

Global Health in Action Newsletter



WELCOME MESSAGE

*"Do what you can, with what you have, where you are."*¹

I have read this oft repeated quote perhaps a few too many times since arriving at Mercer. In typical Liberal Arts fashion, the humanities professors on Mercer's campus never let you forget that you are constantly working towards something greater, something more than just money, success, or recognition. However, the true gravity of this saying didn't quite hit home for me until I found myself in a tiny, cramped, swelteringly hot clinic in rural Honduras trying to interpret the fast-paced Spanish of a pregnant woman with a mental illness. In that moment, during the summer of my junior year, it dawned on me that I didn't have an easy out. I couldn't merely pass the task of translation off to someone with more experience and legitimacy. Instead, I had to follow the above Global Health mantra and do what I could, with what I had, where I was.

Although this realization didn't magically transform my ability to understand the woman's broken Spanish or to calm her distressed demeanor, it gave me something much bigger. It provided me with a certain peace of mind in knowing that although doing my best may not cure her ailments, it is what I was called to do with the few talents that I possessed in that moment.

This newsletter aspires to undertake that same responsibility-- to serve those that surround us to the best of our ability. The *Global Health in Action* Newsletter is a student-led endeavor and this inaugural edition focuses on food insecurity in America. Although we may not have the same depth of knowledge or experience as our professors or others in the field, we hope to do the best that we can to educate the Mercer and Macon communities on issues that we find deeply important.

In launching this newsletter, we aim to introduce the many pressing, relevant issues discussed by Global Health Studies majors to a wider audience. Oftentimes, Global Health majors are exposed to a radically different educational experience than most Mercer undergraduates, and we believe that it is our responsibility to share these alternative teachings with our peers. By bringing interesting, informative articles to those who are not normally exposed to Global Health, this newsletter will illuminate the issues and successes of the field, thereby stimulating greater interest in important

Global Health work. We hope that you enjoy this newsletter, and we welcome any feedback that you may have!

-Emma Peel,
Editor-in-Chief

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Public Radio Tulsa, (2016). [Photograph].

Macon's food insecurity, pages 2-4

Food Insecurity in Macon

"Some nights my mom would not eat."

Brent Lunsford knows hunger. He knows what it feels like to go to bed with a sharp pang in his stomach, to wake up with that pain intensified, and to spend his day wondering when his next meal will be.

"During school, my mom would only really have to prepare dinner for us, and that would stretch the food stamps a little bit more," Brent explains. "But when we were on break, my sister and I tried to sleep in as late as possible so that our mom only had to make us two meals per day instead of three."

Raised in a trailer park in Twiggs County, Georgia, Brent recalls that as a kid his parents sheltered him from the reality of their situation. It didn't hit him that his family was living in extreme poverty until he reached high school and spent the night at his friend's house, which was far nicer than his own.

Geographically, Brent's family was at a severe disadvantage. Their trailer park was far from a grocery store, and only convenience stores and fast food chains littered the landscape. To save money, his mom often bought the cheapest junk food available: chips, soda, chocolate bars. After long stretches of going without any food, Brent would consume these carbohydrate rich foods, giving him severe migraines.

"There was a stretch in high school when every morning I would have a horribly painful migraine just from the amount of sugar that I was putting into my body and how it was reacting with the chemicals in my brain," says Brent. "I couldn't focus. There were also times when we wouldn't have food for dinner and I'd have a test to study for the next day, but I just couldn't study."

However, even if Brent had understood the impact that these foods were having on his body, he wouldn't have been able to change his diet very much. His family received \$400 in government food stamps every month, but this was barely enough for his mom to cook dinner every night, so he ate most of his meals at school.

For breakfast he would normally receive a donut and a chocolate milk. Central High School would occasionally offer fruit, but the fruit would be so old that none of the students wanted to eat it. For lunch, Central sometimes had a healthier option, but it was never appealing, so most kids opted for the pizza and burgers.

By the time Brent got to Mercer, he was in dire need of a change.

"I didn't really fully understand nutrition until college," says Brent. "I was drinking soda like it was water and I was eating chips and candy all day every day, just because I didn't know any better. I went to the doctor my freshman year and I weighed in at 390 pounds. He told me, 'look, you're going to die before you're 50 if you keep going down this road.' Right then I made a conscious decision to do my research, educate myself on nutrition, and see what I could do to make myself better."

Since then, Brent has made a 180. He now works out and weight lifts regularly, and he uses a meal preparation service in order to eat healthfully. He has come a long way since the days when he would have to stay at his aunt's house for weeks at a time when his mom's power or water was shut off. However, many of the kids that he went to high school with did not realize their aspirations to go to college.

