities Act (signed on July 26th), the Governor's Commission on Disabilities and many other state and non-profit agencies conduct a weeklong series of open forums to hear the concerns of people with disabilities and their families.

The forums are open for anyone to come in and speak; representatives of the sponsoring agencies will be there to listen. State policy makers and planners want to hear your concerns about current services, unmet needs, and suggestions for improving services and expanding opportunities.

Monday, July 21st, 2014, 1 – 3 PM

Zambarano Unit, Eleanor Slater Hospital, 2090 Wallum Lake Rd, Pascoag
Hosted by Alliance for Better Long Term Care / RI Long Term Care Ombudsman

Monday, July 21st, 2014, 4 – 6 PM

Woonsocket Harris Public Library, 303 Clinton St, Woonsocket
Hosted by Seven Hills Rhode Island

Tuesday, July 22nd, 2014, 2 – 4 PM

Warwick Public Library, 600 Sandy Lane, Warwick
Hosted by the Ocean State Center for Independent Living

Wednesday, July 23rd, 2014, from 5:30 – 7:30 PM

Middletown Public Library, 700 West Main Rd, Middletown
Hosted by Opportunities Unlimited For People With Differing Abilities

Thursday, July 24th, 2014, from 4 – 6 PM

Rogers Free Library, 525 Hope St, Bristol
Hosted by RI Statewide Independent Living Council & National Federation of the Blind of RI

Thursday, July 24th, 2014, from 4 – 6 PM

Charlestown Chambers, 4540 South County Trail, Charlestown
Hosted by Perspectives Corporation & National Multiple Sclerosis Society RI Chapter

Friday, July 25th, 2014, from 1:30 – 3:30 PM

South Providence Library, 441 Prairie Avenue, Providence
Hosted by RI Department of Health

Remarks can be made in person during the forums, faxed to 462-0106, e-mailed to GCD.Disabilities@gcd.ri.gov, or mailed by August 8th to Governor's Commission on Disabilities, John O' Pastore Center - 41 Cherry Dale Court, Cranston, RI 02920. CART Recorders (real-time captioning) and assistive listening devices will be at all sites, courtesy of the Office of Rehabilitation Services / Assistive Technology Access Partnership. The RI Commission on the Deaf and Hard of Hearing will provide sign language interpreters for each forum.

To request information or accommodation, please call 462-0100 or 462-0101(tty) in advance; arrangements will be provided at no cost. Language interpreting is available with the Department of Human Services and requests can be made to 462-2130 in advance.

When making the ADA reservation with RIde to get to and from the public forum, tell the RIde reservationist (1-800-479-6902) that this trip is for the Governor's Commission's Public Forums in order to guarantee your return trip, after normal RIde hours of operation. ADA fare is still applicable. When attending the forum, please use unscented personal care products. Mild fragrances can constitute a toxic exposure for a person with an environmental illness.

Lincoln D. Chafee, Governor

The Public Forums' additional sponsors are: Arthritis Foundation RI Chapter; AccessPoint RI; Gateway Healthcare; In-Sight; Living in Fulfilling Environments, Inc; J. Arthur Trudeau Memorial Center; Neighborhood Health Plan of RI; RI Parent Information Network, Inc.; and RI Disability Law Center.

Testimony

Monday July 21, 2014 Pascoag

KATHLEEN HEREN: That's our panel, we thank you for being here today. Nobody has listening devices or needs assistance with anything like that somebody told me. The purpose of the forum is to get input from people in the community with disabilities and from that we take it back and try to get resolution to problems people have in the community. If you look at the booklet and turn to the first page you can see the different things that have been accomplished by these forums when they were held. And what we're here today to do is not really to solve any problems. We're here today to have you talk and tell us what your problem is and then the people on the panel will take it back and try to work through those issues for you. There are three people that have signed up to speak and if anybody wants to use the microphone when they're speaking I'll walk up to you. We've limited the time you can speak to ten minutes. I'm looking for my other paper. When you get up to speak, including the panelists, state your name, your organization and your city and town. But if you're one of the people in the audience, when you speak, just state your name and where you're from, what hospital or community. So I want to begin, so we'll have enough time. All right, the first person that signed up to speak is Robin Dolan.

