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CFHI Women's Reproductive Health in Oaxaca, Mexico
March 2011

Introduction

I feel extremely grateful to have had the opportunity to participate in this CFHI program with the support of the CFHI scholarship. I knew I wanted to do an international rotation during my 4th year of medical school, but I wanted to make sure that it was a well organized clinical experience with a reputable organization that is socially responsible and economically just. I was incredibly fortunate to have found this CFHI program and to have received a CFHI partial scholarship to be able to participate in this high-quality program. The following report is a consolidation of my journal entries during my 4-week Women's Reproductive Health in Oaxaca CFHI Program.

My Goals

I had a lot of specific goals in mind when deciding to do this program in Oaxaca with CFHI. My goals for my 4 weeks in Oaxaca include:

- 1) To broaden my knowledge about the Mexican public health system and the health-related strengths and challenges encountered in Oaxaca, especially pertaining to indigenous populations. Oaxaca has one of the highest indigenous populations of all the Mexican states. I hope to complete residency in an area that has many Latino immigrants, particularly Mexican immigrants, and so having deeper knowledge and experience of the Mexican health system is important.
- 2) To gain clinical skills in my special interest area of women's reproductive health, especially in rural and low-resource settings. All of my training in medical school thus far has been in an urban setting due to the city in which I went to medical school. I'm excited for the opportunity to experience more full spectrum rural community medicine.
- 3) To increase my Spanish language proficiency in the clinical setting, with a particular emphasis on medical Spanish. Before I start residency, I want my Spanish to be as high functioning as possible because it's likely that I'll be speaking a great deal of Spanish for the rest of my career while living in California. I know I will be a better physician if I can speak fluently, as evidenced by the literature on patient-doctor language concordance, but most important to me, as evidenced by my personal experiences in clinics and hospitals with clinicians without stellar Spanish skills (myself included) and often feeling that patients deserve better care and better language skills from their provider.



The Journey Begins

After a couple flights with a long layover in Houston, I finally made it to the Huatulco airport. It was very hot in my jeans and t-shirt walking out to the highway to catch the SUR bus to Puerto Escondido, but I didn't mind because I was coming from a freezing winter in San Francisco. I wasted no time practicing Spanish while hanging out with a bunch of friendly taxi drivers for an hour while I waited for the bus.

The 2-hour bus ride was very comfortable and drove through some interesting rural towns. I was picked up at the bus station in central Puerto Escondido by my homestay "mom" Sol, who is so charming and kind. She brought her beautiful daughter Maria Paz with her and gave me a quick drive-through tour of Puerto before taking us home. Her house is a lovely compound of several houses with a shared public space. Sol and her husband Roger's extended family lives in the surrounding houses and it is a very friendly atmosphere. I settled into my room above their house and enjoyed the extremely warm weather that was to become all too familiar in the weeks to come.



My First Day

My first day was a day that felt like it lasted forever since I did so much and was so enthusiastic the whole time. I hopped on a colectivo (collective shared taxi truck) to the Centro de Salud in Barra de Colotepec, a rural town about 20 minutes outside of Puerto. From where the colectivo drops you off, it's about a 15 minute walk to the clinic, along a dirt road. A couple times on the way there I thought I might be lost, but super friendly people in town always pointed me in the right direction. The clinic is very small- 2 exam rooms and a triage area with some boxes with files of medical records. Two doctors, 1 nurse and 1 clerical worker staff the clinic and tiny pharmacy (really a closet with a few medications). Once there, I met the precepting doctor, Dra. Antonia, who is very nice and we saw a few patients together.

I quickly realized how different the practice of medicine is here and in rural areas in general- Dra. Antonia reminded me that basically everything is a clinical diagnosis. I noticed right away that health providers tend to use antibiotics much more liberally here than in the US. When we saw a middle-aged woman with a mild sore throat and cough for 5 days, Dra. Antonia asked me what I would recommend as treatment. I noted that she was afebrile, feeling ok aside from the sore throat, no exudates in the oropharynx and only slight redness, her lungs were clear and her daily activities had not been limited, and she seemed to be feeling better each day. Given this logic, the way I've been trained (and because I tend to be very conservative in medical treatment as a personal style), I would actually not recommend any treatment aside from some supportive measures. But the health providers at this clinic instead gave the clinical diagnosis of pharyngitis and recommended that we prescribe the patient a strong antibiotic. Something similar had been going around in the community, and that antibiotic had worked for them. I found this to be a very different way of practicing medicine from what I am used to, but I was grateful to experience the different styles of clinical practice here.