"Lots of the kids that I grew up with would skip school to go work at McDonalds or sell drugs," Brent explains. "Lots of my friends had kids already, and they would have to skip out on school just to help pay the bills. Lots of my friends didn't graduate, and I lost track of them through high school because they were never there."

Skipping school in order to help pay the bills was never an option for Brent. His mom and sister made sure of that.

"My mom and my older sister--this is probably the best thing that anyone has ever done for me-- they sacrificed themselves so that I could focus on school and go to college," he says. "My sister started working as a waitress when she was 15 to help pay the bills. They would tell me, 'we don't want you to work, you're going to do bigger things by going to school.'"

Although Brent was mad at the time and wanted to work in order to support his family, he now realizes the magnitude of what his mother and sister did for him.

"If I want to break the cycle of poverty that my family has been in for the last 20 years, I'm going to have to go to college and get a real career," says Brent.

And that is exactly what he plans to do. Brent has been awarded the Griffith Scholarship and will be graduating debt-free in the Spring of 2018. After obtaining his masters in biomedical engineering, he hopes to land a job with Frito Lay. Brent knows that rising out of poverty has made him far more grateful for his education than many other students can be.

"I'm very grateful for the experiences that I went through. I wouldn't change it if I could. But I do want to break that cycle for my family. I don't want my nephew to grow up that way, I don't want my sons and daughters to grow up that way. But I will teach them the exact same way my parents taught me."

His junior year, Brent was appointed the executive director of MerServe, Mercer's largest service organization. Two Saturdays a month they do outreach in numerous locations.

"Giving back to the community that helped shape who I am gives me personal satisfaction above and beyond getting money from a job," explains Brent. "I like showing kids in this

community that someone like me, who was born and raised in poverty, doesn't have to stay there. A lot of kids here that are born into those types of situations think that they're trapped, but it's only a trap if you don't work hard to break the cycle."

Although he admits that for a long time he chose not to tell his story, Brent now hopes to inspire others through the transformation that he has made, both by changing his lifestyle and by being the first member of his family to attend college.

"This is a story that some people can relate to and others can be awoken by," he explains. "This is a situation that many Americans are living in but some people haven't seen yet, so I hope that it will open some eyes." ■ Emma Peel



Senior year of high school | Senior year of college



**GEORGIA BY
THE NUMBERS**

2 million Number of Georgians, including 500,000 children, who live in food deserts.

18.9% Percentage of Georgians who are food insecure, meaning they can't afford to buy healthy food on a regular basis.

28.1% Percentage of Georgia children who live in food insecure households.

FOOD INSECURITY:

The Big Picture

As a global health student and a Mercerian, I have a critical view of health related issues in the community around me. After taking a special topics class about food insecurity and malnutrition, and further investigating food insecurity on my Mercer on Mission trip to South Africa, I became increasingly interested in the issue of food insecurity in Macon.

Often times, food insecurity is thought to be a “third world” issue, but food insecurity affects many people in the United States, especially in Macon. The USDA defines food insecurity as “a state in which consistent access to adequate food is limited by a lack of money and other resources at times during the year.”¹ Continued lack of adequate food causes malnutrition. Malnutrition not only encompasses not eating enough food, but can also be applied to those who do not get the right sorts of food. Therefore, even those who eat enough may be malnourished if the foods they consume do not provide the proper amounts of micronutrients (vitamins and minerals) to meet their daily nutritional requirements.² This type of malnutrition is important for understanding the food insecurity problem in the United States, especially in towns similar to Macon.

While access to food itself may not be limited, the availability of nutritionally sound food is scarce, especially to low-income populations. These vulnerable populations can become trapped in a food desert, which means that their home is more than one mile from a supermarket or large grocery store. Furthermore, low-income populations living in an area without a store near them that sells fresh produce are forced to buy their food from gas stations and convenience stores instead. They are therefore forced to prepare meals with highly-processed food from convenience stores.

With all this in mind, I began a research project to assess how severe food insecurity and food deserts are in Macon. Using GIS mapping software, I am able to overlay different layers of information, like income rate, number

of children, which schools these children attend, etc. With this information I would like to identify the primary schools whose students have the highest rates of food insecurity.

In every Bibb County public school, there is a federal feeding assistance program that provides breakfast and lunch to students. Through this research I would like to know if the feeding program is large enough to actually assist all the students who are food insecure or at a risk of being food insecure. Furthermore, I would like to know if the food provided to these students is nutritionally sound and addresses the students’ nutritional needs.

