

Andrew Talks to Chefs

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*Peter Hoffman — chef & author of What's Good?) &
Jacqueline Raposo on Expanding the Definition of "Accessible"*

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Andrew Friedman: So in the line up, our weekly news and commentary segment this week, Jacqueline Raposo joins us. Jacqueline is someone I've known. She's a colleague, a fellow writer, also a podcast producer, someone I met a little bit over the years, once or twice. We had a lunch together several years back just to meet each other because we are colleagues. She wrote an article for Grubstreet recently titled, "What Did the Pandemic Teach Chefs about Accessibility?" Now Jacqueline herself lives with chronic illness disability. She explains exactly what it is that she has to contend with on a daily basis in the interview. But the piece really got me thinking. And just to briefly set this up, the point it made was for the last year and a quarter or so, there's been an accessibility limitation placed on all of us. Right? We couldn't go to restaurants in most places. If we could, what was available was limited, or the capacity was limited, and restaurants did what we now refer to as "pivoting." And they designed incredible, in many cases, take away models, delivery models, shipping models, et cetera.

Andrew Friedman: Those offerings now, as the pandemic recedes, have started to recede. And Jacqueline's piece takes a look at the lessons of the pandemic, which is that it's very possible to make what restaurants offer available and accessible to people who have not just very apparent disabilities or illnesses, for example, maybe someone who's in a wheelchair or someone who's blind, but also make these experiences accessible to people who maybe aren't so obviously challenged. And the piece really got me thinking about how many people there are out there

who we probably don't recognize or think of as people who are living with illnesses or disabilities, but who do and who are challenged when it comes to enjoying a restaurant experience in a way that most of us take for granted.

Andrew Friedman: Also, as Jacqueline points out in this conversation, there are now millions of people who are newly afflicted with Long Covid—effects of covid that are lingering probably for the rest of their lives. So it's an especially relevant subject at this vector of time that we find ourselves at right now. I don't think I need to say any more about it as a lead-in. Before sharing my conversation with Jacqueline, let me please remind you that the lineup is sponsored by Mise, the revolutionary recipe sharing, training, scaling, and costing tool for professional chefs and cooks. Just as we help you make sense of industry news, Mise helps you organize your recipes, learn more and sign up at GetMise.com/Andrew. And with that is prologue, here is my conversation with Jacqueline Raposo.

Andrew Friedman: Jacqueline, thank you for joining us to talk about this subject. As I told you when I wrote to you, I really enjoyed and found compelling the piece that you just wrote last week for Grubstreet. Why don't you, in your own words, what was sort of your motivation, the impetus for, for writing that piece? Because it was something I, I don't think I quite heard that subject addressed in quite the terms you laid it out until I read that article.

Jacqueline Raposo: Well, the idea of reporting on the intersection of disability and food has been with me for several years, being a disabled food writer and a food writer who started as a chronically ill food writer and then over the years has become more disabled and therefore progressively more removed from the actual restaurant dining room. I've had these experiences for myself, and those I have observed from my fellow chronically ill and disabled community, and nobody really is making these connections in food journalism. And nobody really even wanted to explore these stories until all of the sudden the pandemic literally brought people into the disabled space in a way: the idea that all of the sudden going into lockdown, going into a "homebound life. Which, I am not 100% homebound - a lot of disabled people I know aren't- but we live varying experiences of "we cannot just go where we want." We have all of these other means of accessing public space. And the word "access" all of a sudden being understood in a different way by the general population. That changed entirely this last year and a half-ish for the world: for food, for entertainment, for education, for health care. And it was something that isn't

new in the last couple of weeks that I thought of; chronically ill and disabled people realized that we were all coming together and this space was being shared in a different way as soon as the pandemic started happening.

Jacqueline Raposo: And so that's sort of where just now I wanted to make sure - now that the world is opening up for everybody else again and we are still here, our lives are still indefinitely variations of pandemic housebound quarantine live - I want people to know that we are here. We are a population of people who are not considered in hospitality very often or are an afterthought or are a question mark or are a fearful conversation. Even the word "disability", "disabled" is not, it's not nearly one word or one experience and it's very, I learned from other disabled people, we're always conversing with each other, we have all of these beautiful shared experiences... It's a beautiful population of people. And very few people not in the community have recognized that there is a crossover between this pandemic world and the disabled population. And very few people recognize that there is an intersection between the joy of dining and disability; that disability and food does not have to mean food poverty; does not have to mean only Meals on Wheels services for disabled people; does not have to mean lack of for disabled people - that there is joy of dining for disabled people. That there could be more access for the beautiful world of food for disabled people.