My clinical experiences here have made me realize even more now how wasteful we are in the US as far as unnecessary tests, studies and imaging. The absolute best diagnostic tool we have really is the history and physical exam after all. I've always been very conservative in trying to minimize invasive procedures and unnecessary studies, but this experience makes me realize that even so, I probably still rest too much faith in technology just because of where I was trained. And I realize that when you find yourself in a setting without all these technologies

as a crutch, you may feel paralyzed. Another thing I noticed is that there seems to be much less use of medical supplies like gloves and gauze in the Centros de Salud than I am used to in clinics in the US. The medical waste in the US is horrible and has always bothered me. I spent my entire surgery rotation cringing as I would rip off my surgical gown and double gloves after every case and then watch the whole team do the same, then round up all the drapes, gauze, syringes and instruments and stuff them into the enormous trash can. And knowing that it will all end up in a medical incinerator in a disenfranchised community, made me cringe even more. The carbon footprint of the medical industrial complex is sizeable. So foregoing gloves a few times here, I can live with (and actually prefer if I can wash my hands all the time).



I mentioned that I was very interested in public health, and so I got a chance to also accompany Rodolfo, the promotora de salud (health promotor/educator) on a community assessment to prevent dengue fever, a mosquito-borne illness that is quite common in Oaxaca. It was so much fun. Basically we walked all around the community, doing home visits which I have always loved. We basically got to chat with people for a little bit outside their houses, and then would ask if we could take a quick survey of their house, looking for any risks for dengue- standing water in old tires, larvae in the

septic tanks, potted plants with dirty water, etc. Then we would take samples of their drinking water and check it for various chemicals and toxins. What I loved about this is that usually it involved getting to know the people quite well and spend some quality time with them just chatting about their lives and about their health habits in general; a chance for some health education while hanging out. It also often involved being offered some delicious snacks or drinks. We stopped by Rodolfo's house during our walk, where I met his wife, a lovely, cheerful woman who is known in the community as the tortilla lady. She makes handmade corn tortillas and mole all day and sells it to people who come by her house. She gave me one as well as some delicious cinnamon tea.

After clinic, I went to find a colectivo to take me back to Puerto so I could make it to my first Spanish class in the afternoon. I absolutely loved my first Spanish class. We have private lessons that are tailored to review grammar that I want to review, as well as focus on medical Spanish. My teacher is great and never minds that I interrupt every 2 seconds to ask what a word means. Overall a very full day that was really great!



Getting Into the Routine

Everyday in clinic my precepting doctors and I have seen something new, and I feel my confidence in clinical diagnosis is getting stronger over time. We have seen a variety of illnesses – really it's full spectrum family medicine that we see in the centros de salud. Lots of pregnant women here for prenatal visits, kids here for vaccinations, elders with diabetes and hypertension. Then your mishmash of respiratory infections, skin infections/rashes, and pelvic infections- all clinical diagnoses and treated empirically.

When it would get quiet around lunchtime, the health providers would sometimes go visit the tortilla lady and then grab food at the mini-super (little grocery store) to make lunch. The couple who owns the mini-super is such a sweet couple who gave us a discount on our snacks as well as a load of safety tips for me as a foreigner traveling in Oaxaca. When I asked to take a picture of them as a memento they were so flattered and said, "What a pleasure to have met you"!

Thinking about them and all the other people I have met in Barra makes me really appreciate the way so many people can positively affect those around them by doing nothing more than having a positive attitude and being kind to others.

My Spanish classes have continued to be great. The best part is that my teacher is very enthusiastic and is genuinely interested in learning about different diseases, so when we go over medical vocabulary, it's really great practice for me to describe the symptoms of certain diseases and he always seems to be very surprised to learn new medical factoids. After class gets out everyday, I've been doing a lot of walking around because at that time the blazing sun starts to calm down a bit. I've walked to just about every nearby beach and sometimes to the city center area. I'm really grateful for this time and personal space to focus on my health and well being.

Common Health Issues on the Oaxacan Coast

In my second week, I rotated through the Centro de Salud in Lazaro Cardenas, a small neighborhood near Puerto Escondido. I worked with Dr. Pablo, a young general practice doctor who has worked at a few centros de salud in the area for 3 years. He is a very effective teacher with an amiable bedside manner and impeccably manicured fingernails. I learned so much from him in just the first day about the most common health issues seen in the area. According to him, the most common presentations involve pregnant women for prenatal care, reproductive health issues including STDs and especially HPV and cervical cancer; followed by the usual upper respiratory and pulmonary infections (including TB); gastroenteritis/diarrheal illnesses- the most common being Shigella, Salmonella, Hepatitis A and amoebiasis; chronic illnesses like diabetes, hypertension and hyperlipidemia; injuries like lacerations and fractures. There are a few infections that are quite common here that are rarely seen in the US. Dengue fever is very common here, especially during the rainy season. It comes in 2 forms- classic and hemorrhagic. Malaria used to be very common here, but in recent years public health interventions and prevention measures have really brought the numbers down. Chagas disease is another tropical vector-borne illness that is quite common. The vector is the chinche or "kissing bug" and the parasite is *Trypanosma cruzi*.