ROBIN DOLAN: Good morning, physical therapist -- Zambarano, and in regards to, my question, my statement is in regards to the patients we service and the clients that need service in the unit. One of my biggest problems is when a low-income client is looking to get provision of services on the rehab spectrum; the transportation availability is extremely limited. Often not (inaudible) and or hour and a half/two-hour delay. I have one community-based client that leaves her house at 9:30 in the morning to be at a 12:00 class and not picked up until 2:30. The issue for us as rehab providers in this setting and in other settings is also the availability of independent opportunities in the community, whether it's through a TDI center (sounds like) such as (inaudible), trying to get clients into handicapped housing and the length of time a person has to be on the list and how quickly you can start that process, it seems extremely come some. In addition to that, the services are not clearly established for those people who have disabilities as to where to access, in one particular setting, what is available to them when they're independent in the community, or attempting to be independent in the community. Thank you.

KATHLEEN HEREN: Thank you. Would any of the panelists like to ask a question? I have a question, what transportation are you using.

ROBIN DOLAN: The particular client at the aquatics class originally utilizing RIDE then logistic care (sounds like), that person out of twelve visits attended four because the logistic -- never showed up or would be extremely late or in actuality, called at the last minute and canceled. So this person was missing appointments on a regular basis. I actually called and she made a change to another option, whether it's -- it's an ongoing problem.

KATHLEEN HEREN: If you want to call my office on Wednesday morning, I'll help you with the problem, I'm working with the Lieutenant Governor on the issue with the (inaudible). Dennis Arkin (sounds like). I'm sorry, Denise Arkin (sounds like).

DENISE ARKIN: Oh, no, I didn't want to testify.

KATHLEEN HEREN: Ron. Hi Ronald, how are you?

RONALD BRITAIN: Hi. (inaudible) long I have to be (inaudible), and .

KATHLEEN HEREN: Is that your question?

RONALD BRITAIN: And I would like to -- when I have a chance. Okay?

KATHLEEN HEREN: Are you talking about being discharged back into the community, out of the hospital, is that what you mean?

RONALD BRITAIN: To Florida because I have family.

KATHLEEN HEREN: Well, we have our discharge planners here from, discharge planning for the alliance and a social worker.

JACQUELINE RAMBONE: Hi, I'm Jacqueline Rambone one of the social workers here and Ron we do discharge every three months (sounds like) remediating view and talk about it and I would like to refer you to your social worker to talk to her about the plan. If you do have a discharge plan in place for that, okay?

RONALD BRITAIN: I really want to leave bad.

JACQUELINE RAMBONE: Right, and we do discharge planning so we can address that with you later, after this is over, okay? Okay?

KATHLEEN HEREN: The next person is, is it Gayle? I can't understand the writing. Gary?

GARY CHERUBINO: Hi.

KATHLEEN HEREN: Hi Gary.

GARY CHERUBINO: I'm Gary -- live in Providence Rhode Island and I'm president of Rhode Island chapter of the united spinal association. First of all -- (inaudible), second of all there seems to be a real need for people, handicapped people, don't understand why it is the way it is. Couple comments, first of all one of the things I would like us to do is to see if we can get our legislators to make all sidewalks handicapped accessible. When I lived in the city of Providence I can't get off my sidewalk and I think it's that way for most people with handicapped disabilities so I would like to -- our legislators to make it mandatory for those sidewalks throughout the state be accessible for those who have a handicapped disability. Generate tens if not hundreds of jobs with tremendous career opportunities. That's the first thing. Second comment is I developed the spinal cord injury in 2010 (inaudible) Narragansett. Ran an emergency department for 17 years, since my injury I have been completely black balled from practicing. No one will hire me with a disability. And I would like to see our legislators to be forced to make it possible for those of us with disabilities to continue with their lively practice. (inaudible)

KATHLEEN HEREN: What was your specialty?

GARY CHERUBINO: Medical oncologist internist and emergency room pharmacologist.

KATHLEEN HEREN: Thank you. I think the best thing I could do is tell you that, the information on you and I will go and speak with Dr. Kline (sounds like). Have you talked to him about this issue.

GARY CHERUBINO: (inaudible)

KATHLEEN HEREN: All right. I will do that. Does anybody else want to -- you have another one for me? Dan Andrew Coury.