Right now my group members and I are in the process of gathering information that we can enter into the mapping software. We are using the available census data, but we would also like to gather information from the local food bank, which would allow us to also see who needs further food assistance from food banks. By the end of this research project, we would like to be able to put together a map of the most food insecure areas in Macon, while also addressing food insecurity in Bibb County primary schools. ■ Kaitlyn Koontz



Center for Disease Control and Prevention. (2016). [Photograph].

DEBATE

ARE GOVERNMENT FOOD SUBSIDIES BEING PUT TO GOOD USE?

The Family Perspective

Government subsidies are necessary, but they certainly could be reformed. Getting clients who rely on government subsidies out of poverty is an integral piece to assistive programs such as SNAP and WIC. These programs are meant to empower, not punish. Bearing this in mind, the fact that SNAP covers nutritionally void food items such as candy and soda seems to only perpetuate the poor health outcomes of people with low socioeconomic status. In contrast, such food items—candy, soda, and snacks, are common household items that are quick and convenient. Allowing the purchase of such items might make food subsidy programs seem like less of an allowance and more like a supplementation of income, as the programs intends. The WIC program allows for the purchase of baby formula, perhaps on the premise that low-income mothers are not physically fit to breastfeed their children because they might abuse drugs or that they simply are not responsible enough. This particularly detestable conception is not only degrading, it presents health concerns as well. Exclusive breastfeeding (during the first 6 months of life) provides the needed nutrition and psychological bond between mother and child that are vital to infants. Admittedly, many women who use the WIC program may be unable to breastfeed, but education about what best serves the nutritional needs of a child should be added to the program.

With all the flaws of the program aside, government subsidies are essential to many low-income families, but the question of empowerment is yet to be answered. One viable solution is that of Brazil's social welfare program "Bolsa Família" (Family Allowance). The program contends similar benefits comparable to those of the American SNAP program, yet grants money on the basis that its users register to vote and vote during elections, send their children to school, and get their children vaccinated. The implementation of such a program in the United States could help alleviate intergenerational poverty, while empowering those who need assistance the most. ■ Mary Martinez

The Farming Perspective

The issues with SNAP and WIC are just the tip of the iceberg; the problem with government subsidies as a whole extends even farther, as they reach into many unwitting taxpayers' pockets to gain funding for foods which are not actually better for all of us, but which end up being more profitable.

A quick scan of the most recent farm bill, which was passed two years late in February 2014, immediately makes at least one glaring problem clear: American taxpayer dollars largely subsidize the major crops of corn and soy, which go toward supporting the profitable yet unhealthy meat and processed food industries, while doing almost nothing in terms of promoting the growth and sale of fruits and vegetables. Essentially, even though produce might generally seem more expensive than packaged and processed foods, this has little to do with the fact that it is costly to grow. Instead, the reason is much simpler. The produce industry does not receive anywhere near as many subsidies as industries that produce processed foods, which ultimately leads to junk foods being much more prevalent and accessible to a broader range of income levels. This includes the low-income families who rely on SNAP and WIC benefits to meet many of their nutritional needs.

Though approximately 1 million farmers and landowners across the US receive federal subsidies, the payments are heavily geared toward supporting large agribusinesses that grow profitable cash crops, including cotton, wheat, rice, peanuts, corn, and soybeans. More recently, farmers have been receiving few incentives to

devote more acreage to fresh produce, and it all boils down to a matter of business. The crops that generate great revenue and in turn support and maintain other lucrative, multi-billion dollar food-related industries will continue to be in greater demand than the ones that are more beneficial to consumers from a public health standpoint, but which do little in terms of multiplying profits.

By the way the latest farm bill has modified SNAP benefits to a more realistic level, which would help accommodate a greater proportion of the US population actually in need of them, many issues still remain with the farm bill's legislation. In reality, policy reforms—especially such large-scale ones—are never that simple. As reassuring as they may sound, only time can ultimately tell whether the latest stream of agricultural subsidies actually has the consumer in mind. ■ Alina Yemelyanov



