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The Injustice of Poverty: Death, Knowledge, and Prevention

This is a tragedy that should never have happened. It is a tragedy that could have been completely avoided; unfortunately, this is also a tragedy that has been repeated in countless communities with countless families. This tragedy is losing a child to a completely treatable disease, and, for the number of people living in poverty, this tragedy could strike them as well. How sorry I am that I did not know it sooner.

Looking back on the events that transpired, I am not at all surprised at the outcome. Having a child with asthma is not so rare; in fact, according to Dr. David L. Rosenstreich, the director of allergy and immunology at a New York City hospital, “asthma affects 21 million Americans, including nearly 9 million children, almost a tenth of the population” (qtd. in Baruchin). So that my son should be afflicted with the disease, is not really all that astonishing. Millions of children live with the limitations of this disease, but they do live. Why did mine not survive a disease that can be managed? The answers, as I found out, are neither simple nor routine, but they do explain how one little boy became a fatality when so many others survive.

After the death of my son, I was—like any mother would be—devastated and guilt-ridden. It was all that I could do to make it to both of my part-time jobs in an effort to put food on the table for my other two children. After living in this cloud of emotion and fatigue for several months, I finally broke down and sought the help that I needed for myself. I found support through my pastor at church who suggested that I meet with a social worker who dealt

with these kinds of issues. What this godsend told me awakened me to a tragedy that expanded far beyond the loss of my own son. This is the tragedy of poverty and its impact on the health and well-being of those who live in its terrible grasp. Their living conditions and the health care that they receive are inferior to those who live with more wealth. As a result, many poor people are not adequately treated for diseases which can be prevented, and their death rates are far greater than they need to be.

You see, while one in ten children in the United States suffers from asthma, in East St. Louis—a worn out mess of abandoned homes, raw sewage, and pollution—nearly 17 percent of children suffer from this ailment (Gammon). The city where I lived had one of the highest rates in the nation. I questioned the reason behind this and asked the social worker, “What is it about this city—and other poor, African American cities across the nation—that leaves children with . . . respiratory disease? Is it the factories? The traffic exhaust? The substandard housing?” The social worker, quietly but sadly, cited the awful truth: “all of the above.”

I knew that my low income was having a negative impact on my children. I couldn't afford much beyond the basic necessities, but I thought a roof over their heads and food to eat would be sufficient to raise strong and healthy individuals. I was wrong. Because the only place we could afford was in the deteriorated, impoverished area of East St. Louis, my children were exposed to many hazards that experts now conclude complicate diseases such as asthma. First of all, that area exposed my children to “the things that stimulate asthma [such as] cockroaches. . . air pollution. . . and second-hand smoke” (“Poverty and Asthma”). Secondly, health care in my area is difficult to obtain as not many physicians practice in the area, transportation to other doctors is hard to find, and the paychecks of the poor make purchasing expensive medications very difficult (“Poverty and Asthma”). And this last reason is the one that I find so hard to accept

without a great degree of guilt: According to the Partners in Healthcare, “Poverty is also linked to lower levels of education. Lack of understanding about asthma and its treatment may cause further risk of severe, undertreated asthma” (“Poverty and Asthma”). This sent me into a tailspin of remorse. I was that mother who did not take his symptoms as seriously as I should have. I was that mother who did not have enough education to keep her little boy safe. It was on that day that I vowed I would help others in my situation by telling the story of my tragedy with the hope that I could educate them before it was too late.

My family and I were living a rather busy, but typical, life in East St. Louis, IL. Although the surrounding area was very polluted and smelled of raw sewage, I was able to find an apartment upwind from the overwhelming stench. I felt that this would keep them safe from the consequences of living in such an environment where “the burden of asthma is especially great” (Palmer). Unfortunately, my children were not able to avoid the effects of the toxins from the “sewage [that] flowed into the basement, through the floor, then up into the kitchens and the students’ bathrooms” in their schools (Kozol 82). There was also the sad fact that “African-American kids tend to have more asthma, and the asthma tends to be worse in severity” (Baruchin). So based on my race and my living environment, I should have expected that at least one of my children would start wheezing at some in his childhood. And this is exactly what happened. Walter Junior’s asthmatic episodes were text book in nature: He struggled to catch his breath most especially during the spring when the new trees would flower, and then he would “average 3-3.5 days of wheeze for each 2-week . . . period” (Palmer). Like most mothers in this situation, I thought that if I could get him through the episodes, it would be ok. Unfortunately, just moving him from one trouble spot to the next was not enough. This is a typical problem for inner city children whose parents, like me, had little access to quality health care. I would take