Andrew Friedman: Before we go any further - and I don't think I'm putting you on the spot with this, I think you actually mentioned in the article, it's something you mentioned in your social media - can you just tell people what it is that you live with that put you in this broad category you're describing and how it affects you as a diner?

Jacqueline Raposo: Of course. Yeah. And this was actually the hardest thing to figure out how to write in the story, to figure out how to take 30 years of illness and put it into two paragraphs that people could understand.

Jacqueline Raposo: I got I got diagnosed with late disseminated Lyme disease when I was around 12 years old. Which means that I got Lyme disease and was not actually diagnosed with it for we're estimating fourteen months. And now it is known that if you have Lyme disease for six months and don't get treated, it's now it is called - 30 years later almost - it is called late disseminated Lyme disease. And you are basically guarantee that you will have chronic

conditions that will be, that will spread in your body and wreak havoc. So that started when I was 12 years old. I'm now almost 40. In adulthood, I got treated again in college for Lyme disease. My immune system was breaking down. I was having neurological effects of it. I got treated again for Lyme in college and then in my late 20s, the bottom sort of dropped out physically again. And when I say that, I'm talking about, you know, crippling bone pain that you would associate with arthritis, digestive issues, I'm now diagnosed with celiac, but when I was younger, I was just taking off anything that was inflammatory. So dairy products, what we now call gluten which back then we would just say wheat, rye, oats, things like that, sugar, all of the nightshade vegetables, all those kind of things. I developed migraines. I have these massive migraines. So all of these sort of started building.

Jacqueline Raposo: And then I eventually got diagnosed with what we now call Myalgic Encephalomyelitis, which is chronic fatigue syndrome in it's sort of old iteration. Which, honestly I did not take seriously when I first got diagnosed with it. Which now we better understand as a very serious, incurable, post-viral illness that gets triggered, some people get triggered by malaria, the flu, by things like the Epstein Barr virus that comes with Lyme disease, by mono - it's a huge population of people in the United States. Which now includes, sadly, people who have Long Covid. Which I think is 3.2 million people in the United States in this last year, have been diagnosed with Long Covid, which is a post-viral illness that they are now considering pretty much on par with Myalgic Encephalomyelitis: same web of symptoms, same web of debilitating breathing issues. I have now two different things that I mentioned in the article, postural orthostatic tachycardia syndrome, which is an orthostatic condition where the heart doesn't regulate blood pressure and heart rate. I have what's called preload failure. On top of the celiac, I have fibromyalgia, which is a nerve condition. I have chronic migraine, which is triggered by horrible light and sound sensitivity. So it's a web of things under the umbrella of this neuromuscular immune illness. Which, when it comes to restaurants, is very complicated. Because just getting to a restaurant can hurt. I now use a cane. I have trouble standing for a very long period of time, so if I'm not seated, I can get all fainty...

Andrew Friedman: I'm sorry to interrupt, but also how you are seated, right? You mention in the article a story of sitting at a highboy.

Jacqueline Raposo: Yeah, yeah. Sitting at a bar. And that was by choice. Yeah. No, that was my favorite place to sit is at the bar. I love eating at a bar and I love eating at the chef's counter. I've been doing that forever. And that was actually one of the reasons, before I was diagnosed with this heart condition, this orthostatic. My illness, I would sit at a bar and I'd be eating and drinking and not realizing that because my legs are dangling below me, if you're sitting at a bar, you might as well be standing up, you know? You're high off the ground. I'm a short person. I'm five-two. So my legs are dangling down. The blood is having a hard time getting up to my head as it's draining into my feet. My blood pressure is going up and my heart rate is dropping [note: I said this backward - it's blood pressure dropping and heart rate going up, which of course I know!] and I'm getting dizzy and dizzy. And I'm there with my partner trying to pretend that I'm feeling fine, taking a sip of water and eating some salt without taking, like, a tequila shot. I'm just try to regulate it. And eventually I have to run to the bathroom to squat down load to deep breath so I don't pass out. You know, that's wasn't the restaurant's problem. Like, I chose that. I was trying. I love that.

