

Tropical Medicine & Rural Health on the Coast of Mexico - May 2008
Program Journal-- Victoria Oberzil

WEEK ONE:

May 3rd: Today is my first time ever in Mexico. Getting off the plane the first thing I notice is the humidity, surrounding you like a blanket, I felt like I was walking into a sauna. I searched for the ocean through the fringe of palm trees waving on the horizon as Roger and little Pachi, my host family, picked me up from the airport, my sleepy brain struggling to make conversation in Spanish. After a friendly welcome by Sol and a brief nap, I took a walk around the neighborhood to orient myself. I was surprised by both the extravagance of the neighborhood, and the lack of development. Plots of bare dusty scrubland with for sale signs separated mansions with green lawns and lush pools.



Walking towards the beach confounded by the strange flora and fauna, I could not help but think how wonderful it must be to have fruit trees growing everywhere, plentiful mangos within arms reach on every street I walked down. Returned to the house and met the other girls, both very nice and very excited to be here. We went down to Zicatela for the evening, most of the other people I met were surprisingly not American tourists, but from Australia and Europe, likely here for the legendary surf. As I lay down to sleep I could not help missing my family and friends, not quite for homesickness, but for wishing they could be here to experience such a beautiful and interesting place.

May 4th: I feel like I lucked out in my fellow students as we are all avid runners, we ran the length of Playa Baccoco, a straight undeveloped beach reminiscent of the windy coast in Oregon. Later, Sol the program coordinator took us on a tour of Puerto Escondido, and we were able to activate our phones and call family and friends. The rest of the day we swam and relaxed at Playa Carrizalillo, I had never seen water so blue. I was interested to see that it was not just foreign tourists on the beach, there appeared to be many local families out enjoying a beautiful Sunday. Later that evening our host family took us to Taquería Mayga, to experience the Oaxacan wonder that is the thyulida and jamaica. Full and drowsy, we went to bed early in anticipation of our busy day tomorrow.

May 5th: Quite the full day today! Woke up very early to meet with Dra. Isobel and Dr. Jorge at Oasis. After viewing a PowerPoint of many common health concerns we will likely be seeing, we were told our rotation schedule. Kristen and I were going to Chila, and we were shown the colectivo where we could catch a ride to the Centro de Salud where we would be doing this week's rotation. Pulling up to the clinic, the first thing that

caught my attention was the huge amount of people waiting outside. As we walked inside the small cement building, I couldn't help noticing the low level of available resources to manage such a large volume of patients. Everything was organized in folders, thermometers were glass, and the on-site pharmacy was no larger than a bookshelf with several tired-looking stacks of medicines. I was paired up with Dra. Herendera, a friendly and efficient doctor, who immediately began seeing patients. The tiny room contained a desk with a typewriter, a cot, several chairs and a table of examination equipment that looked ancient but for the glucometer.

Rapidly the patients piled in, children with respiratory infections or stomachaches, elderly women complaining of foot pain and needing their medicines adjusted, Dr. Herendera took a long time with some, brief with others. Their rapid Spanish was like a tidal wave on my brain, difficult enough to narrow down a possible diagnosis without having to switch languages. As the day progressed however I found myself catching more of the details, and I was excited to learn exam demonstrations from Dra. Herendera. Before I knew it, the time had come to leave and the two doctors took a well-deserved lunch.

Over lunch the other students and I talked about what we had seen at the clinics, how the styles of the doctors and patients compared with those we have seen in the US, and the possibilities for available care outside the Centros de Salud.

In the afternoon we had our first Spanish class, where fortunately we began work on grammar, helpful review and vocabulary. That evening we researched some of the tropical diseases we heard mentioned, such as Malaria and Dengue, and after a brief run on the beach, took a much-needed rest.