STRAIGHT FROM THE FIELD

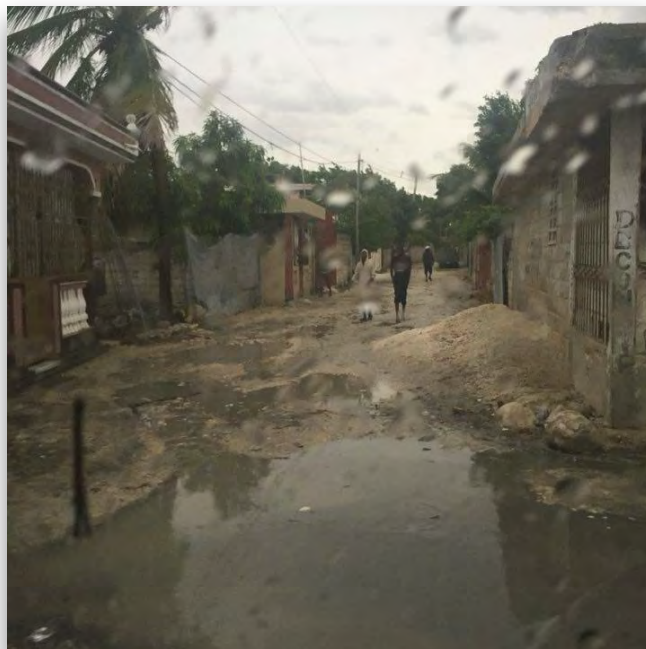
IN THE EYE OF THE HURRICANE

My name is Zoe Becton, and I am a double Mercer alumni, graduating with my BA in Global Health in 2014 and then in 2016 with a Master's in Public Health. I have been in Port-Au-Prince for almost two months now, and was in-country when Hurricane Matthew hit. Matthew was the strongest hurricane to hit Haiti in over 10 years, with the last one occurring in 2007. Before reaching the Haitian coast, Matthew, a category four hurricane, was said to bring wind speeds up to 150 miles per hour and rainfall heavy enough to cause severe flash flooding and mudslides. Unfortunately, almost all Haitians

"It was so confusing to hear about Matthew from my family in the States, who described the sheer horror of the storm headed my way, while experiencing nothing but positive and calming vibes from the Haitians around me."

were unaware of the monster on the horizon until a few days before it struck. I was informed of the impending storm on Saturday, October 1st by an American team.

Ironically, all the news I received about Matthew came from my



family in the States, not from anyone in-country. It was so confusing to hear about Matthew from my family in the States, who described the sheer horror of the storm headed my way, while also experiencing nothing but positive and calming vibes from the Haitians around me. It was not until Sunday afternoon that a text message was sent to Haitian phones warning the people of the looming hurricane, and urging those in the south to evacuate. Despite the level of poverty in Haiti, almost everyone has a cell phone, making it an efficient way to spread information. However, the text was not sent with enough time for those in the southwest to evacuate.

Emergency preparedness is something that developing countries lack, despite its effectiveness in reducing lives lost. For residents in developing countries like Haiti, it is hard to have a successful emergency preparedness program because of the nature of the program; the fact that it is there IN CASE of an emergency. In places like this, money set aside for disasters that may or

may not happen is seen by many residents as an atrocity when they live in homes next to mounds of trash and find it difficult to feed their families every day. There are many daily struggles faced by a large part of the population in Haiti, struggles that take precedent over an emergency preparedness program. I do not believe Haiti was

prepared for a natural disaster of this magnitude to hit. With the devastation caused by the earthquake and now this, it's clear that more emphasis needs to be put on developing some sort of emergency preparedness program, or at least improving the way communication is administered to the people. ■ Zoe Becton



Morgan White, '16 and Zoë Becton, '16 (right), both Global Health majors, volunteering in Haiti with Service First

Will the Aftermath from Hurricane Matthew cause Cholera Outbreak in Haiti?

After Hurricane Matthew tore through Haiti, the death toll climbed to 877 people. The 145 mph winds turned villages and towns into nothing more than piles of trash and debris. Thousands of Haitians are now homeless and internally displaced, but the World Health Organization (WHO) worries the worst is yet to come. The flooding from the hurricane has caused fecal matter and other waste to contaminate the drinking water, causing a spike in cholera cases.

Cholera, a disease caused by the bacterium *Vibrio cholerae*, can cause diarrhea, vomiting, fever, and severe dehydration. Cholera is transmitted through the fecal oral route, in which pathogens in fecal matter enter the mouth to contaminate the host, and can quickly be spread by contaminated food or water. Cholera outbreaks can happen in a few days or even within hours of the first case. Haiti's current condition makes spreading the disease even easier.

Before the hurricane hit, Haiti had preexisting issues with waste management and waste sanitation measures. Haiti's lack of waste management infrastructure, combined with the extreme flooding from the storm caused gallons of fecal sludge from open latrines to be mixed with drinking water.

The effects of cholera-contaminated water go beyond a lack of drinking water. While the Haitian government and the WHO have told Haitians not to drink the water, there have been few efforts to

Source: Hurricane Matthew Plummets Haiti and Moves Toward U.S. The New York Times.



provide enough clean water to all those affected. Clean water is needed for adequate hygiene and cooking, but little has been done to provide enough water for these needs. The Grande-Ansé River, suspected to be the most contaminated, is still being used to bathe and wash clothes, but what other options do Haitians currently have?