So far we have seen a fair number of TB patients in Lazaro – about 2 per day and many more who have had it at one point in the past. If they are found to be TB+, they have to come to the clinic every single day for observed medical therapy- it's 4 medications that they have to take every day for 6 months (same RIPE therapy as in the US). One day this 40-year old man came in with his 2-year old son and turned out to be TB+, so now he and his son both have to take medication for 6 months. Luckily there hasn't been the problem of multi-drug resistant TB here as there has been in a lot of other countries.



While I know I want to dedicate my future career mostly to urban underserved medicine, I wanted to make sure that I got to experience rural medicine as well while here in Oaxaca, which has made me very grateful for this experience.

Cultural differences in the Practice of Medicine

While I've been here I've had some interesting conversations with my preceptors and my Spanish teacher about the differences in practicing medicine here vs. in the US. I had previously mentioned that for every patient visit, a clinical diagnosis is often made, and medications are given quite liberally without further confirmation of a diagnosis. My Spanish teacher elaborated on this. He said the general public sentiment is that anytime someone goes to the doctor, they expect some kind of medicine to be given to them by the end of the visit. Even if there is more work-up to be done to figure out what the diagnosis is, most doctors end up giving some kind of medication by the end of the visit, even if the diagnosis is unsure and even if it might be contributing to antibiotic resistance. The concern about antibiotic resistance is definitely not as high here as it is in the US, and many more illnesses are assumed to be bacterial here (especially with upper respiratory infections, sore throats etc). However, the situation here as far as regulating medications has much improved over the last few years. It used to be that anyone could go to the pharmacy and buy any drug they wanted without a prescription. This was concerning to me because I know that even doctors don't know what the appropriate drug is to prescribe sometimes. Dr. Pablo was explaining to me that about a year ago, a new law was instituted that stopped this practice. Now, for certain drugs like antibiotics and strong pain medicines, you have to have a prescription. Overall it is interesting to compare this to how medicine is practiced in the US; we seem to always want a definitive diagnosis bolstered by all kinds of expensive and invasive tests before prescribing treatment.



The Oaxacan Health System

There are a lot of very interesting differences between the US health system and the Mexican health system. For one, Mexico has universal health care. Since 2003, the Mexican government has made it a priority to decrease health access disparities and to minimize catastrophic health costs to poor families, and has since rolled out its universal healthcare plan, Seguro Popular. The Mexican government runs public hospitals and the centros de salud, and the doctors and other staff there are paid a decent wage as government workers. All services at these centros de salud are free when you sign up for seguro popular or any other health insurance. They also have a government program called Oportunidades, which offers financial aid to low-



income families that promise to maintain their preventive health visits for vaccines, etc.; vitamins and supplemental food to all pregnant women; and microcredit to families with school-age children if they promise to stay in school. The results of these programs have been very promising so far in the reduction of many diseases including Malaria and TB, and the increase in healthcare access and well being for the poor. All visits to centros de salud are free—each patient is asked to pay about 20 pesos (about \$2) per visit just to go towards the upkeep of the facility, but elders and those without the means to pay are exempt. All medications you receive at that visit are free; the catch is that if we're out of stock that day of that medicine, you have to buy it at a pharmacy, which has happened quite a bit in my time here. What I've been told by my precepting doctors is that if one chooses to go to a private doctor, it costs around 200 pesos per visit. If you get sick and are admitted to a government hospital, it is free if you have seguro popular or any other insurance. If you are admitted to a private hospital, it could cost more like 1500 pesos per night.

These costs are negligible when compared to the US. My aunt had a stroke a few years ago and spent a couple nights in the hospital and later was slammed with a \$60K bill, which her family was unable to pay. No wonder the majority of bankruptcies in the US are caused by medical expenses. And not only are the costs lower to patients here, but Mexico's national health spending is actually extremely low- less than half of what the US spends. ALL preventive health in Mexico is free- all vaccinations, pre-natal vitamins, and all family planning methods are free. The catch is that sometimes they run out – for instance, right now they are out of implanon at all the centros de salud I've been to. It's really an eye-opener seeing the promotion of public health prevention and family planning at a time when the US is facing major budget cuts and attacks on Title X funding.