May 6th: We returned to Chila this morning, armed with notebooks, dictionaries, and pharmacopaeda, ready for the day's patients. Today Kristen and I were with Dr. David, a young and energetic doctor in his intermediate year between med school and residency. The day began with a young woman with fever, headache, inflamed tonsils and complaining of cough with phlegm. She was given Penicillin, as Dr. David explained to us that although Dengue often begins with similar symptoms, it is accompanied by body pains, thus the nickname 'bone-break fever', and usually occurs more often during the rainy season. Afterwards we saw several pregnant women who were all given folic acid, free, not just for those with Seguro Popular (the public health insurance of Mexico). Later there were two simultaneous diabetic patients under close monitoring, one with blood glucose of 26, another with 410. The last patient was an interesting case, a 40 year old woman who had complained of facial paralysis that occurred without pain (she had suspected it was from an insect bite), and was not currently presenting with any signs or symptoms. The Dr. did several point tests of the woman's face; the diagnosis was listed as probable Bell's palsy.

Our research that afternoon about Bell's palsy gave us some fascinating insight. Bell's palsy is a diagnosis of exclusion, meaning all other possibilities must be ruled out first, such as stroke, brain tumor and Lyme disease, or other factors such as a dormant herpes-zoster virus. However it is very likely the cost for an MRI, blood tests, and CT scans would far exceed the available funds for the patient and health insurance.

After Spanish class that afternoon, after our evening routine of running and dinner with our host families, we discussed our observations thus far on our CFHI experience and

observations of Mexico. One observation I had noticed is that no one traveling by motor vehicle used any sort of safety device, such as seat belts or helmets, if applicable. Cabs do not even have seat belts. Are motor vehicle accidents uncommon or just avoided, as the nearest emergency department for those who cannot pay out of pocket is an hour away?

We plan to ask Dr. David this tomorrow.

Another curiosity in comparing the appointments in a public clinic in the US to one here in Mexico is the lack of time spent on patient teaching. In the states (or at least my state) often a good portion of the appointment is spent discussing proper diet, family planning, exercise, limiting soft drinks, reading to your children, etc. Is it simply for that reason, lack of time? Or could these "platicas", educational talks that occur weekly cover this broad range of topics?

Again, we will ask tomorrow.

May 7th : Quite the busy and educational day today. After several morning appointments, we spent much time with Dr. David today discussing topics such as the public health system, family planning vs. religion, and comparing frequent health problems in the States to those here in Mexico. Although there are some definite contrasts, the similarities have it, especially compared to my work in my state. Seguro popular, much like Medicaid (or CareOregon in my state), provide free or small co-pay healthcare to those under a poverty line. Oportunidades (much like Social Security), gives a set amount of money monthly to the women of the family. It was originally started in 1997 with the goal of investing in Mexico's human capital by improving the education, health, and nutrition of poor rural families, with the program design focused



on ending the viscous cycle of poverty. With Oportunidades, families receive cash directly (school attendance and medical check-ups are required, as well as platicas). With this additional cash, the kids are not forced to work and can attend school. Since this programs implementation, rural Mexico has seen an increase in school attendance and a decrease in malnutrition. The program is now being replicated in several other Latin and South American countries.

Despite the high levels of malnutrition, falls in the elderly are not of great concern here. At the assisted living center I work at in the States, just in the past 2 months there had been 3 separate hip fractures, I told Dr. David. He informed us that these are very rare here, and discussed with us the various reasons. One is that the population that is now in the 60's and 70's here in Mexico did much more physical labor, thus applying more physical stress and strength to their bones over their lifetime. Another is the lack of stairs in most dwellings, and the closeness of the families. Apparently even in wealthier

communities nursing homes are almost unheard of. Elderly family members are cared for by the younger, living in their homes with them and helping with the children. In addition to these reasons, the prevalence of corn in the typical diets of most rural Mexicans provides a good source of calcium, maintaining strong bones up into late adulthood.