Despite this bleak situation, the WHO is taking steps to avoid a possible nation-wide outbreak. They are sending over a million cholera vaccines as a preventative measure. Currently there have only been 128 confirmed cholera cases, so the WHO hopes a vaccination campaign will stop further spread of the disease. Since cholera is easily spread, especially in times of crisis, a preventative approach is the quickest and most cost effective way to stop an outbreak.

In order to quickly vaccinate the population the WHO has emphasized repairing hospitals and clinics as the first priority. They would like to complete the vaccination campaign before the rainy season begins in November, which could further increase the spread of cholera. ■ Kaitlyn Koontz



Source: Toll Rises by Hour in Haiti Amid Ruin Left by Hurricane Matthew. The New York Times.

The Peace Corps

A Reflection from Taylor Jolly

Taylor Jolly hails from LaGrange, Georgia and graduated in the Class of 2016 with a degree in Global Health Studies and with minors in Anthropology, Statistics, and Political Science. In addition, Taylor served as the Vice President of the Mercer Student Government Association and as a Student Justice on Mercer's Judicial Board. She was also a Mercer Service Scholar and a member of the Alpha Delta Pi sorority. While at Mercer, Taylor took part in three Mercer on Mission trips to Belize, Armenia, and Georgia. Having discovered her passion for international service on these trips, Taylor chose to participate in the Peace Corps, a two year program in which volunteers from the United States are sent abroad to serve communities in need of development. Here, Taylor reflects on her first three months serving as a Peace Corps volunteer in Kampong Chhnang Province in Cambodia.



I have moments some days-- riding my bike through rice fields or walking to my health center-- where I just can't help but think, "I'm out here doing it, I'm really doing it."

I've been in Cambodia for about three months now, and I've used the skills and knowledge from my global health courses everyday, but maybe not in the way you'd expect. I'm not planning health interventions or collecting data--yet. I'm mainly sweeping floors and trying to figure out my

place in my village and health center.

However, there are moments that eclipse the feeling of "I'm out here doing it!" I see harsh realities in my health center everyday-- lack of access to care, severe child malnutrition, open defecation, mosquito borne illness, tuberculosis. I use my degree in Global Health to contextualize these realities, and because of that they appear to be less harsh and less impossible to overcome.

"You have to humble yourself a great deal and realize what has existed long before you flew into the country."

Understanding why these problems exist, both biomedically and structurally, also allows me to analyze and think of possible solutions. These problems in my village are not going to go away because an American volunteer suddenly arrived. You have to humble yourself a great deal, and realize the enormous capabilities of your counterparts and what has existed long before you flew into the country.

A degree in Global Health Studies could help me build X number of latrines or hold Y number of educational events or write Z number of grants, but the real power it has really given me is the ability to facilitate sustainable development by trusting the knowledge and capabilities of myself and my community. ■ Taylor Jolly



GLOBAL HEALTH EXPLAINED

[IGS]



The International and Global Health Studies (IGS) department encompasses five different programs.



[GHS]



A degree in GHS provides students with the skills to analyze the factors underlying domestic and international health challenges, to combine research and service experience with the ability to make difficult social choices, to devise solutions to individual and population-wide health problems, and to implement disease-prevention strategies.

[IGS ACCOMPLISHMENTS]

IGS has grown by 207% since its launch in the fall of 2012.

