

THE STORY GOES | CATHY VALDEZ | PROJECTMEND

MOLLY: Hey! It's Molly Cox, and you are listening to The Story Goes. That was my radio voice, Cathy. (BOTH laugh) Just so you know.

CATHY: (laughing) Impressed. I'm very impressed. [\(0:11\)](#)

MOLLY: Um, The Story Goes is a collaboration between KLRN and SA2020. It is an opportunity for us to shed the light on organizations and people, who are doing amazing things in our community. It is also an opportunity for us to tell you the full story of something. Not just a catchphrase or a headline, get really in-depth into our community. We do that by inviting people in that typically, I'm not going to lie, are my friends. (BOTH laugh) That's not true, but it does also happen that people have been my friends also when they come in. Um—[\(0:50\)](#)

CATHY: (jokingly) What was your last name?

MOLLY: I know, well it's Cox. Molly Cox is my name. Cathy Valdez is the CEO of ProjectMEND, and also happens to be my pal. I've tried to get you in here before, and you were too busy--

CATHY: Yes, very important.

MOLLY: (continues) being the CEO. We've had some conversations in our previous podcasts about mobility and transportation and accessibility, and you have a very—ProjectMEND is a very interesting organization. Like one of a kind, right, can I say that?

CATHY: Absolutely, very unique. [\(1:31\)](#)

MOLLY: Very, very unique. It's also very hard to wrap your brain around what you do, and also the ripple effect of what you do is so pronounced and serious. So, I want to start with understanding what ProjectMEND is, and sort of giving a more holistic view of A. What your organization does and B. how it impacts San Antonio in such a serious way. Um, what is ProjectMEND? [\(2:00\)](#)

CATHY: So, ProjectMEND is a small, nonprofit here in San Antonio. Most people don't realize that MEND is actually an acronym. It stands for the Medical Equipment Network for those with Disabilities. Um, so it's twenty- five years young, here in San Antonio. As you said very unique in that we take in donations of medical equipment, typically home medical equipment. Items like wheelchairs, shower items like potty chairs and tub transfer benches, you know, canes, crutches, uh power chairs of different kinds and wheelchairs of different sizes, all kinds of home medical equipment items that we refurbish, sanitize and repair when it needs to be repaired,



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and then we get it into our inventory so that we can then distribute out to people that could not get it on their own-- whether that be a lack of insurance or just cost, you know just cost. (2:58)

MOLLY: Okay, you've said your twenty- five years young. I'm assuming there is a reason this organization got started twenty- five years ago.

CATHY: Yeah, absolutely. There is a little story that is on our website about the founder, Murlin Johnson, that happened to be in a powerchair himself. So, he was a user of the medical equipment, different pieces, and he used to volunteer with one of the local offices here for, I think, the DARS local offices—the Department of Assistive and Rehabilitative Services. He realized that when he was volunteering, there was a lot of social workers that were helping clients who were struggling with mobility issues and needed medical equipment. Very often, they were struggling to find equipment for their clientele. He basically says to his wife and a volunteer, “Hey, I've got unused equipment that I don't need anymore, and it's sitting in my home. Why not take this equipment and try to start up the idea of reusing it?” Just reusing it, and that's when it took off. (4:13)

MOLLY: Okay. Do you, I guess I'm going to ask you for a bunch of stats that I assume are inside your brain, but I also think that we know the breadth of the need for equipment. I know you mentioned like lack of insurance, expensive cost, etc. In San Antonio, Texas, a community with disabilities, is there a number on that?

CATHY: Yeah, you know, I don't have the exact number, but it is over 220,000 individuals that are within Bexar County alone--

MOLLY: Wow. (4:46)

CATHY: (continues) are classified, as you will, living with a disability of some sort. That's a huge number.

MOLLY: No, that's a giant number of people, and we also know separately from that, as we age, we sometimes need a cane, a crutch or a chair. We know our aging population is growing exponentially in San Antonio and Bexar County. We talked about it previously with our pal, Dawn Dixon at Connect + Ability: Warm Springs, this idea of the “Silver Tsunami,” and that's not specific to you, Cathy, sure, with your beautiful silver hair. I'm not saying it's just you, but that there is this growing population of our seniors. And then also, yes, we are talking about individuals with disabilities, our seniors who also may need help with equipment, and also our veterans, military--

CATHY: Absolutely. (5:35)



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MOLLY: (continues) Yeah, also needing--

CATHY: Sure, yeah. It's funny, you know, I talk to people all the time about what we do and who we serve. And yes, you know, more than 65% of the population we serve, of the clientele we see, happen to be seniors. Um, and a lot of those happen to be veterans. So you think, and people, you know I get that comment a lot, "What do you mean you're serving veterans. They're taken care of through the VA." Well, that's not necessarily so, that's not true for every veteran. It just depends on their disability rating, what they can and cannot get, what the VA does and does not provide, so what we end up being to them is really that agency that can go in and fill the gap, so they're not sitting and waiting for, "Yeah, the VA says I can have that wheelchair, but I'm going to have to wait a month," or whatever the case may be.