May 8th : Today at Chila was well-child checkups, kids were weighed and measured and compared to a growth chart for their age. Children who were part of Oportunidades were given a nutritional pudding supplement, once weekly per kid for the month. One thing that caught my attention was how mature the young mothers were, serenely corralling their kids in the waiting area, soothing them after immunizations. I could not help but compare to the teenagers I know in the states, whether or not they had career aspirations or would have liked to finish school, and how much responsibility they managed with such grace. The day went by quickly, and we again had the opportunity to share observations with Dr. David. While discussing family planning and nutrition, we were edified on several issues in public health. Condoms and information regarding birth control were freely distributed in the clinic, monthly hormonal injections were available, yet rates of teen pregnancy were still fairly high. We had seen 7 pregnant girls just this morning. Dr. David told us as well that the extended family life in Mexico is usually very accepting; everyone will pitch in to help for the new baby. We were then taken on a tour of the town, and walked through the beautiful church and town square, then headed back to Puerto for class. The sense of pride Dr. David feels for his clinic and his town is so palpable, I hope to be in the same position one day.

May 9th: Another beautiful morning in Chila, today especially the vocabulary and grammar seems much easier. I feel I am able to follow at least 80% of what is going on in each appointment, and am able to ask questions of the patients with more confidence. There were several very interesting cases today involving a variety of symptoms and long-awaited lab results. I learned in quite some detail about how all of these values relate to the different body systems, and what the numbers mean. Dr. David informed us of the diagnostic system used for bacteria in mucus, green for gram positive, yellow for gram negative, (although later Kristen informed me this was too broad of a generalization). Although some were sent off for more tests, the patients this morning were very grateful for any sort of follow up, many of them had been having symptoms for months.

May 10th: Today was Mother's day in Mexico, as we took the bus to the lagoon to go kayaking, almost everyone was carrying flowers. That evening we went to a Hawaiian-themed school play Pachi and the other grades put on in honor of their mothers. Predictably, the youngest kids (Pachi's class) seemed to lose interest in the choreography about half-way through the song. Overall, it was a very cute and heartwarming show.

WEEK TWO:

May 11th: Not much to say today, I am really surprised it has been a week already, it is nice to hear reports from back home, I have so much to tell that I don't even know where to start. How alien the plants and birds seem, yet so familiar the faces and people we meet. I miss everyone, but am constantly amazed by how much I am learning and changing every day.

May 12th: First thing in the morning we had our meeting with Dra. Isobel and Jorge, viewed a PowerPoint on Malaria and Dengue, and found out our new rotations. Kelly and I were going to the public health department in downtown Puerto, to go out with the mosquito brigades. Kristen was going on rotation to a private OB-GYN, which we were eager to hear of the differences between the public and private clinics. Unfortunately our coordinator at the public health department had the day off, so we had the option of going back to our previous week's rotations, which I was happy to do so. Although Mondays seem to be the busiest day at Chila, the cases were fairly straightforward, now much more so as my understanding has increased. Diabetic and high blood pressure management, pregnancy checkups, upper respiratory infections, all being discussed between friendly, caring providers with grateful patients. If I closed my eyes I could not have told you whether I was in Mexico or the public clinic in the States, until of course the case of possible parasites. I really enjoy the atmosphere in Chila, I am made to feel part of a team, helping to take the history and suggest a pharmaceutical route for treatment.



I am sad leaving today, hugging everyone goodbye I hope to see them again, or at the very least have a similarly rewarding experience at the next rotation.

Class today was very interesting; we began medical vocabulary in Spanish, as well as reading relevant essays on Latino culture in the medical practice.

May 13th: Began rotation with the public health department in Puerto, the rather large facility was staffed by bustling researchers and field workers, bulletin boards with maps and pushpins depicted Dengue and Malaria cases. We were introduced to several members of staff, and spent the morning with a researcher preparing and studying blood samples from all over the coast. As we helped her prep slides, she showed us the various stages of the Malaria plasmodium under the microscope. Fascinating that such a tiny parasite can cause so much trouble. We spent some time discussing the socio-economic effects of malaria as well, and were happy to learn that through the Malaria brigades, the number of cases has decreased by almost 80% for the Oaxacan coast!