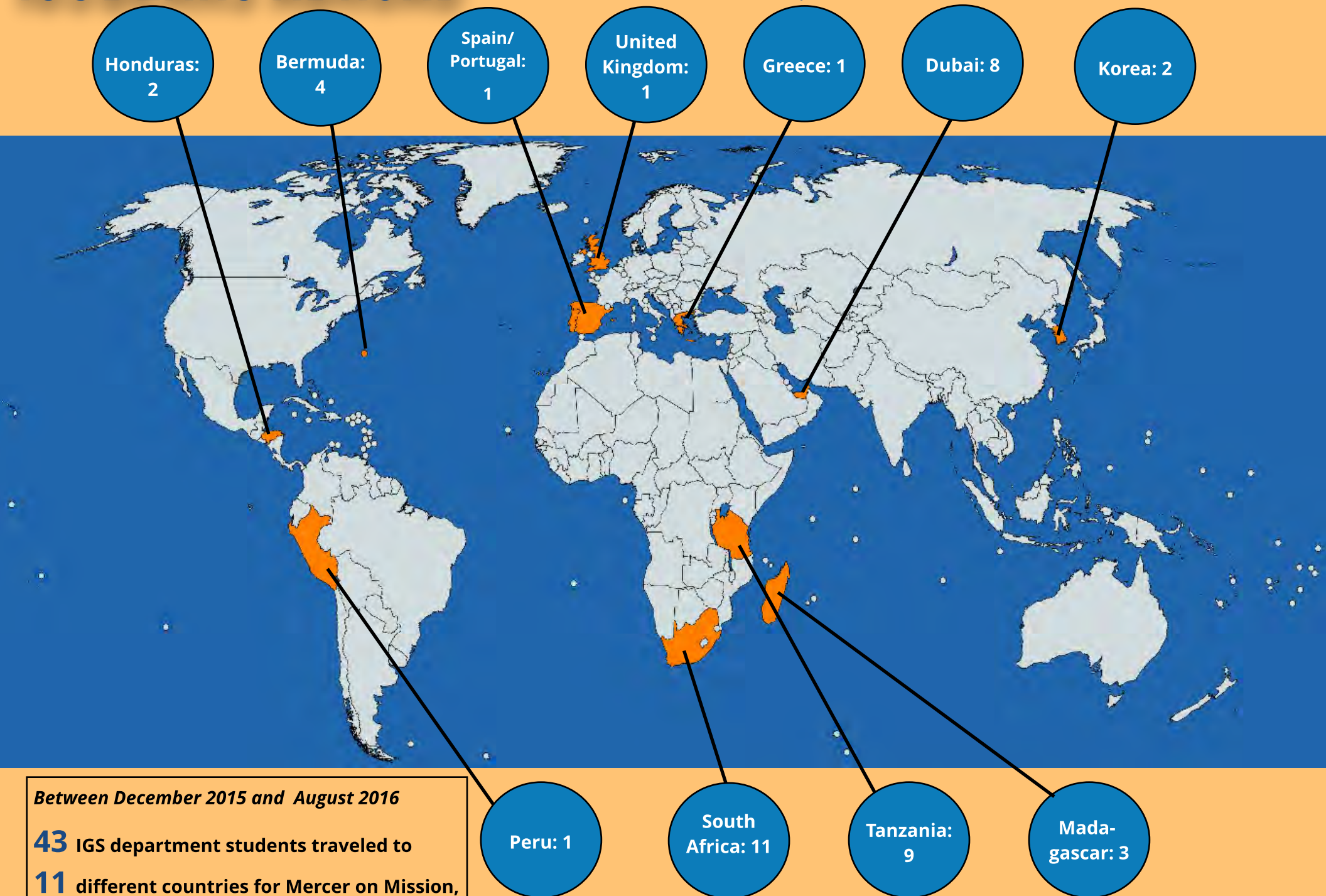
Half of the Mercer applicants for Fulbright were IGS students.

GHS has grown by 500% since its launch in the fall of 2012.

27% of Mercer's Phi Beta Kappa inductees in 2016 were IGS students, the largest number from any one department in the CLA.

IGS BEARS ABROAD

Keep up with Mercer International and Global Studies students as they travel around the world!



Between December 2015 and August 2016

43 IGS department students traveled to
11 different countries for Mercer on Mission,
 internships, or faculty-led study abroad trips.



A LESSON IN FLEXIBILITY

Mercer on Mission: Honduras

Andrew Hearn, a Global Health major with minors in Chemistry and Biology, has traveled extensively while at Mercer. In addition to his most recent trip to Honduras with Mercer on Mission, he has been to India and Uganda. As a senior on the Pre-Medicine Track, he embarked on the medical trip to Honduras this past summer. Despite his past travel experiences and countless hours spent in other clinics, he found himself learning lessons that he never could have imagined. Below, Andrew reflects on a day in clinic.

Today was definitely our most logistically challenging day so far. By the time we wrapped up at our morning site, we were already supposed to be seeing patients at our next clinic site. But that's just the nature of serving in another country- Your plans are great and all, but they're rarely (if ever) reality.

Once we started setting up in the clinic that would be our workspace, we realized just how little room we had to work with. Tiny rooms and narrow hallways compounded with the crowd of people already lining the walls waiting to be seen. Needless to say, this reality caused us to quickly reevaluate our flow plan. Intake and vitals, previously separated to maximize efficiency, were merged into two crowded rooms with barely enough room for the patients to sit. The rest of the day involved moving translators here, taking blood pressures there, and always being on the lookout for the ultimate evil- a medical school student who isn't seeing a patient. During a lull in patients ready to be seen, I jokingly told one of the medical school students that I made it my job to make sure that they never had a break, and he responded "Well, you're doing a terrible job!"

Fortunately, my intake and vitals station caught up, and pretty soon there was a line waiting to see the providers. I sighed in relief. This was in large part due to the Honduran volunteers learning how to best coordinate people such that I quickly realized I wasn't needed and could focus my attention elsewhere (when I wasn't teaching a kid or two how to brush their teeth!). In the afternoon I went back to that swamped medical student and we joked about how I was doing a MUCH better job!

