

HISPANIC IMPACT

HIGHLIGHTING LATINOS IN OHIO

Ohio

Latino Affairs
Commission

Dr. Anahi Ortiz
Franklin County Coroner

November 19, 2019



Get to Know the Doctor That Studies the Dead to Save The Living

What if the secret to longevity was located in the tombs? While this question might conjure imagery of an Indiana Jones adventure, the reality lies within the walls of the Franklin County Coroner's Office. Dr. Anahi Ortiz is a coroner and she researches the causes of patterned deaths. By studying the deceased she hopes to save the living. I had the pleasure of interviewing Dr. Ortiz where she provided insight into her role as the Franklin County coroner. While we discussed her career, we also delved into her journey as a Latina woman accessing an otherwise esoteric field. I hope you enjoy reading our conversation.

Q1: Can you tell me a little bit about your childhood and where you grew up?

I grew up in projects. I don't know if many people know what projects are, but they're government, low-income housing. I grew up in the South Bronx, with a sister and brother. My mother was divorced when she raised us. My dad was from Puerto Rico and my mom was from Argentina. My dad, unfortunately, had alcoholism and due to his illness they separated. Eventually, my mom raised us on her own.



way to afford it was my mom used to clean for the school and did some odd jobs. For me, what was interesting, at the time, I didn't know any English when I went in and my mom only spoke Spanish to us when we were growing up. When I was in kindergarten, they didn't want to put me through to first grade because I didn't know any English. However, my mom persisted and they put me through. Once in first grade, they had me take a ridiculous IQ test. Because I didn't know English very well, I obviously did poorly and they told my mom, at the time they called it mental retardation, I was I was slow and they couldn't help me. They told her that she needed to take me out of school and put me in public school but my mom said no; she knew that I wasn't slow. It was then that she started taking ESL classes at the local communi-

Q2: Where did you go to school? (Undergrad, Medical)

My mom didn't want us to go to public school, so she put us in Catholic school. However, the only

ity center and she would take the three of us with her. We would sit under the desk and she would tell me to listen so that I would learn English. Obviously, I did and stayed in the school, graduated from elementary school and received a scholarship for the Catholic high school, Cardinal Spellman. I actually entered Cardinal Spellman the same year as, Chief Justice Sonia Sotomayor. She graduated that May and I entered that September. For medical school, I went to a special six- year BSMD program. You did your first two years of medical school while you were in college and the whole mission of the program was to train doctors to work in underserved communities. That is what I always wanted to do because I grew up in an underserved community with terrible healthcare and I really didn't want that happening to everyone.

"I grew up in an underserved community with terrible healthcare and I really didn't want that happening to everyone."

Q3: Have you always wanted to be a doctor?

I didn't. The high school I went to was really good and we had a really great guidance counselor. My family in Argentina are all engineers and my uncle owns an engineering firm. The guidance counselor would pull all the juniors in and ask what we wanted to do. When it came my turn, I said I wanted to be an engineer and asked what schools I should be looking into. The guidance counselor said I should think about it first, explained what engineers do and asked if I wanted to work with people. I said I didn't know and she suggested I volunteer. I became a candy striper, which is like a high school volunteer and we wore candy striper uniforms. This is how I decided. I went back to my guidance counselor after a few months and told her that being a doctor is what I wanted to do; I wanted to work with people. I didn't want to work in an office all day without working with people.

Q4: Have you always been a coroner?

I actually went into pediatrics and did pediatrics for like 25 years. I moved here in 1996 because the cost of living was a

lot lower here than where I was. I had three children and I was divorced. I came here and worked as a pediatrician until 2014. I met the current coroner while I was doing consulting with the state. She had gotten another job and knew she was leaving. She wanted to make sure she put someone into the position who would pursue more community outreach with the Coroner's office which was something she had started. So eventually, I applied for it and was appointed and then I was elected. I'm running again next year for re-election.



Q5: How is it different working with the dead versus working with the living?

The reason I went into both was prevention. With children, you're trying to prevent diabetes, things like mental health issues and obesity at an early age. There's all sorts of problems you're trying to prevent and you're trying to keep them healthy. Here (the Coroner's Office) obviously, I'm not working with the living so I can't prevent their deaths, but I can prevent other deaths by looking at how these people died and by looking at trends. That's what happened in 2015. One of the

doctors here approached me and said "Listen, we're doing more autopsies on these overdose deaths and I think you should look at it."

So, I started looking at numbers and the people and realized that for the last two years we had been seeing an increased number in overdose deaths. I suggested we take a deep dive, take a deeper look into it and that's how my work with overdoses started. So by looking at how people are dying and who is dying, you can see trends and try to prevent other folks from following down the same path.