Walter to the clinic, get his rescue inhaler and then watch while he slowly improved. If he did not improve quickly enough, then he would have to be hospitalized. According to the article “Poverty and Asthma,” the lower the average income of the population in any particular zip code area, the more frequent the need for hospitalization for severe asthma attacks.” This would ring true in our experience with the disease. While the suburban, middle class families have contact with the same doctor and use preventative medication in addition to rescue inhalers, most inner-city patients rely on lower costing rescue inhalers and whichever doctor happens to staff the clinic (Baruchin). This creates issues because the patients do not have regular monitoring, and often the clinic is closed after hours; unfortunately, a trip to the hospital is the only answer.

That is what happened on the night of May 9, 2007. I was called during the afternoon by Walter’s teacher. She told me that he was having trouble breathing. I picked him up and gave him his rescue inhaler. By evening he said he was feeling better. When he awoke in the middle of the night, unable to catch his breath, I gave him another dose. This time it did exactly what the experts warn of: the more that people use rescue inhalers without a long-term steroid medication, “the greater chance that they’re going to die” (Baruchin). I’ll never forget the long drive to the hospital as I held Walter in my arms. I knew this was the worst attack that he ever had, and I was worried sick. “Drive faster,” I shouted at my father-in-law, who was able to borrow a car from his friend.

“I have am going as fast as the car will let me. You know this is a piece of junk.”

“I know,” I screamed, as Walter’s breathing became more labored. “Hurry, hurry, hurry!” I yelled at the only other person who could help me now.

“Oh, Walter, sweetheart, look at mommy. Open your eyes, my angel boy. Give momma a smile so I know you’re going to be ok.”

“What is taking you so long to get there, dad?”

“This car in front of me won’t move any faster. I am blowing the horn, but he won’t get out of my way.”

At that point, Walter stopped breathing. His face was turning blue, and I let out an ear-piercing scream. We pulled in the parking lot of the hospital, but it was too late. Walter lay dead in my arms.

The hospital told me that he suffered “a brain hemorrhage because he didn’t receive care for his asthma” (Evans). I was dumbfounded. I had given him the best care that I knew. This should not have happened, and I am making it my mission to help others avoid this fate.

I wish I had known sooner that my son’s death could have been prevented. Blue Cross Blue Shield has a program that works with health insurance providers and public health providers that can alert the pharmacist when a patient’s rescue inhaler was ready to be refilled. The pharmacist can then talk to the patient when he or she comes in to pick up the inhaler. My pharmacist could have been reminded to talk to Walter and I about what would happen, and did happen, because we were not using preventative steroid medication (Hughes). I didn’t know what I know now, that without preventative medication Walter’s use of his rescue inhaler would cause a life-or-death situation like it did, but I could have been told. I didn’t know about it, but last year BCBS held a “Shoot for your Good Health Camp” on the other side of East St. Luis where Walter could have played basketball and also learned about his asthma (Hughes). I am not a doctor, but the professionals we met with at the clinic and pharmacy should have been more involved in giving us access to information about asthma that could have saved Walter’s life.

The doctors at our clinic where we received the original prescription for the rescue inhaler did not know how to talk to us about asthma and gave us a temporary solution to a

systemic health problem. I wish we had been better educated about how to manage and treat Walter's condition. Training health professionals in how to educate their community in urban or diverse areas is as task the medical schools and insurance companies are just now taking ownership of (Hughes).

Because our health care system is slow and bogged down, I am willing to help educate the families in my sphere of influence. I am not a doctor, but I am telling the other mothers in our apartment building to do everything they can to bring their children to the yearly physical checkups and to ask questions about the medication their children receive. I should have been more proactive about Walter's health and asked his doctor if there was anything else we could do. I will not let this happen again to the children in my home or my loved one's homes.

As I sit here in my living room, looking at my children's yearly school photographs hung in plastic frames, I see where Walter's pictures have stopped. His life should not have ended because of misinformation. His smile begs me to impress his story upon the other mothers that I know. I needed better information, and I needed to ask for it since the system is not yet there to provide it to me automatically. One day with the technology available and medical schools that value preventative medicinal education for those marginalized by health care, needless deaths like Walter's will be prevented.

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