Overall, it was a chaotic day, but I came to terms with the dynamic between our short term medical treatment that paves the way for long term capacity building that will continue long after we land back in the States. For the sake of the future of this community, I'd gladly take another challenging day like this one! And that may be tomorrow.



I hope from this entry you were able to see and feel what a clinic day looked like on our trip. First, you have to be prepared to operate within a system that does not cooperate with your own way of doing things. When we found that there wasn't enough space to have separate intake and vitals rooms, we couldn't just build an add-on to the clinic. We identified the assets the clinic had to offer and adapted our clinic's structure to those resources- not vice versa.

Second, you must accept that you are the least valuable member of the community; don't assume superiority. After trying to direct the flow of the clinic, I realized promptly that the volunteers helping us had a much greater capacity to communicate effectively and direct people. And it makes sense, right? People that have lived in the same community all their lives know how to relate to one another, and they understand what works and what doesn't work in their setting. The Westerner who swoops in for a month may have education on their side, but they do not always have the necessary experience. Hence, the involvement of community members is essential for any intervention.

Third, development takes time. Our nine days of clinic were next to worthless in and of themselves. After a month, the medicines we prescribed ran out. The toothpaste was all used up, the vitamins all swallowed. Intervention over. But when viewed within the context of the care and treatment that this rural region of Honduras depends upon, our work was valuable, perhaps even essential. We were one small piece of a much larger network of organizations that serve this region, and that network relies on each individual group to do their part. Therefore, if the care we provided laid the groundwork for the community to improve its health, hygiene, and wellbeing, then the effect we had may go on long after the pills run out.

■ Andrew Hearn

BEARING WITNESS

Christine Okaro



“Bearing witness is a form of action... and I realized that you can’t do anything—you certainly can’t change the world—unless you’ve learned how to sit, how to be with people, in silence.”

Sisonke Msimang

Christine is a GHS Senior from Macon. She interned at Khayelitsha Site B Clinic in Cape Town, South Africa for the six weeks during the summer of 2016. Below, she reflects on her experience.

I stood at the entrance to her delivery room — a small rectangular space with a worn, blue hospital bed and a small shelf containing her few belongings. The pungent smells, stifled cries, and the sight of bloodied flesh was an overwhelming sensational experience. She gave birth minutes before.

With pain welled in her eyes, only small whimpers of distress escaped between her clenched teeth. Her trembling hand clung to the side rung of the hospital bed. During labor, she sustained a substantial perineal tear, which left her in immense pain, discomfort, and fear. We locked eyes at this moment, and I was tempted to turn away. Leaning onto the wall for support as my knees trembled, I held her gaze. Our eyes never unlocked as the nurse began the suturing procedure. Her already tormented demeanor became agonized as the pain surmounted. I studied her twisted facial expressions, the furrowing of her brow, and the redness of her eyes.

I felt both helpless and useless; unable to ease her pain. In this moment of surrender, I realized that my role was not to intervene, but instead to be a witness. Not all of my experiences were gut-wrenching. In fact, many were joyous. On several occasions, I watched as new mothers, only seconds post-delivery, bonded with their babies. Witnessing mother and child lovingly gaze into each other’s eyes for the first time is an unparalleled honor. This intimate depiction of new-life, motherhood and endearing love is merely one testament to the strength and capacity of women.

The immense strength of women was further epitomized in the nurses and midwives at Khayelitsha Site B Maternity Obstetrics Unit (KMOU). I spent the majority of my internship in labor and delivery, postnatal care, and prenatal care. All of these departments, including the majority of the clinic, are run by women. One of the most inspiring and triumphant moments in KMOU began as one of the most devastating. An HIV-positive, unbooked mother gave birth to a newborn, which at first seemed unresponsive. In minutes, midwives and nurses from other departments swarmed into the KMOU to offer help.

These professional women worked skillfully, meticulously and unceasingly to stabilize both the mother and the child long before a medical doctor could provide support. Perhaps the most euphoric moment was the goose-bump-inducing hymns sung by midwives and nurses throughout this seemingly bleak situation. This infusion of spirituality and health became a common theme during my internship. Perhaps this was a side effect of working intense twelve-hour shifts under the constraints of limited resources. Or, maybe it was a response to serving patients in destitute medical and socio-economic predicaments. Regardless, witnessing the sheer fortitude of these miraculous women — both patients and health professionals — solidified my belief in the extraordinary ability of medicine to bridge gaps caused by inequity through empathetic patient care.