Chila and Puerto Escondido Hospital

Aside from all the fun I have been having living in Puerto Escondido, I have been continuing to enjoy my clinical experiences. I spent my third week in a centro de salud in Chila, a community up north. The young precepting doctor there was very nice, and she let me do all the consultations and physical exams with patients while she sat and listened and did the paperwork. It was such great practice. In my third week, I definitely feel that I can conduct a medical history in Spanish competently. The supplemental Spanish classes have really helped me with medical vocabulary to use in the clinics. In my last week, I went to the new hospital in Puerto Escondido. It is very modern, clean and new. Before this hospital existed, people had to drive 2 hours to Pochutla to reach a major hospital. Recently there have been some problems staffing this hospital; we walked through many empty corridors and wards, and the director of the hospital explained to me that often due to unavailability of some specialists, many patients still have to be sent to Pochutla in an ambulance to get the critical care they need. For instance, on my first day there, there were 2 women who had high-risk pregnancies and needed c-sections. But there is currently no OBGYN or other doctor capable of performing c-sections at this hospital now, and there are no anesthesiologists. So those 2 women had to go to Pochutla in an ambulance. There were a few other laboring women that I got a chance to attend. I used the Doppler on a few women, and placed foley catheters. There is no anesthesia available for laboring women here for vaginal births, which I thought was interesting when compared to the US where by default women get epidurals. There is also a high planned c-section rate here as



well, which seems unfortunate to me just coming from my background of favoring less invasive procedures when not medically necessary. A few opinions I have heard from patients about this is that they feel it is convenient to be able to choose the date of the birth so that family etc. can be available that day, and also it is comforting to know that there will be anesthesia available with a c-section unlike with vaginal births.

Midwife visit

I went to visit a traditional midwife in Barra de Colotepec today. She was an amazing 79-year old woman who gave birth to all 11 of her children by herself, only accompanied by her husband. She also attended all 40 of her grandchild's births! She is an elderly woman with a weathered face, and braids that tumble down almost to her knees. Her eyes reflect immense kindness and sagacity. She became a midwife sort of by accident at the age of 20. Her neighbor was in labor and she helped her deliver a baby that was in a breech position - something that nowadays normally gets referred to a hospital for high-risk management. She says that since then, she has delivered many high-risk births, including many sets of twins that run in her family. She has never seen a death during birth nor any complications in all her 50 years of experience.



She showed me her lovely home, with all kinds of herbs that she grows around her house that she uses. She does not use any modern or synthetic medications, only herbs. She showed me a little shack in her back yard that she uses for her births- a very simple room with a tin roof and dirt floor, occasional chickens walking through and no water source. It was incredible to think about how many births had taken place right where I stood at that moment, and all of her relatives I met at her house that day had been born there. The walls are decorated with a few health education posters on women's reproductive health issues.

Women from all over the community come here to give birth. Midwifery is practiced differently in Oaxaca than in the US- there is no formal training process like in the US. Traditional midwives here are laywomen who the community recognizes as a knowledgeable and caring source of information and support for pregnant women; often the oldest woman in the community is simply deemed a midwife just out of experience. Midwives serve many functions— they not only attend the birth, but they also give women prenatal care, postnatal care, and family planning counseling. Not only that, they often go to your house and cook your meals, clean, and take care of your children for about a week while you are recovering from labor—show me an American OBGYN that can do that! Many women in Oaxaca, especially women from indigenous communities, feel much more comfortable in the care of a traditional midwife for cultural, religious, and linguistic reasons. Dra. Isabel was educating me all about the new initiatives that are being put into practice regarding midwifery training. The government recently instated yearly trainings that midwives are encouraged to attend that educate midwives about the warning signs of high risk pregnancies and simple management of medical emergencies,



keeping in mind that midwives here do not have any background in medical care for the most part. I left in absolute awe of this beautiful and wise woman, and with enormous respect for midwifery in Oaxaca.

Conclusion

As a part of my heart will always be in San Francisco, I think a part of my heart will always be in Oaxaca. There could not have been a better way to end medical school for me. I'm happy to say that I am leaving Puerto relaxed, refreshed, and with my batteries recharged. I am appreciating the beauty of kindness in the people I have met here, and I will carry memories of them forever. If I ever get cranky and burnt out at home – I'm thinking ahead to residency- I will always think back to the people I met here, the way of life, the daily genuine kindness, the smiles, and feel grateful.

At the end of a month of speaking mostly Spanish, I do feel a significant improvement in my comfort with the Spanish language. I feel that I can understand basically everything people are saying, and there is nothing that I can't communicate if I need to—at least I feel I can find ways around how to explain something if I don't know exactly the correct words to use. I am confident that when I start residency, I will be absolutely capable of conducting a history and physical exam in Spanish, and that I will do it well. I am extremely grateful for the incredible learning experience I have had in Oaxaca, both in the clinical setting as well as in the daily life setting. Seeing first-hand how medicine is practiced here has given me valuable opportunities to reflect on my own clinical practice as well as my values in practicing medicine. Overall, I think the most valuable thing I am taking away from this month is a positive attitude and enthusiasm for meeting new people in a place as beautiful as Oaxaca.