Jacqueline Raposo: But that's one of the things - and for many people with this orthostatic intolerance - sitting at a high seat is an accessibility issue. For people in wheelchairs, a lot of bars don't have, they can't be at a bar because there's no part of the counter that's low enough for them. So that's just an example of two different people with disability issues who - with accessibility issues, I should say - that can't enjoy a bar that way. If you only have high tops and a bar counter, then who in a wheelchair is going to enjoy being in that bar space?

Andrew Friedman: Just to complete what you laid out at the beginning of this conversation: You talk about what happened during the pandemic, which was, you know, we don't know, everyone's already moved away from this language, but it was "the pivot", right? It was people were pivoting, nobody could have people in their restaurants. Restaurants pivoted to a take away model or a curbside pickup model or or a delivery model in some cases, or they started working with companies like Gold Belly to deliver their experience in an at-home package, whatever that was. And this was the point that I found so interesting in your article: When the whole world had a limitation placed on it, restaurants out of necessity and also, I think in a lot of ways for their own. I've heard a lot of chefs and restaurateurs and cooks say this for their own mental well-being, you know, to keep feeling useful and productive, they wanted to be doing this, created different models for their businesses where people could, in some fashion,

experience what they had to offer at home. And now is the pandemic recedes or becomes more manageable, or however, each of us might describe where we are right now, some of that is starting to go away as people refocus on dining at the establishment. Am I, am I summarizing this accurately?

Jacqueline Raposo: Oh, yeah, perfectly. Yeah.

Andrew Friedman: And it seemed to me like what you were saying is, "Hey, restaurateurs, hey, industry. You found a way to offer this at home. There's a whole population of us out here for whom that was, that was I mean, obviously the reasons for it were horrible, but that was great. And please don't stop doing that and maybe please keep evolving ways to offer that that to me." When you talk about the intersection of, of this subject and the pandemic, you know, that to me was very compelling. I hadn't really thought of it in those terms. And I have to say also and I wonder what your response to this is, but I was very surprised to see that people have started to pull back on some of those other options, because all we've heard about for the last year, one of the things we've heard a lot about is how tight the margins are in restaurants. And it seemed to me that once, you know, a lot of restaurants that had not had a takeaway or, or a delivery or a shipping option before that, once they figured out how to do that and developed systems for doing that, I didn't think they would ever let go of it, because to me, it seemed like, oh, well, here's another revenue stream. And reading your article, it was surprising to me that people are starting to pull back on that offering because I thought for sure that was something that was going to be here to stay across the board.

Jacqueline Raposo: There was still one thing I didn't touch on in the article is that there is one thing to be said about just offering these beautiful experiences to people at home who are also doing the extra work to get them. Then secondarily, they were the people who really upped their game with the communication aspect of what they were doing to a point that it could be, that it would be self-sustaining. So the people who got their menus on the delivery platforms, or on their own website, but in a way that things were so beautiful and so detailed that they didn't need to be putting things also on their social media or having people call them for details or DMing them on social media -- the things that take the extra time that they had to do because their actual dining rooms are shut, they won't have time to do when they when the dining rooms are open.

Jacqueline Raposo: I think a lot of the part that is still missing for those people is, "Okay, accessibility for people at home is so digitally reliant on making sure the information is there so people don't have to work hard to get it at home." And that goes for the operator side as well. Make sure that you have a way to get the information out there that is not so laborious on your side. There's just so many instances where people were coming up with these beautiful creative menus. But if you're coming up with a menu that you're serving only three or four days a week and then you're doing all these new types of photos and it's a different type of menu, and then you're making the menu to share on your Instagram and your website in a certain way but then people have to email you to get it or call you, it's just so much more work than having a repeatable, sustainable process that you can keep going while your dining room also opens as well.

Jacqueline Raposo: And then there's the practical things like how much can your kitchen hold? Like, what can you actually accomplish if you are trying to do double the diners with the same kitchen staff? Like, there's those practical things as well. So the success rates vary and, you know, I have a bunch of ideas of where people could get better at accessibility for at-home diners. It's more of a question if people want to. Like, when things are truly safe and over is creativity and community and compassion and collaboration, do those things only exist when we're in crisis mode? Or can they exist in the industry in general more? Like, can we look to those things as those things that we want in this industry more?