Aside from the rotations in the morning, my favorite part of the day has become running on the beach at sunset, and returning for family dinner. The 13 year old step son came running with us tonight, joking about how slow we were!

May 14th: Back at public health center the next morning we were sent out with the malaria brigades. Much in the traditional style, we went door to door in downtown Puerto Escondido checking for standing water. Many people still use cisterns, above-water holders for laundry and other uses. Luckily we were also able to distribute capsules that prevent the growth of larvae, and everyone we met seemed grateful for the help. All of the workers we met this morning were so enthusiastic about their job, showing us the differences between Malaria and Dengue mosquitoes, explaining the life cycles and prevention methods. Many of them either contracted Dengue or Malaria as a child, or knew someone who had, and their passion for prevention was so visible through their work.

We had a bit of a scare this afternoon, Pachi found a scorpion under her bed, and held it up by the tail, yelling for her dad to “look at this!” We are now checking all of our sheets and shoes before putting them on!

May 15th : Out early again with the Malaria brigades this morning, this time we are driving about 45 minutes out of town to a small village called Tomatal. We learn this is where a young girl contracted Malaria last year, and we are here to check on the family, the pond, and the surrounding neighbors. As we park and walk to the outskirts of the village, I cannot help but notice the level of poverty is vastly different than in the city, or even in Chila. Most of the houses are concrete one-room boxes, with a palm-thatched roof, kitchen fires are outdoors with drying laundry and chickens scattered across the yard. Several emaciated dogs search through the trash for scraps. Older children are not in school, and many young ones look rather thin.

We approach a thatched house on the very edge of the village; a diminutive woman carrying a newborn steps out to greet us, smiling. Speaking with her about the health of her daughter, we learn she has almost completely recovered, and today we are going to check the pond down the hill from their house for Malaria mosquitoes.

Walking through the brush we come upon a small soapy stream flowing into a duck-weed covered pond. A woman is washing clothes here. Using a soup ladle, we scoop of algae-coated pond water, and sure enough, there were mosquito larvae. The teams informed us they would come back and fill in the pond, or introduce fish to eat the larvae.

My experience today really caused me to think about how much I take for granted about my life in the States, and how blind, as well as culturally ignorant, many of us Americans can be to what goes on in other countries. I imagine the day to day life of the woman we met, smiling as she cared for five children, carrying wood and water to the cooking fire. All the modern conveniences I use daily in the US come to mind, how wasteful and lavish our culture can be, yet still unhappy and distanced with our families. When I got home today I wrote long emails to my family and friends, detailing this experience today and reminding them how much I care about them.

May 16th : Today was in fact, one of my favorite days in Mexico! We were with the brigades again, this time we were going to remote villages above Colotepec, another town about 45 minutes outside of Puerto. Although we will be checking for standing water and mosquitoes, we also come bearing chloroquine tablets, as many children in the area have contacted Malaria (14, in fact, out of 50 on the Oaxacan coast!).

The countryside is gorgeous, lush trees full of colorful birds, fields of papaya and corn as we jostle along the dirt road. Winding up through the mountains we reach a cluster of dwellings, the same concrete bricks and palm-thatch roofs we had seen the day before. Chickens, dogs and garbage are scattered down the hill, and the woman who greets us seems older and more tired than some of the people we met yesterday. As we walk among these small domiciles, I notice that although some have electricity, (we hear music playing and television), hardly any have a refrigerator or stove, and almost everyone has a fire going despite the heat.

After distributing pills to the families, we hike down to the one-room schoolhouse, and find several of the children who were not at home. Previously only in my imagination were one room schoolhouses in the jungle visible, the children pouring out to receive their bitter salvation.

Arriving back in Puerto I felt the same strange guilt and self-awareness as yesterday. Walking past the rows of mansions down to class I wondered how often the people in Colotepec had drinkable water, whether the water in the sprinklers keeping the lawns green in Bacocho could help a family farm during the dry season, and how people managed to provide for their families if the crops were bad. Again I contemplated the amount of waste my country has, not only garbage, but energy and resources. But as there are many poor stereotypes of American tourists I resolved today to become a good ambassador. I want to show that we are not all self-centered and culturally insensitive, and I vowed to continue to move outside my comfort zone upon return to the United States.