DAN ANDREW COURY: I'm not going to -- supposed to talk about but I was just thinking about a way to improve for people in wheelchairs, I'm not in this -- I'm not paralyzed, just don't have prosthetic leg on, my -- had leukemia and got paralyzed and the wood shop he used to go to at (inaudible) high school, wheelchair ramp free of charge, credit hours for the high school, they got credit and built a beautiful wheelchair ramp. And that would be great for people, give kid a chance to participate in helping someone so that they can see what it's like for the disabled people so that when they grow up, they're tomorrow's future, they would be a little more sensitive and helpful to disabled people.

KATHLEEN HEREN: So you would like to see high schools initiated to workshops or the technical schools or something like that?

DAN ANDREW COURY: Projects for a wheelchair ramp or something, elevate to get to a second floor. The wheel chair ramp was at the (inaudible) angle, instead of 35 degrees you have to do 30 degrees, enter up gradually and pull itself up, the wheel chair ramp and then added electric power vehicle on the side with the battery charger, the generator so he was well taken care of when he was

living there but he passed on about ten years ago from the leukemia finally took over. But I think that would give high school kid a great chance to help disabled people and would help them understand more. This was a drunk driving accident and it would make them think if they had a chance to see me speak -- him in his wheelchair, the ramp in his yard, it would help them think, sensitivity of other people's feelings and what it's like for them, their decision in life. That's really all I have to say.

KATHLEEN HEREN: I don't have any influence with the School Department, does anybody here? Anybody here think about somebody they could contact.

DAN ANDREW COURY: Barrington is where I'm talking about.

KATHLEEN HEREN: I'd like to give the idea to the School Department, in general.

DAN ANDREW COURY: Yeah, that would be great.

KATHLEEN HEREN: Doesn't have to be just Barrington.

DAN ANDREW COURY: Yes.

KATHLEEN HEREN: All right, thank you. Anybody else?

ROBIN DOLAN: As rehab providers working in this system, one of the things we -- our population is changing in regards to younger age and people such as Dan. We do have barriers is we get them to a certain level within the confines of this facility and they may be looking for community reentry and one of the things some of these individuals may be able to be employed as you so clearly indicated and one of the things is we don't have access to vocational rehab services and a mode to have that available on a transition process for individuals here who may need community reentry.

KATHLEEN HEREN: Thank you. Anybody else want to ask a question or make a comment?

DAN ANDREW COURY: I have one comment. I was going to go back to CCRI, I can't get up on the city bus because they're so high off the ground with the air shocks so like the short bus RIPTA provided, \$4 each way, it's a little lower, I could probably get in that one but for a regular city bus, it's not accessible for me because I have a fake knee and a fake leg so when I try to like put my good leg -- something like that, I can't get on the bus. I want to (inaudible) state ID about five years ago I had to get a ride there, he's not that safe of a driver so he almost -- (inaudible) on the way. These buses, I don't know, -- down and back up again but I can't get on the bus.

KATHLEEN HEREN: Anybody in social services department, would they be able to arrange transportation in any way?

DAN ANDREW COURY: I used to go to Roger Williams college when I had my good leg but the one I have now I need crutches with it. It's not like, it doesn't walk as good as an old fashioned one. It's supposedly state of the art but I have a fake knee with a brace right now so 70 percent of my weight goes on my bad knee and 30 percent goes on my stump, on my prosthetic leg and I wanted to make -- make like (inaudible) things like that and I, like Roger Williams college I could do, it's accessible but that's an expensive college and I don't like want to take out that much of a school loan. When they do have services, I already checked on it about ten years ago, they were going to (inaudible) to go to CCRI, more than I needed. So have to carry a lunch to get some food before school and that would have been great. But I just, little bit too smart and mature for junior college, I felt insulted they treated me like a tenth grader (sounds like) so I tried to go back to Roger Williams but I couldn't afford it. If they could get some kind of a certificate program like at Roger Williams College, it costs like \$10,000 for a management certificate.

KATHLEEN HEREN: Social services here so I'm sure they're making notes.

DAN ANDREW COURY: I have no way to get to CCRI except for the short bus. This is a new operation five (sounds like) years ago, 90s, and I'm still paying the school loans from 20 years ago. So I guess junior college is -- financially. But I'm a little bit too smart for it.

KATHLEEN HEREN: Okay.

JACQUELINE RAMBONE: Your social worker, Danielle, that is something you can work with her on and look into going to school if I understand correctly, you would like to do that and transportation would be an issue, there is something through the ORS program offers rehabilitative services that she can help you look into, as well, okay?