MOLLY: No, yeah, of course, and what do you do for that month? (6:30)

CATHY: Sure, but I need it today. (inaudible, overlapped talking) I need that mobility right now. So, we are able to be that gap, fill that gap.

MOLLY: Do you, when it comes to ProjectMEND, can I just walk in off the street and say, "Hey, I have a family member that needs--?"

CATHY: Yeah, typically, you can. We do encourage an appointment, just because I can't give you equipment if it's not sitting in our warehouse. People think very often that, you know I can just walk in and say, "Hey Cathy, I need that wheelchair." The problem is that a wheelchair is not a wheelchair because if you are 100 pounds, a 100- pound individual and you're five feet tall, you know I can probably put you in a chair that's going to fit you properly, um, that may be a sixteen- inch wheel chair, that is sixteen inches in the seat. But if you come to me, and that is all I got in my inventory, this sixteen- inch wheel chair, and you're 200 pounds, that's a different story. I have to find something for you that is going to be appropriate to fit you. Otherwise, we are going to have an issue with you possibly hurting yourself.

MOLLY: Right, right, totally. (7:40)

CATHY: So yeah, I encourage people all the time, you know people ask me what do you *need*, and well it's always the donations. It's the donations of the medical equipment. If it's not there, we can't give it out.

MOLLY: When we talk about this idea of refurbishing and fixing and putting things back out, there is an environmental sustainability component to your work, that I don't know if people even consider that you are helping refurbish and reuse--



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CATHY: We keep it out of landfills! (8:06)

MOLLY: That's exactly right--

CATHY: Absolutely, it's important.

MOLLY: (continues) Typically, I'm curious, I think about, it's been a minute since I've sprained an ankle and had to be on crutches—

CATHY: Mmhmm, me too.

MOLLY: (continues) But you would stick those, um mostly because I don't move enough (CATHY laughs), it's fine, it's fine. I remember having crutches, and then your mom would force you to stick them in the closet if you need them again. Then at some point you're like, "I don't need those at all, where would I take them?" You're saying, "Hey! We will take your used crutches."

CATHY: Absolutely, absolutely.

MOLLY: Okay. (8:41)

CATHY: Yeah, absolutely. The good thing that we do, and we talk about it some on our website, is that nothing will go to waste. So maybe we've got 1,000 pairs of crutches sitting in the warehouse, we aren't going to use all that, but what we are able to do is we are going to hang onto a small inventory of those cause the need will arise obviously, but the bulk we are able to ship off and share to some of our charity partners that we work with. A great organization out of Houston, ProjectCURE, specifically takes items that we don't utilize, things that are supply items for example like tubing and different kinds of tubes and feeding equipment, other things like that, they can utilize that. We have this arrangement where we are able to swap out things. Maybe she's got, maybe in Houston she's got specific types of medical, actual medical equipment that I *need*, she'll give me that and I'm going to give her, trade with her, the medical supply items like gauze and things like that, gloves, etc., that we aren't going to use—I know that she is going to be able to use them because that's what she does. (9:50)

MOLLY: When you said that you were a unique organization, is it because there is not another one like this in San Antonio? Or are you unique generally?

CATHY: Yes, well both. So, we are the only organization in San Antonio, but also in Texas. More and more now, I came on board thirteen years ago, when I first came on board, there were literally eleven agencies in the nation that do what we do. Now, um, I can honestly say in every



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state you will find some form of an organization like ours. It's very similar, um maybe very small in size, but the concept is the same, right. [\(10:30\)](#)

MOLLY: So, I'm going to ask the harder question of, as this need has grown, can you pair it with where the need is coming from? Like, is it just around health care expenses? Where does it come from?