May 17th : Fairly uneventful today, mostly studied on the beach, ran at sunset and visited with the other girls. Spent some time researching the history of Malaria in Latin America, I found it fascinating that although the recessive gene for sickle-cell anemia is common in other Malaria-infested areas, it is not found here in the Americas at all.

WEEK THREE:

May 18th: Another day of studying, relaxing and spending time with our host family. Today we went to the local Mercado, and I bought shrimp to barbeque for the family.

May 19th: As it was Monday morning, we had our meeting with Dra. Isobel and Jorge. This week we viewed a presentation about women's health, and childbirth. Various statistics regarding choice in birth location, and other factors were shown, and then we were informed we were headed to Rio Grande, a town 45 minutes north of Puerto Escondido. Many women in Rio Grande come to the Centro de Salud to have their babies, as the nearest hospital is an hour and a half north. We luckily will receive a ride there from a physician who lives in Puerto Escondido, and the countryside is quite beautiful as we wind through the hills to Rio Grande.

This clinic is much larger than the Centro de Salud in Chila; there are more than 10 exam rooms, several patient areas, a dentist, even a psychologist! We are all assigned to different doctors, and I greet the middle aged physician with a smile.

He shows me how to fill out the forms for patient medical and familial history and they bring in a family of seven, ranging from an older lady held up by a young couple, trailing their three young children, all piled into the tiny room. I began taking their list of complaints, speaking loudly over the crying children, as the nurse was taking their vital signs. Suddenly, I hear the clatter of breaking glass; the mercury thermometer had fallen to the floor, silver balls of liquid mercury rolling in every direction. The children began chasing the little orbs, as I shouted “please don’t touch them, they’re dangerous”. The nurse and I began looking for a dustbin, and I located a biohazard container in which to dispose of the mercury. As the doctor scribbled their various prescriptions, more and more patients piled in. I had barely begun to relax while taking histories when it was time to leave.

Unsurprisingly, my fellow students had similarly stressful days, (which seem to be a commonality at many clinics on a Monday). Kristen had helped to examine a man with a bad head injury; he did not even remember his family member’s names. There is no MRI machine on the Oaxacan coast, but not wanting give a poor prognosis, they were sent two hours south to the hospital in Pochutla. Kelly saw a patient who was coughing up pink sputum, and sent to Pochutla as well for possible tuberculosis. Somewhat relieved the day was over, we headed back to Puerto for Spanish class.

May 20th: Today was much less hectic, I had the opportunity to shadow the psychologist Iris today, and was able to ask a great deal of questions about mental health, one of my particular interests in health care. Friendly and very interested to discuss her work, we spent much of the morning talking, until her first patient arrived. A six year old boy holding hands with his mother (whom I would later learn was his adoptive mom),



pranced into the room and flopped onto the couch. Iris coaxed him to tell me about his house, his family, what his favorite things to do are, and ask me questions about my city in the US. Given a set of watercolors, he painted us a picture of the beach full of people and crustaceans.

After he left, Iris told me his history, how he had been given up by his young mother, and was taken in by a family with a young girl his age. He had been having trouble adjusting, and was often teased at school. Iris told me how much of a problem drugs and drinking were in Rio Grande, how many of her patients were women with negligent or abusive husbands. As divorce is very uncommon in Mexico, many women get stuck in these relationships, and eventually become very depressed. There is also a stigma in Mexico against taking

medicine for mental health. Often traditional herbal medicines are used for “spiritual imbalance”. Yet Iris feels she is making progress through counseling, she even has a women’s volleyball team that meets twice a week for games.