DAN ANDREW COURY: Well, would it be -- training or regular school loan?

JACQUELINE RAMBONE: I believe, if you were to go back to the community, then you would be allowed to keep a certain amount of that income, yes.

DAN ANDREW COURY: Okay. Thank you.

KATHLEEN HEREN: There seems to be somebody else coming in. Is that somebody that -- we'll wait a minute.

KATE BOWDEN: Good afternoon, everyone. While we wait for some more people who may testify, I just wanted to let you know that the Rhode Island disability law center have materials about election season, we encourage everyone to get out and make their voices heard through voting this year. I have the materials that, to assist people with voting dead lines and information about voter IDs so help yourself to those, I will make sure there are some at the table and we are also available for trainings, for different organizations, you can contact us through west net (sounds like), so, get out and vote.

FEMALE SPEAKER: Brett would like to speak. This is Brett Roy (sounds like) and he has something he would like to speak about.

BRETT ROY: (inaudible) and I would like to speak about problems we're having on third shift with nursing availability. We're getting only one nurse for a whole floor most nights and it's kind of causing a dangerous situation. I just want to put that on record, that's all.

KATHLEEN HEREN: Okay. Talked to the right person here. Is there something you want to say? No? You just came.

MALE SPEAKER: I don't know if this applies to what you are' talking about but I used to go to east bay medical health center in Barrington and I -- back in (inaudible) ran for Senator (sounds like) or something and he said the budget had to be cut and that is an empty shelf what it was from 1985 through the year 2000, I used to go for drug counseling because I was a (inaudible) and the thing they used to do in restaurants where I was from was cocaine and I had a severe addiction and I went through and beat it, now, 15 years straight without even a beer or wine cooler or nothing, I'm just a straight person. But, the budget was cut so badly that all they do is -- he they're not even there for counseling any more. I used to go for like, they had like a one-on-one buddy system for people that didn't have much interaction with the community years ago, and I would sit and talk to my counselor about the problems with my family life and work and school.

KATHLEEN HEREN: We'll have somebody on the panel look into that for you, okay? Do we have some more people coming in? This is Debbie (inaudible), she would like to say a few things.

FEMALE SPEAKER: I (inaudible) become available and -- out there (inaudible)

KATHLEEN HEREN: So your basic request so to learn a new transportation through RIdE program? Okay.

KATHLEEN HEREN: (inaudible) has decided he would like to say something.

FRED DESLAURIERS: Hello my name is Fred (inaudible) I would like to address a problem that we have been having up stairs on 2 (sounds like). Shortage of nurses (sounds like) and I was about to get my -- a buzzer would ring -- and drop the handle on the (inaudible). They are under staffed. The nurses. One nurse on third shift. I think it's --

KATHLEEN HEREN: Is it just eleven to seven?

FRED DESLAURIERS: It's most -- it's happened about three times when I was getting my meds (sounds like) and there was only one nurse on both sides and she had to stop what he was doing with my care. I realized she had to help someone else but it's not good.

KATHLEEN HEREN: All right, I promise you Fred, I'll look into it. This is Chris. Hi Chris, how are you? Would you like to speak?

CHRIS BURR: I had a problem about two weeks ago, there was a helper that refused to do what I say, she (inaudible) because I'm handicapped, she said, you're not handicapped, I have a wheelchair and can't stand up. Anyways, she just (inaudible) halfway. I need help putting the brakes on, it just went on and on and on. I had to go to the bathroom, she wouldn't let me go. I wind up urinating in my bed and she's laughing her head off at me. I want her fired. This just goes on and on. People that actual will I have a handicap. I mean if I didn't have a handicap I wouldn't be here I'd be driving a car or something else, but because I'm paralyzed I can't do what I used to do before. I had a stroke. And it just inn fewer rates me.

KATHLEEN HEREN: Is this a particular shift?

CHRIS BURR: First shift in the morning.

KATHLEEN HEREN: Okay. I'll look into that. I'm the -- for the stay hospital, the staff (inaudible).

CHRIS BURR: Really humiliating.

KATHLEEN HEREN: I promise you, I'll address that. This is Casey, I'm going to bring him a little bit further up so you can see him. Okay, .