CATHY: It's a combination of that. Just the expense of, of what equipment costs, just in general- medical equipment. And then, obviously, less and less, let me back up—fewer insurance providers are offering the coverage of that. Medicare, of course, is very limited on what they provide and how many pieces they provide within a certain limited three- or five-year period. I'm not sure what it is, but it's very limited. Those are the customers we see, and so like I said the majority of the customers coming in for our help are seniors, 65+. So, they're seniors, they're in that place where they don't have a way to receive it or get it-- half the time, they don't know where to get it anyway. Uh, I think it is a combination of both those things. [\(11:42\)](#)

MOLLY: Do you, there is no cost for this?

CATHY: Right! Our customers never pay for the equipment. They never pay for the equipment. There are a couple fees that we charge. To be honest with you, the fees we charge are what we call 1. An application fee, very minimal, it's like a \$20 cost, very minimal. It's a way to kind of be able to get a buy-in, a little skin in the game from the customer side, especially when that customer is coming in saying, "Hey, you know what I've got a need for a hospital bed," that can cost us \$800. I've got the need for a hospital bed or for a powerchair and a wheelchair too. They're going to walk out the door having paid a \$20 application fee, right, to come in and see us. The other thing we ask them to pay for, when it's a big piece of equipment that is, that hospital bed is going to require a mattress. Mattresses are not able to be reused, okay? So, you're going to have to get that anyway. It would be best for you to pay for the cost of that mattress through us because you're going to get it a lot cheaper, instead of having to go to a retail store somewhere, DME company someplace, cause it's going to cost you a lot more. [\(13:00\)](#)

MOLLY: Can you talk to me about, general, you're using the word customer, right, this person is coming through, you're providing them a service that also enriches and expands, sort of, what they're able to now do, can you give me stories of human beings that you have worked with where this has changed how they've operated? [\(13:25\)](#)

CATHY: Sure, absolutely. The one that comes to mind immediately to me, because I had this experience years ago. When I started working with ProjectMEND, I think it was maybe my second or third year, we were still based out of the warehouse facility, and we had a young man come in who had just come back from doing a tour. And um, he had come back, just got a



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brand new job, was in that period, that timeframe, the waiting period before he could receive any benefits from his company, and again he had just started working, bought a brand new truck, not more a couple of weeks into his employment, his new job, driving down the highway, and he gets hit. Totaled, the truck it totaled, he is basically broken. He ends up being in the hospital for three months. He goes back home, and he's got to recuperate. I hear his father come in, and his father is telling our receptionist, um, this kid, I say kid—he's a young man, he ended up needing, gosh, close to ten to eleven pieces of medical equipment—just to rehab at home. He's broken, this kid is broken. I hear him talking to the receptionist, I'm just down the hall, I'm listening to the conversation, and we had just started asking our customers to pay for batteries-- You know, the batteries that go into a powerchair. He's going to need a powerchair, and the dad is sitting there telling the receptionist, "I might have to like not purchase a type of medication he might need in order to pay for the batteries." And I thought, holy cow, this is crazy. So, you know, because I could, I walk in there and go, "you don't need to worry about that, we got you covered!" This is not a big deal, we got you covered. So, he took all those things home. Probably six months later, this young man brought – in a new truck – brings back all of that equipment to be reutilized again.

MOLLY: (happy, shocked) What! Cathyyy.

CATHY: That's right.

MOLLY: Cathy, what! So, he's fully recouped?

CATHY: Completely recovered.

MOLLY: That is amazing! Do you, I'm assuming these kinds of stories happen all the time, he needed it for six months—just to get back up on his feet—and you also have on the other end of the spectrum, without this wouldn't be able to function in life now? [\(16:03\)](#)

CATHY: Yeah, yeah, absolutely. We see people with all types of disabilities, I mean most of them are related to a mobility issue, right, um, but we are going to serve anyone who has got a temporary or permanent disability. It's not going to matter to us. We've got it. It's not our job to keep stuff from you. If we've got it, we've got to be able to give it to you. But yeah--

MOLLY: What a fantastic mantra, just for life: If we've got something, let me give it to you!

CATHY: (overlapped) If I've got it, let me hand it over! Absolutely.

MOLLY: Um, so, you said that you've been with the organization for thirteen years, always in the CEO position? [\(16:41\)](#)



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CATHY: No, it didn't start out that way. I actually started out writing grants for this organization as a favor to a board member that was a personal friend.

MOLLY: Oh, you got roped in my friend.

CATHY: I got roped in, completely!

MOLLY: (laughing) We make you do podcasts, we make you write grants.

CATHY: Yeah, "sucker," is written right here.

