
SEX ED

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They don't teach us enough about bodies. We learn the systems, the stimuli, the raw red muscles, we learn the diseases, the medicines. The anomalies, all bloated and malformed. Purpled. But they never told us how, exactly, to touch another body, never told us that we must take care, and when I am spread out underneath your microscope, pinned down, curled and slightly pink against your sheets, I do not know the language to tell you to be gentle.

They never told us how embarrassing it is to have a body, how much easier it would be to leave my wobbly, sweat-slicked skin behind, and then I could flow into you like air. I could chafe against your hairline, the undersides of your nails, and release you from your body too. We could float away, leave the sounds and the hot, hard membrane, the closed eyes, the smell of the bed, the hands, the fumbling, the clench and release, the moment of pain. The misunderstandings won't plague us in the air.

But I cannot escape the weight of this hairless sheath, this skin, your breath, I crumble, they don't teach us what it means, the inadvertent bruise under my left arm, the bunched-up sinews between your shoulders, how can I read on your body what I cannot read on my own.

But they won't teach us how to read the signs. The secret is, they don't know either, and they've long since lost the cipher. Our ancestors fit no better inside their skin than we do. They only offer us this: close your eyes, close your eyes, and you will never be able to say, I wasn't told.

HARDSHIPS IN HEALTHCARE: THE CHALLENGE OF PROVIDING FOR MEXICO'S POVERTY-STRICKEN YOUTH

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Poverty—low income and deprivation of basic necessities and natural resources—is one of the most critical human rights concerns in the developing world. Impoverishment can lead to poor hygiene practices, inability to access clean water, inadequate nutrition, a lack of proper education, and limited access to health care. All of these consequences of poverty have a devastating effect on health.

Mexico is one of many developing countries where the standard of living remains low and the levels of poverty high. In 2014, according to the U.S. Embassy in Mexico City, 45.5% of Mexicans were living in poverty, with Mexico's Gini coefficient at 48.3.1 It was also estimated that three-fourths of Mexicans lack at least one of the eight basic human needs as determined by the National Council for the Evaluation of Social Development Policy (CONEVAL) in Mexico. These include a viable income, access to health care, access to social security programs, housing, basic services in the home such as sanitation, food and water, education, and social cohesion. Inevitably, many Mexicans suffer from poor health as a result of this extreme poverty.

I see it first-hand. I am currently serving as the clinic as-

sistant in Casa San Salvador, Nuestros Pequeños Hermanos (NPH) Mexico, located in Miacatlán, Morelos, Mexico. This organization offers a safe and loving environment for over 500 abandoned and vulnerable children from all over the country. These children are provided with education and health care that would likely be unavailable to them outside the walls of this organization. This is an incredible feat, as it gives so many underprivileged kids a chance to break out of the poverty cycle that afflicts many in developing countries.

Many of the children here at NPH had been living in extreme poverty, to the extent that their parents could no longer afford to provide for them. Others arrive malnourished, severely abused, or very ill. Thus, it comes as no surprise that many of the children manifest minor to severe health concerns.

One child in particular illustrates the dire health conditions with which some of our children arrive. This girl, now 15 years old, recounts her story and emphasizes the scarcity of food outside of NPH. She was so skinny that people on the street would sometimes give her a taco or two just to keep her alive. Her parents, however, could not provide her with a lifestyle that

promoted her well-being.

Health care is beyond the reach of many of the nation's poor. Before the illness that brought her into NPH, she had received medical care only once. When she was continuously vomiting and bleeding from the nose, her parents finally sought medical help. She was taken to the nearest clinic that would accept her family's seguro popular insurance, which is the cheapest health insurance plan available in Mexico. Even so, this health plan is still beyond the means of many Mexicans. At this point she was quite literally skin and bones, and the doctors feared that she likely had severe anorexia, diabetes, or cancer. She was ultimately diagnosed with severe malnourishment, and as a result of this incident, the state took her from her family and placed her in a safe and healthy environment in which she could be properly cared for.