Andrew Friedman: When you say you have ideas, I mean, I don't if you don't want to share them right now, it's fine. But I'm just wondering, is there one or two sort of overriding things or most universal notions you have that you want to put out there? Are there sort of global measures that you feel would apply across a spectrum of different types of restaurants at different price points that people should maybe consider?

Jacqueline Raposo: Yeah, and definitely. And I will speak just for access for people with disabilities and illness because honestly, healthy, able-bodied people have enough choices.

Andrew Friedman: That's what I mean by the question.

Jacqueline Raposo: For in-house dining, to get more disabled people to be able to go to your restaurants - and Yannick Benjamin, I spoke to and quote in the story, he is a person with paraplegia, he's a restaurant owner now, a partner in Contento, which is opening up in East Harlem, he's the wine director there, and so his restaurant is set up with big accessibility things that nobody does: So he's got QR coded menus for people in the blind and low vision community. He's got menus in Braille accessible. The menu in general is very friendly for different allergies. I believe those are marked. Not only is the space wheelchair accessible, but as far as what I've mentioned with height before, there are various heights for things to, you know, to make it available for people with varying disabilities in that way. And then he's really zeroed in on training his staff just to be comfortable in speaking about disability and access. Because that obviously in hospitality and in restaurants and dining rooms, the front of house, we know what an awesome server is when it comes to communication and making people feel comfortable and welcome. And we know that fear of even just talking or asking a question is a way to make somebody feel uncomfortable or feel singled out. So training people, so hiring somebody to come in and just do work with your staff on accessibility and language, that's even just a huge thing.

Jacqueline Raposo: But then as far as the digital side or the operating side, like reservation systems: I don't know how many times I've put a reservation in online and specified when they have notes, specified, "I have celiac. So just so you know.." Like I always make a joke about it, too, you know, I always make a funny joke about it some way (or I think it's a funny joke) but I try to make a funny joke about how I eat everything I can and I'm friendly about it. And I don't want to make a mess for the for the kitchen. But I have celiac and it's a serious thing. It's not it's not an "I don't eat gluten." It's "I have celiac." And I don't remember ever showing up to a table and the server saying, "Oh, so somebody here has celiac." Other than what I've been in, like, the fine dining world of like the Daniel Boulud or 11 Madison. Those guys, they know what's up. They're together. If I go from one of the restaurants to another, they're ready for me. But other than that, even in really beautiful dining situations, if I put "I have celiac on the note," it's unknown when I get to the table. If I ask for a quiet table or not a high top or something, it's like I'd never put in a note. So if you're going to have something like that for a reservation, where you're going to honor somebody saying, "It's my husband's birthday, can I have a cake come out without telling you when I get there?" If you can pay attention to that note, pay attention when people

put in things about their diet or assume that if they say, "can I have a quiet table" or "can I have this type of table" or "I need this type of table because I have this," they mean it.

Jacqueline Raposo: And then finally, it's communication in general on your website or however you have information out there. I'm now starting to see "accessibility" on websites for the technical side. Where restaurants will say, like, "we want this website to be accessible." Because there's more companies now out there that are now like the watchdogs for accessibility on websites to make sure that they are compliant legally. But there's rarely information about accessibility of the restaurant on websites. So don't make people who are, you know, who who have especially the clearer disabilities - if they are in a wheelchair, if they are blind, if they are of the deaf or hard of hearing community or the low vision community, if they have celiac or a serious nut allergy - if your space is accessible to them, put it on your website! And then also make sure that it is. Like, a lot of people in wheelchairs - this is very common - will report that "Oh, I went to this place. They said they were wheelchair accessible. Except to get to it, I had to go into the back alley and use the service elevator and then go through the basement and I had to disrupt everybody," or "I had to do something, go somewhere gross...." They feel very othered. So if your front door is accessible, you know, let people know that. If your menu has a lot of things that are safe for people with nut allergies or celiac, mark the menu online! It's just... Put as much thought into welcoming, like, "being hospitable" to this population of people as you do to telling the story of your restaurant and the five paragraphs of your chef's 30 year history. You know, like put five words in about accessibility.