Although I would like to shadow the other practitioners, I am very glad to have met Iris, and am excited to share my stories with the other students. Kristen had an interesting vignette from today as well, one of her patients was convinced a “witch” (bruja), had caused her husband to become an alcoholic by implanting a photo of herself into his bottle of liquor. Conveniently today in Spanish class we begin discussion of traditional medicine versus western, as viewed in Latino society. We learned about the traditional spells and beliefs common in the Oaxacan culture here, such as the “evil eye” and discussed some of the observations we have had thus far.

May 21st: Driving out to Rio Grande in the morning with the doctor, we have been having some interesting conversations. It amazes us how much many people know about politics in our country, how ignorant we are to their elections, honestly I could not even remember their presidents name. The doctor discussed how so many laws in his country were not enforced or followed, and how the lack of jobs here is tragic. Although I am not surprised by how negatively he views the public school system here in Mexico, (his daughter attends private school), he does place a great deal of the blame upon the teachers going on strike.

Today I am shadowing Dr. Ramirez, another young doctor between med school and residency, doing his mandatory year in a public health clinic. He is very friendly and after a quick chat, we begin seeing patients. As his nurse is busy, I assist with vital signs and blood sugars, helping him to ask questions as he demonstrates several techniques. We make a great team, him asking me what I thought before listing a diagnosis, and asking me what I would prescribe. Together we make suggestions about proper diet for diabetics, pregnant moms, and children, and take turns using basic exam techniques, as I practice what I know and observe and learn more.

May 22nd: Off to Rio Grande in the beautiful morning, today I am with Dr. Ramirez for part of the day, and Dra. Amelia for the other half. While Dr. Ramirez often jokes with his patients, Dra. Amelia is all business, efficiently moving through her list of patients, giving firm instructions for medicine and home-care. For me it was very educational, as a future practitioner, I will need to develop my own style with patients, and perhaps be able to adjust it if necessary to adapt to the needs of my primary care clinic. I would like to be able to have time to discuss the importance of a proper diet, exercise, even get to know my patients a bit better than someone who is in a rush. This is why I’m sure I would be best suited as a Physician Assistant, helping relieve the need for primary care providers, as well as having more time with each patient.

One interesting observation I have come across so far is the management of diabetes. In my state, CareOregon (through Medicaid) covers glucometers, optometrists, podiatrists, and several types of insulin and oral medications. However here in Mexico there is only one glucometer for the whole clinic, let alone personal use, and I have not yet seen Hemoglobin A1C lab tests ordered for diabetics, which show long-term management of diabetes. There is also only one podiatrist for the entire coast, and the optometrist is extremely expensive. Yet compared to my patients in the US, I have not

seen (neither have the doctors I have asked) many of the frequent complications from diabetes, such as retinopathy, renal problems, neuropathy, etc. Although we have seen many diabetic patients here, the only side complication I have seen is a cutaneous fungal infection. Perhaps many of the elderly people now living with diabetes are in overall better health than many in the states, possibly from more exercise. Or perhaps the resources are not available to diagnose and treat problems such as neuropathy. Or possibly many people in Mexico are more aware of the complications of diabetes, thanks to these “platicas”. This would be a very interesting research project.

May 23rd: Today is women’s health and pre-natal day at Rio Grande, I am with Dra. Amelia and we have many patients to see. To me it seems sad there are many young moms-to-be, coming to their appointments alone or with their mothers, 14-16 years old and not planning to finish high school. In the States at the county clinic I shadow at we have several resources and groups for young mothers. I wonder if Isis the psychologist sees any of these young women, several seem rather depressed. There is a separate exam room for gynecology, I learn how to do a pap smear today!

Again, I am sad to leave Rio Grande this week, I am so grateful for the amount of education and insight shadowing in the clinics has brought me. It has been fascinating to compare the public health clinics in my urban area to the rural clinics here in Mexico, the amount of resources provided by the government, as well as the overall health and happiness of the people.

We have our meeting with the doctors this afternoon, as they were not available on Monday for our usual meeting. Although we are slightly disappointed we are not going to Pochutla to visit the hospital, we are slightly relieved we will not be traveling an hour and a half on the bus every morning.