MOLLY: (still laughing) Yes, it is. You have knowledge, and you must give it to people is what I'm saying. (CATHY laughs) Um, so you started as a grant writer and moved into the CEO position.

CATHY: Yeah, yeah I did.

MOLLY: You love it so--

CATHY: Yeah, I loved it. [\(17:10\)](#)

MOLLY: Somebody that sticks around for thirteen years must enjoy it.

CATHY: The mission was amazing! Of course, reuse equipment, of course I'm going to do that – why wouldn't I? You know, it's just a noncontroversial mission.

MOLLY: Right, right. (laughs) "Hey, this thing exists, and we need to give it away because it's important." You are, the need is, obviously you explained, the need is growing across the United States. You are also expanding exponentially because the need exists. Talk to me about the fact, we use this phrase, and then I immediately cower because to say this phrase, (slight disgust noise) Capital campaign. Bom, bom, bommm! For a nonprofit, you know that you're building something, you have to raise a bajillion dollars—I'm sure that's an actual word, bajillion—um, and then you got to figure out how to get a building and do all that stuff, you're in the middle of getting a bigger warehouse, yes? [\(18:05\)](#)

CATHY: Yeah, more space, you know. Where we are currently is just not adequate because it was just a warehouse used years ago to service the big diesel truck engines. It was never built for what we needed it for. The capital campaign because of donations coming in, equipment coming in, it's going to give us the opportunity to really build the space that we need and in the way that we need it. So, we are licensed by the State Health Department to do sanitizing and refurbishing in a specific way, so there is specific requirements that the State has us follow. So, we were able to work with our architect to be able to lay that process out within our



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warehouse. Now it's really going to be what we need it to be, and we will be able to have enough of that space as we build up, not just out, but up. [\(19:04\)](#)

MOLLY: Yeah, I love that. I know you and sort of the process you're involved in. The idea you sort of provide this very special niche for San Antonio which to be fair, I think it's important as we grow, we are going to expand our population almost double in the next twenty years-- every time I say that I have to give the qualifier, it's not just people moving here, it's also babies being born—the idea that right then, to have people successfully aging in their own homes and then also figuring out how we are making things more accessible to people. An organization like yours that provides equipment to make that possible, I assume also gets into conversations about how are we helping people successfully age, how are we helping gain access to the places they need access to, are you sitting there helping people have those conversations? [\(19:59\)](#)

CATHY: Yeah, we try to be a part of that as much as possible. I mean, I'm still learning. At the end of the day, it's really all about inclusion. Accessibility is more about just, more than just widening this or just taking away a step, it really has to be, the focus has to be on, overall, on *inclusion*. Um, a friend of mine, Jane Pachoni (?) with the RideConnect group--

MOLLY: Mmhmm, love them. [\(20:34\)](#)

CATHY: (continues) So, Jane made a really great comment that has stuck in my brain. She had said, she said as we are talking about building this new building for ProjectMEND, we have to think about – we just happened to be talking about the parking lot, this was the conversation—and she said, “you know Cathy, I don't want to just pull up in the handicapped parking. I want to be able to park my car anywhere, so why can't you make the entire, every space in that parking lot accessible? So that it's completely inclusive. It does include that ability for anybody.” And it just kind of stuck in my head, and I thought, “Oh my god, she's absolutely right. I'm looking at it through the wrong lens.” [\(21:25\)](#)

MOLLY: Right, we are looking at it as what is the bar that we have to hit of how many spaces are available versus it's available for anybody, anytime. Yeah, it's amazing. You said-- I love Jane, by the way, we should just shout out to Jane because she's enjoyable and RideConnect—um, can you talk to me about the warehouse your building? Where it's coming from? How you ended up in this space? The connection that was made on this was like everything sort of aligned, and I hesitate to get too wonky or faith-y but it always seems that when good people ask for the thing sometimes the waters part and it happens. That's what happened here, no? [\(22:12\)](#)

CATHY: It did, it was a great, a great just series of events that happened when they were supposed to. And that's me right, that's me in general, I believe that things happen within their



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own time, and you meet people in your lifetime when you're supposed to for a specific reason. Typically, to teach the lesson or learn the lesson--

MOLLY: Love.