Now at NPH Mexico, this young woman enjoys good health and leads a relatively normal life. She commends the medical clinic and living community for providing her with the resources necessary to maintain her health. The clinic at NPH Mexico truly is able to help restore the health of the children, and in many ways is a crucial part of their success and well-being within the home. Without this access to care from doctors, nurses, and skilled volunteers, many of these children would not be able to thrive the way that they do. However, even the health care system within NPH has its flaws, which I believe are a direct result of the poverty within Mexico. Oftentimes the clinic runs out of necessary medications, whether for patients who take medications daily or for those who come for something to soothe their headache or sore

throat. In this way, the clinic is sometimes plagued with an inability to provide for the children's medical needs. The organization is not necessarily at fault for this, as it relies on donations for many of its medications and supplies, and it must ration the funds that it receives. The equitable and effective distribution of these funds is an urgent concern for the NPH clinic. Furthermore, when the home places an order for a medication purchase, it can take up to two months to receive the shipment, leaving children without medication for prolonged periods of time. Although donated medications are important resources, they do not always align with the treatments that children need.

This is not a problem that is unique to this organization, however. Poverty often directly correlates with a lack of access to crucial medical care, and NPH—like many other global health care organizations—faces this problem daily. Lack of access to medicine is a common theme throughout the world, and thus is a pressing concern addressed by medical ethics.

Inadequate resources, technology, and equipment often contribute to misdiagnoses in the clinic, which is yet another ethical concern. For instance, I had been experiencing severe dizziness with mild back pain, and was diagnosed with a urinary tract infection (UTI). The full dose of antibiotics did not relieve my symptoms, so I was sent to a laboratory that works in conjunction with NPH to provide free laboratory testing. My lab results showed that my white blood cell count was extremely high, suggesting that my infection was still present. This time I was treated with intramuscular antibiotics for 5 days.

When the symptoms had still not subsided a week later,

I was sent to the lab once more to determine which antibiotics would be effective and which would be resistant to the bacterial infection. As it turns out, my infection was resistant to all “normal” antibiotics, and I would have to resort to intravenous antibiotics, the strongest and most potent available.

I flew back to the United States to get a second opinion regarding the treatment I had been told I would need. However, after being tested by three different doctors, in two different states, I was told I did not even have a UTI. My dizziness, I was told, was likely the result of constant dehydration, and I had no bacterial infection whatsoever.

This is just one of what I believe to be countless examples of misdiagnoses within the medical clinic at NPH. Laboratory technology had confirmed what the doctor had told me, and yet it still turned out to be incorrect. Furthermore, these inaccurate results led to overmedication, which is another ethical concern.

Overmedication with regard to antibiotics can promote drug-resistant bacteria, making it more difficult to treat bacterial infections over time. Children often come into the clinic with a common cold or with symptoms similar to mine, and they are given antibiotics to treat these illnesses. However, it is likely that most of these infections are in fact viral, as most colds are, or nonexistent, as was the case for me. As a result, the clinic at NPH may be promoting the development of bacteria that will not respond to most basic antibiotic treatments, leading to even greater health concerns.

The dilemma here, however, goes beyond the genera-

tion of drug-resistant bacteria. Medications, which can be sparse within the home, are not being rationed effectively because they are being over-utilized. If a bacterial infection actually does occur, the home may not have a supply of the necessary medications because the drugs have been already expended.

NPH Mexico truly is a wonderful place that offers children opportunities and resources to which they would ordinarily have no access. Yet, the organization is not immune to the many ethical concerns that afflict health care delivery in developing countries. It suffers many difficulties in its ability to care for its children simply because of its location.

There is certainly room for NPH to improve, but there many are social issues within Mexico that contribute to NPH’s difficulties. Until medical ethics decidedly addresses the medical implications of dire poverty, medical organizations like NPH will not be able to provide the total care necessary for their patients. Only when it addresses the underlying issues of the greater health concerns will it be able to change the face of health care for the better.

ENDNOTE

- 1 “United States Embassy—Mexico City: Standard of Living,” last modified January 2014, http://photos.state.gov/libraries/mexico/310329/april2014/2014_01_Standard%20of%20Living-.pdf.