May 24th: Saturday, the day of relaxation arrives, cloudy with a hint of the upcoming rainy season. Again we take the bus out to the lagoon for kayaking, watching for birds among the mangrove roots. Sometimes when I can see the mountains reflected in the water I forget I am really thousands of miles away from home.

WEEK FOUR:

May 25th: Today we head to Roca Blanca with Sol, Roger and little Pachi. After making a sand castle with Pachi, and swimming we head back to prepare for another day at the clinics.

May 26th: Kristen and I head to Lasaro, on the outskirts of Puerto, the smallest clinic yet that we have seen, it only has three very small rooms. There is only one doctor and one nurse, yet strangely they have a large storeroom of medical supplies, many of which seem to be emergency-related (IVs, vials of drugs for cardiac arrest, etc). The Dr. Miguel is young and soft-spoken, he is in his rotation year prior to residency as well, and would like to specialize in pediatrics. This is the first public health clinic I have been to on a Monday (U.S. included) that did not have a long line waiting to be seen!

After several patients finally arrived, Dr. Miguel began asking several questions, and spent a great deal of time typing on his laptop. The patients were very similar to

those we had seen so far, elderly women with diabetes and hypertension, expectant mothers in for a check-up, and children with some simple complaints. Dr. Miguel is wonderful with the children, it is obvious that he will make a great pediatrician.

We are dismissed early, as there are no more patients today, and return to town to study for Spanish class.

May 27th : Off to Lasaro again this morning, the two of us squeezing into the corner chairs when several patients are in the room. Today we see a rather endearing elderly woman, who is taking Catopril for her high blood pressure. Although her prescription is for one tab every morning, she informs us she takes it “in the evenings when I don’t feel so good.” Dr. Miguel explains to her that this is not how she should be taking it!

There seem to be much fewer patients coming to this clinic, and Dr. Miguel spends much more time with each person, taking a great deal of notes, and asking many questions. Although we listen and take careful notes during the exams, there does not seem to be much window to ask questions, and the days seem to finish fairly early here.

In Spanish class today we discuss the role of the partera or midwife in Oaxacan culture, as we will be going to meet one tomorrow!

May 28th: Up the dusty hill to Lasaro, into the small room to our places in the corner, we sit ready for another day. Today a middle-aged woman brings us long-awaited lab reports, and we ponder over the source(s) of her back pain, be it the kidneys, liver, or other? A young woman shows us white patches on the back of her neck, which are diagnosed as a fungus. As we head back to Puerto, we are excited to visit the partera this afternoon, as we have much curiosity about births in Mexico, and why many choose this option over the hospital (over 50% in the state of Oaxaca).

We meet with Sol and the four of us pile into her jeep 10 minutes outside of Puerto to a pueblo called Barra to meet the partera. We approach a multi-room house with palm-thatched roof and dirt floors. Chickens are crowing loudly and a young boy is asleep in a hammock. The partera rises to greet us, she was in her 70s, walking with some difficulty, yet was still working as a midwife and healer. We chatted with her for about a half an hour, asking various questions about how she learned the trade, the most difficult births, etc. She had learned from her grandmother as an apprentice, and has only had one of her children follow her path and work as a midwife. She gives us a tour of the birthing room, a small dark room with a large mattress, several sterilization supplies, and a rope hanging from the wall by the top of the bed.

From an account by another student, we have heard about birthing in the hospitals in Pochutla, how women are treated like cattle, told not to push, and not given pillows, blankets, or words of comfort. Many hospital births are via cesarean, often without valid reason (we have seen many cesarian scars upon abdominal examination in the clinics). The partera also informs us how expensive it is to give birth in the hospitals here, and how she charges much less, and also will take trades, such as chickens or food. So despite the slight dinginess of the room, we can see why it is the preferred choice.