CATHY: (continues) Sometimes it's both, right, it just depends on where you are. But that really is what happened. Ten years ago, I was talking to my board, "Hey guys, we really need this new facility, we need a new space, we need to think about that, let's think about that." Um, I didn't really have the board members or staff in place, I wasn't in the right place, or ProjectMEND wasn't in the right place ten years ago—but we were ready to talk about it. The more I kept talking about it, the more I kept putting it out into the universe. Say it, believe it, see it, it happens. It just kind of came to be. It was magical because at the point that we got the board in line and in place to go forward, along with staff-- this was at least two years ago—we got the right Capital Campaign consultant in place. We got, um, at the same time we were looking for land and/ or building, during that same time, Overland Partners – excuse me Overland Partners—Gray Street Partners--

MOLLY: I know right, Gray Street Partners. [\(23:46\)](#)

CATHY: I'm getting them all confused.

MOLLY: It's cause they're all there.

CATHY: I know. Gray Street Partners, the developer decided, "Hey, we are getting ready to do some development on the opposite side of where the Pearl is." And that's where our warehouse is, and so the communications just started. Everything just fell into place. They said, "Hey, we need this space. We are willing to help you guys out. Uh, we are going to be able to give you a nice amount of money for that space, a fair amount of money. Let us have your property and in exchange, we've got some land that we can donate to you for your new facility." Turns out, that it was actually perfect because the land is 3.4 acres literally on Wurzbach Road. Literally, less than a mile from the Medical Center area, right, and so often our customers come from that side. It just, you couldn't say no, you just couldn't say no. It was just the perfect storm. It really was. [\(24:40\)](#)

MOLLY: It's also just this brilliant idea of, "Hey, we want this property." You know, right now as the Pearl is exploding and the development that's occurring, that there is a space for development, etc. The fact that they were ready like, "Hey, we want to buy this land, *and* we want to donate this land to you—" (laughs)

CATHY: Well, I mean please, it was negotiation. "Let me see, I'll do this for you, if you do this for me." You know, yeah, yeah. It just worked out. Everybody was in the right place—mentally,



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emotionally—everybody was in the right place. So the conversation was ready to be had.
(25:17)

MOLLY: Yeah, and I love that. I love this idea of the right place, right time. But I also, you said something a little bit earlier, that I'm literally going to put on a t-shirt which is, "Teach the lesson, or learn the lesson." I love that so much. Alright, we do it every time, so I'm going to make you do it, too. A call to action. Somebody is listening. They just heard about ProjectMEND for the first time, they just realized, "Oh man, seniors, veterans, people who need quick help just for six months and then will be okay. I didn't realize that this need existed in our community and is continuously growing and expanding." What is the call to action for somebody? (25:51)

CATHY: For ProjectMEND, I can't say this enough, don't leave medical equipment sitting in your garage. Donate it because I guarantee it that somebody is going to need it, and it'll go fast. So donate that medical equipment, don't leave it sitting in your garage.

MOLLY: And if you need medical equipment afterwards, they can call you--

CATHY: and get something else! (BOTH laugh)

MOLLY: Right, right. So definitely donate, and in the process of donating, you're like helping the environment, you're helping with economic development because people can go back to work. They can go to school if they need to. You're helping with transportation and mobility. You're helping with people aging in their homes. There is so many things you're helping with.

CATHY: That needs to be on a t-shirt. (26:37)

MOLLY: Love it! You're doing all the things and all the ripples, and I appreciate it the most. So, that's perfect. I'm going to say out loud, first thank you so much for being here and telling us more about ProjectMEND--

CATHY: Yeah, thanks for having me! I appreciate it.

MOLLY: Yeah, of course! And also, um, next time you come in, you'll bring in your drum set.

CATHY: Absolutely.

MOLLY: And you'll just drum it out.

CATHY: I will do it, if you bring in your guitar.



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MOLLY: I know, well I can do a guitar. I'm just not very good at it, that's the problem.

CATHY: Well, I'm not very good at it either.

MOLLY: We keep trying to do jam sessions, this is me confessing. We keep trying to do jam sessions. The challenge is I'm not good. And you're like, "Come jam with me!" And I'm like, "You're *good*."

CATHY: It matters not. (MOLLY laughs)

MOLLY: It doesn't matter that I can't *really* play.

CATHY: I will give you the rhythm. (MOLLY laughs) I will set the tempo.

MOLLY: Alright, we will figure this out, and then we'll record it and turn it into something. Um, so thank you for being here. If you want to hear more about it, please make sure to subscribe to The Story Goes, or all the subscriptions, you can do that. And also, everything that you heard about today can be found at KLRN.org/thestorygoes. And then that's it. (whispers) Oh and also, clean out your garage.



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