Andrew Friedman: Yeah. All points well taken. And I think one of the things that you are illustrating is, you know, there are disabilities that people have, illnesses people have. The things that are most obvious to the restaurants, right, or the things maybe that, you know, someone's in a wheelchair - that's a clear need. Right. That's very that's very clear. Somebody is blind. That's very clear. But I think the point that one of the big things I take away from what you're describing it is that there are so many people out there who are dealing with illnesses and disabilities that maybe aren't quite so apparent. That, that aren't immediately visible to others. It doesn't mean they don't require a certain amount of accommodation. And you again, what was so striking to me is that you put this all under the umbrella. And I think this is right of hospitality, you know, that this is part of being a welcoming establishment. You know, as I hear you speak and, you know, I'm sure there are consultants out there who can help people be better about all

of this. I, I also know budgets are tight right now, I would imagine. And I would just love to get your honest response to this. You know, I know a lot of restaurants during Covid that appointed, you know, like a Covid monitor in-house, right? Somebody who, they have their job and then they also now have the job of kind of making sure the restaurant is complying with what the latest advice and guidelines are, you know, for being safe, right, in the dining room and in the kitchen. I could imagine a good middle step for some restaurants, anyone even who's hearing this interview, who wants to do better on this front, might be to have an employee who is particularly sensitive, who picks things up quickly, who could do some some research and who could maybe institute some some measures in your restaurant. To make the place more accessible to a wider range of people, is that an overly simplistic notion?

Jacqueline Raposo: I'm going to just take it one step further. There is a phrase that was established and the disability activism community back in the 70s that's now sort of been co-opted, co-opted by activists in general, that is, "Nothing about us without us."

Jacqueline Raposo: I know that, yes, budgets are extremely tight. And this is where, when I pitched this article to Grubstreet, I said it very clearly as someone who understands the constraints of the hospitality industry. Especially in New York City. I have extreme sympathy for people trying to keep their restaurants going, especially right now, but in general. I love chefs. They are, there's a lot of, there are a lot of similarities between the grit and perseverance and compassion of some of my favorite chefs and some of my favorite disabled people. Like, we've got a lot working against us in our different worlds. That being said, there are disabled people who - it's not about just having someone with, like, one disability or who has insight who has a sibling or a mother who is disabled who can provide insight. There are disabled people doing this work that can advise, that should be hired. And so "nothing about us without us." You want to make your restaurant more accessible? Hire a disabled person to, to help you with that. Whether it's a quick consultation - like what I am doing right now in this episode - like, there are people that could just give you a consultation on your restaurant and just sort of give you some touchpoints for specifically what is important and where to start.

Jacqueline Raposo: And one thing that I'm pointing out, one thing that I want to point out as I continue this little area of work, is that you cannot please everyone with a disability because a lot of our disabilities clash, too. And I think a lot of disabled people understands that. I have a

survey going on my website for disabled people about their experiences in restaurants and what makes restaurants inaccessible for them, because with all of our different accessibility needs, like, some of them are not the same. Somebody needs a high top. Somebody needs a low-top. So you can't say, "Oh, well, restaurants can't have high tops, can't have stools, can't have bars," because some people need them! There's, there's so many different things. But if you want to make your restaurant more accessible in general, there are people out there already who are doing this work to make public spaces, social spaces, more accessible. Talk to them. Hire them. Listen to them. And then do the best you can with what they say.

Andrew Friedman: I would make special mention for anybody who is pondering or in the planning stages of a new restaurant, this is a great time. You know, people who built their restaurants during Covid, a lot of them, worked with their designers to build in adaptations, I guess would maybe be the right word, for a pandemic age. And in the you know, on the chance that maybe we're going to be living with this, you know, with this virus longer than any of us want to, you know, you can also look into it if you're building a new restaurant, maybe incorporating some of these, you know, some ways to make it as universally accessible that maybe you didn't think of when you first dreamed up the restaurant, but, you know, maybe won't change things all that much. Again, I think it was a good piece. I will link to it on all the various places where people listen. So if you look at the description for the show, you can go read the article from Grubstreet. And I really appreciate you coming on the show and expanding on all this. And I do think it's important and I hope this was, I'm going to say, inspirational for anyone out there who's listening, who does own, operate or chef at a restaurant and wants to try to make it more universally accessible. Thanks for coming on.

Jacqueline Raposo: Thank you. My pleasure. And thank you, all out there for cooking and for doing what you're doing. And good luck, because it was a hard year for everybody.