She then explains how the government has enacted new regulations over the past 5 years, and she had to take a class to be certified as a partera, as they reviewed proper sanitation, etc. She says that many mothers used to prefer to give birth squatting on the floor, but now clean sheets must be used. After the birthing room she brings us around

her garden, demonstrating various plants and their usages.

Overall today was a very interesting and elucidating experience. We discuss the alternatives between the partera and the hospital, often the partera will come to someone's house, or some women give birth at their local Centro de Salud. As family traditions are still an important part of Oaxacan culture, it is also easy to understand how many women will go to the same partera their mother went to, and many know the partera as a respected member of the pueblo.

May 29th: We were in for quite a surprise today, Dr. Miguel had been called away for a conference today, and would not be back tomorrow either. So we helped the nurse, who was weighing and measuring children for well child checks, and distributing nutritional supplements. Later I called our medical coordinator, and made arrangements to return to Chila tomorrow.

It was the first rain of the rainy season today, all the little red crabs came out along the hills as we were running down to the beach. Families trooped out, armed with potholders and buckets to catch the crabs. They told us they would make great soup!

May 30th: I fell so fortunate today I was able to return to Chila, my favorite of all the clinics we have been. I hug Dr. David and Dra. Herendera, and begin rotation with Dra. Herendera. Today is really the best day of all, I know it is my last day of shadowing, yet it is my day of most comprehension and ease of working with patients. I think back on my first day with Dra. Herendera, straining to understand the conversation over the sounds of the fan and the typewriter, and compare to today, helping with the exams, chatting at ease with every patient. It seems like so long ago that I felt so nervous, and had trouble understanding the details of what was going on. Now I am excited to carry my comprehension and confidence into my future practice with Latino patients in the States.

At the end of the shift, a woman who was about ready to give birth was helped to the clinic, Dra. Herendera and I walked in to examine her. Introducing myself, the woman informed me she was pregnant with her fourth child, and would like to “dar la



luz” here at Centro de Salud. After a demonstration on how to tell how dilated the cervix was, Dra. Herendera informed me it would likely be about five more hours, and she would call my cell phone if I would like to help with the birth. Of course I said “yes!”

This afternoon my father arrived in Puerto Escondido, as we were going to spend the next three weeks traveling in Mexico after my CFHI program before I began summer classes. I helped him to get settled in his room, and awaited the call from Dra. Herendera. Unfortunately, the baby did not seem likely to come until late at night, and Dra. Herendera and I bid

each other fond farewells. I felt sad to know I may never come back there, I know my time at Centro de Salud in Chila will always be in my heart, and the lessons learned I can carry forward.

Over the following week my father and I were in Puerto, we spent some time with Sol and the family, and I gave the new students for the program a tour of Puerto. After saying goodbye to everyone, we boarded a plane for Oaxaca for next two weeks. Spending much of our time seeing local landmarks and nature tours, it was not really until the day before we were to return to the States that the impact of my time in Mexico and how much I would miss it began to hit me.

There are some little changes I know I will feel right away, not speaking Spanish most of my day, brushing my teeth with tapwater, all the little luxuries I had taken for granted. I look forward to seeing my mother, my boyfriend, and all of my friends and coworkers. Yet I think about what I bring with me, not just the language and clinical skills, but the appreciation for how these experiences will shape me as a future Physician Assistant. I really appreciate the changes I have gone through in being flexible, gaining communication skills, and learning to take things one step at a time.

It amazes me, how different the resources that are available to public health clinics in Mexico and the States, yet how similarly dedicated the providers I have met are to quality care. It will be hard to even know what to say when people ask how my trip was, how can you put all those memories and emotions into words? It will surprise me, a month later, how I feel homesick seeing a mango on the street, and hearing people speaking Spanish. Already members of the health team at my work, after reading my emails have volunteered to help collect supplies to contribute to the recovery program. All I know, as I get on the plane back to the US, is that I want to stay connected to Oaxaca, to the Latino community in my state, and keep steadfast in my dedication to becoming a great provider to underserved communities.