CASEY DuBAY: Hi. I just wanted to bring up the, with the, the sidewalks around the building, this building in particular, are like horrible. I'm trying to (inaudible) -- and I have fallen on my face going around the building twice already and personally I'm more concerned about people in like electric chairs because when those fall, they're like bricks, they fall hard and people can get really -- me, I'm just like falling out of my chair. But I'm just really worried about a lot of patients because the sidewalks are absolutely horrible. And I tend to pay attention but you can pay attention and still miss things. Like I said I've already fallen twice.

KATHLEEN HEREN: Where are the sidewalks located they're the worst?

CASEY DuBAY: All around the building.

KATHLEEN HEREN: Just a matter of needing to be repaved?

CASEY DuBAY: Yeah, I think, dug up and redone, the whole thing. If somebody wants me to, I could show them specifically where later on at some point because that's where I'm most concerned about.

KATHLEEN HEREN: We have people in administration here and I think they heard you.

CASEY DuBAY: All right.

MALE SPEAKER: (inaudible) about the sidewalks -- this is something where disability community can really make a meaningful improvement (sounds like) in the state. Again, if we can employ -- dozens or hundreds of individuals can re-establish our sidewalks, we can really do something meaningful with the community and we're the smallest state in the country, there is no reason we can't be the first state in the nation to really take some consideration (inaudible). I would like to encourage all of us to write letters to Senator (inaudible), Senator Reed, Senator Whitehouse, congress man Cicilini, I really encourage them, recognize the need of the disabled and enhance our sidewalks and our curbs throughout the state. Thank you.

KATHLEEN HEREN: Thank you. Anybody else here that is wanting to make comment that hasn't been heard? Anybody?

ROBIN DOLAN: Another statement, I guess. Often at this facility we have the availability for sports groups for the residents that reside here however there is no availability for them to get out to events in

the evening by virtue of transportation issues. Is anyone aware of any other sports group that may be willing to come into the facility in the evenings so they would have access to potentially participate? The other statement would be whether there were other support groups or disability counselors available for some of our residents that could potential will I have the possibility for community reentry and yet we may not have all of the information available. So we have experts here, it would be very helpful for us to assist in having successful reentry program.

LISA KLINE: Sorry, my name is Lisa Kline, occupational therapist here. It would be nice, community reentry is really a very big umbrella. There are so many different facets to that and I think that the residents really do not know what to ask or what to advocate for, for them selves. There may be a program and I don't know if there is, but if there is an opportunity for -- already living in the community with a disability that can be matched up with somebody who is on the (inaudible) for potential discharge, to provide the support, provide the guidance, provide that, to help them navigate once they get out there. So again I don't know if that already exists.

KATHLEEN HEREN: I know it exists with some of the wellness programs and I know they are trying to work that into some of the integrated care programs but I'm not sure, are there people up there that would know most of the answers to this. So, we'll see if we can get you the answer. All right, anybody else that would like to speak? This is Gary, he would like a chance to speak.

GARY CHERUBINO: Hi. My name is Gary Cherubino. I think the state of Rhode Island, I've been through other states and seen how better roads are and how the ramps are for the handicapped. And I came here three months ago, three days, excuse me, and I know this building is old, but, I've seen some people have some hard times. So, I know they're working on (inaudible) and -- we have like more access ramps to the building and going out of the building. Not these old wood (sounds like) ramps with nails and, I see people going off on stretchers (sounds like) and ambulance drivers getting cuts. Chris did, maybe Danny knows what I'm talking about.

MALE SPEAKER: The ramps? That's the angle (sounds like)

MALE SPEAKER: I worked all my life from the blizzard of ' 78, we all remember that, I have a birth day Saturday, going to be 48 (sounds like), so that's quite some time that things have been going on. But, I think if the state house filled in these potholes in the road and saw the other drivers go through tires or rims or, I've seen cars that got all smashed because of these rims on cars, I used to do mechanics and what it is, you would be driving along and all of a sudden, bang, you pull over, your wife (inaudible) tire, or your spouse, or whatever, and I just want everybody to be safe here. Like (inaudible), she's handicapped, I've seen workers here that are handicapped. So, I think people help each other, it would be a dam good thing. Thank you.

KATHLEEN HEREN: Thank you.

FEMALE SPEAKER: One of the things that would be very helpful is you as the providers within the state, disabled, on a fixed income, social security, I think the current limit for them to go and work in the community, they can only make \$700 a month. That rate is like from the 60s and 70s. It really would be very influential if people in power such as yourselves could impact state legislators in regards to looking at where the poverty level is and for someone who may have a, disabled and living on their social security, that income is probably going to be low and they can turnaround and allow them to make \$700 a month.