Q6: Do you report your findings?

Yes. Number one, if there is a high number in a 24 hour period, we send out alerts on social media or I'll do a press release. Quarterly, on our website, I put out stats related to the overdose deaths. [These records are available to the public]

Q7: How do your experiences as a Latina woman affect your job?

Positives, the fact I'm more sensitive to the cultural diversity and bring more people of diverse ethnicity and races into the office. This is such a specialized agency, so the doctors here are specialized. They do forensic pathology and they're trained for that. Number one, there aren't that many woman who go into that field and number two, forget about diversity in the field. We take whoever is the best candidate, so far, no one has applied except for Dr. Pandey, and she is Asian-Indian. We have medical death investigators, which is also specialized. We want people with training in forensics and there's degree programs at certain universities. We want to see that in the people we hire to be investigators, which makes it hard to find folks of diverse backgrounds that qualify. The only area that we can is in the front administration and again, it's hard to find people that apply. But, I certainly try. One of our receptionists is Latina, and thank goodness because there were only two of us that spoke Spanish. Now she can answer the phone for Spanish speakers. The other receptionist is African American. As far as misconceptions, it's hard being a female and being the head of an agency because they underestimate you. I'm not tall and when you're short and brown you really get underestimated and overlooked. I'm not one that's going to wear high-heels to make myself look tall. Additionally, you hear my voice, I don't have a loud abrasive voice. It often feels like the ones with the louder,

abrasive voices are heard first over people who are softer spoken.

Q8: What stereotypes affect your work?

Many think Latinos are undocumented and that's not true. That's one stereotype, especially here, probably because the Latino population is so small here in Franklin County. The other misconception is that all Latinos are Mexican and they're not. There are different countries represented and different areas represented. Puerto Rico is a part of America, but there is the misconception that Puerto Ricans aren't citizens. There are a lot of misconceptions people have to be educated on.

“There are a lot of misconceptions people have to be educated on.”

Q9: What can the medical community do to better serve the Latino population?

Being more sensitive to the fact that the Latino community is made up of not just one country but many different countries. One country may be different than another. There are also the Spanish. There aren't that many Spaniards here but there are some. Some of the words may be different, some of the traditions may be different and what they do for healthcare can be different. So don't stereotype Latinos or people that speak Spanish. So they can try to be more educated and sensitive towards the populations that are here in Franklin County. I remember sitting down at a

conference in Cincinnati, I think OCHLA hosted it, and I was on a mental health panel. A Latina counselor was talking about the stereotypes and how it works within her field with the Latina culture. I remember being struck because she said "We all have to remember to do research or at least be educated about the patients that we're seeing." She had this patient, I think she was Venezuelan, whose chart was like a novel it was so thick. The patient had gone from provider to provider and no one could seem to help even though they had interpreters. Finally, this counselor looked through her chart and did some research on Venezuela. She learned about the political situation there and what happened to the people there. Based on her readings, that's how she approached this lady which allowed the counselor to help her. It had a lot to do with the woman's Venezuelan roots and the politics happening at the time. If you don't do your research and you're not sensitive about how all of us are different, you're not going to help as much as you think.

Q10: Do you sit on panel discussions often?

I'm on another panel tomorrow for cultural competency. Then next week, I'm talking to a private company about the opiate crisis. I do about one or two a month.

Q11: Who has had the greatest impact on your life?

My mother has been the one. She was a very, very strong woman and she had to raise us not knowing English. She raised the three of us and we've been pretty much very successful. She came from Argentina, which was under a dictatorship, so she really valued democracy when she came here. She eventually became a citizen, which she was very proud of and she voted every single time. She was one of those people that wrote to her representatives constantly. She instilled in me the value of democracy and voting, so I have voted in almost every election. That was kind of the reason I became coroner because it is an elected position so it was kind of in her memory. I think when I do this she would be



"I hope I've helped a few of my patients and I hope I've been able to make their lives a little bit better than what their lives were before."

really proud of me if she was here. In my head, if she could do that, I can do this.

Q12: What do you like to do in your free time?

I love travelling. We (Dr. Ortiz and her husband) love going new places and traveling. I like to hike and I like mountains. I like to be out in green because I love green. I love my dog and I try to take my dog with me on long walks. We also love Spain and we've been to Africa on safari. I want to go back one more time and stay a little bit longer and see them up close and personal. We didn't get to see the lions but we did get to see the rhino and giraffes and elephants. It was kind of cool. I'd go back to Africa in a second and definitely Spain.

"If she could do that, I can do this."