KATHLEEN HEREN: All right, I guess this will wrap this up and I want to thank everybody that came today, our panelists, and I also want to thank people who have spoken, all of the things have been recorded and somebody will get back to you. I will -- yes?

MALE SPEAKER: I'd like to know how I can get (inaudible) I've been here for ten years and obviously -- we used to have a treadmill here which was very good because you could get up and walk, they took

that away, I would like to see that come back. Figure, if somebody can survive (inaudible) and three weeks later they're walking around, why can't they do that here?

KATHLEEN HEREN: All right. And again, I want to thank everybody who attended today and I'm sure, I know the ones that spoke here will be addressed. Anyone want to say anything before we close? Rory?

PANEL MEMBER: For people working with disabled there are new rules and regulations that allow people who are working to earn more money than the \$700. The Sherlock plan and the (inaudible) allows people to work, the Sherlock plan and the Medicaid buy in, it's an under utilized program in our Medicaid program but people can earn up to \$35,000 (sounds like) per year and not lose medical benefits, might get a zero check but they have to be enrolled in the program. Wonderful program. But it is a way for people who are disabled to get back to work and earn and keep more of their income. In Rhode Island, people can only have \$2,000 in savings, 4,000 per couple but under the Sherlock it's \$10,000/20,000 for a couple so there is a push to get more people involved in the Sherlock plan which is the Medicaid buy in plan and more people that are working either through ticket to work or the office of rehab services really need to get -- the Sherlock plan and Medicaid buy in. The problem is it's under utilized -- (inaudible) Martin heads up the Medicaid buy in program, it's a wonderful tool for people going back to work so they don't have to lose all of that money they're working so hard to maintain or their Medicaid.

KATHLEEN HEREN: All right. I've being told we can have an intermission and the panel will stay here until 3:00 so if anybody wants to talk to anybody individually, please let me know. Does anybody here want to talk to somebody individually? They'll mingle.

FEMALE SPEAKER: Question for the Office of Rehab Services.

KATHLEEN HEREN: Would you guys like to...(inaudible). All right then I am going to shut the mic off and they will wander around and talk to anybody that wants to talk. Thank you.

(BREAK)

KATHLEEN HEREN: Excuse me, somebody just joined us and wants to speak for a minute. This is Ellen Kreutler from accessible Rhode Island.

ELLEN KREUTLER: Hi everybody, sorry I was late -- I'm here representing accessible Rhode Island. Anybody heard of accessible Rhode Island? Yeah? Couple people have. We are -- in the web site telling about all these great national rehab Rhode Island handicap accessibility, we talk about if there's parking, banned parking, it's clear for people in wheelchairs, are the bathrooms accessible and other features that might be in different places around the state. So you know in advance. You get there and everybody can get in. We do dining, restaurants, almost (inaudible) on there now, I think we just surpassed 900. Place to eat, places to stay. A lot of recreational facilities, we just took a look at all of the beaches again and all of the state beaches now have one or two wheelchairs that go on the sand so you can go relax at the beach. What else do we do? Boys and girls clubs, health and wellness places. We're starting to work with libraries in Rhode Island. If you don't have a computer -- online, we have a telephone number, I have some cards here if people are interested. Web site first of all is www.access-ri.org. List of categories and -- we are starting to do the monitoring facilities, as well so you can make a choice of where you would go, accessible for you. There is a phone number. 401-383-8878 or hopefully soon you can call your library and they can be a resource for you, too. Does anybody have any questions right now? Accessible Rhode Island, great resource. I would be happy to give you some of these. If you want to give us a call, we can mail some more out to you. Would anybody else like one? Definitely, good. Anybody else? Great. Working closely with office of disability health, too. All right, that's about all I wanted to say. All right. Thank you. The more people that know about it the

better, if you have any ideas for places you want to know, we'll check it out, too. Okay? It's on the web site. Check it out.

KATHLEEN HEREN: All right we're going to be closing down now because the people that have the equipment have to go to another -- I want to thank you again the staff at Zambarano for setting up this room and putting up with me, my first time and the patients for coming down and voicing their concerns. Thank you very much.

(APPLAUSE)