It is an immense privilege to be a guarder of another’s experience. I have learned to be a witness of both pain and joy. These paradoxical experiences have produced a sweet tension that fosters intellectual wellness. Gaining a comprehensive view of the patient experience within an established cultural context was sometimes uncomfortable. However, I strongly believe this growth is a result of becoming comfortable with the uncomfortable; whether listening to a mother grapple with the consequences of disclosing her HIV status to relatives or drawing blood from the heel of a wailing newborn for virologic diagnostic testing.

Throughout my experiences, interactions with patients and healthcare professionals alike continuously broaden my understanding of complex sociocultural issues and intensify my passion for inclusive, comprehensive, and culturally-sensitive healthcare. Sometimes, simply bearing witness is our most important commission. ■ Christine Okaro

“In this moment of surrender, I realized that my role was not to intervene, but instead to be a witness.”

STUDENT PERSPECTIVES

ENVIRONMENTAL INJUSTICE:

A CASE STUDY OF STUDENT HOUSING AT MERCER

Allergies, sinus problems, missing shower heads, holes in the walls, nails on the floors and ceilings, trash ridden hallways, and moldy air vents are all relevant to Mercer residents in a singular way. They each encompass a number of the concerns that Adams Winship and Garden Apartment residents have about the state of their housing situation. Students moved into their apartments with tags hanging from their door knobs that read that their apartments were indeed cleaned within the month of move in, but the state of their rooms suggest otherwise. But what does all this have to do with health?

It might be well known that exposure to mold has adverse health effects, including asthma development, worsening allergy sensitivity, and respiratory infections, among others¹. The long term effects, however, of living in moldy conditions could follow those exposed for a lifetime, even when the duration of stay at the dorm is relatively short. Mercer students have expressed their concerns about their living situations, but also the ways in which it calls for action and cooperation within the Mercer community.

Upon interviewing several residents of the apartments, most got right to the point.

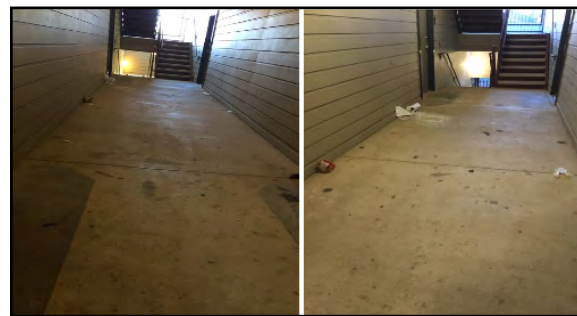
understandably the older one, but updates can be made, especially when health standards of residents are at stake." "One time I reached out to SGA...I wrote my concerns on the whiteboard they provided on Cruz," describes one of the apartment residents, who states that he's grateful for the outlet the Student Government Association (SGA) provides, but feels it could be improved. "My RA is great; she does whatever she can" reported another resident, whose sole drier in the entire apartment has yet to be fixed. Her RA has worked towards getting it fixed for almost a month, with little success.

But the unkempt apartments are less of a physical problem, as much as they are an ideological one. When asked about the housing disparities, in notable contrast to the newly built and quite expensive Lofts, students were struck by the stark differences. "I can't say, 'it's my fault because I can't afford the Lofts,'" remarked one student. Others still echoed the response, going as far as labeling the apartments as "the upperclassmen version of Plunkett." However, student responses ultimately resounded that expansion on campus is ultimately beneficial, but "fixing what we already have" is essential. For some the expansion of Mercer's campus and student body has been a point of contention, but regarded as a great benefit among others. When asked whether it was apt to call the notable variance in quality of different housing option, a "disparity," students preferred to emphasize that it was rather "oversight" on behalf of Mercer University that led to an inherent sense of inequality. Indoor pollutants exceed those outdoors; issues involving mold and bacteria in air vents only adds to the harmful effects of such indoor pollutants. The blatant disregard for a clean living space, as seen in the accumulation of trash in the hallways, is a manifestation of what students interviewed aptly called "inequality." Students' concern over their housing seemed to reinforce an ideological sense of injustice, not just physical. Should Mercer University "portray itself as caring for its students," it is important that it actively supports the health and well-being of students throughout their college career.

In spite of student concerns, college dorms are not what they used to be. One participant recalls his mother's reaction to his dorm—complete with a kitchen, private bedroom, and adequate living room. She remarked that dorms she once lived in were never so comfortable. My own parents have similarly noted that college amenities are becoming nearly as important as the education that students receive. Although the students interviewed in this article have some qualms about housing, gratitude was the resounding note among respondents. "I am appreciative of the housing that I have, and the maintenance men do what they can," noted one respondent, among others who expressed similar sentiment. Although communal living will one day be a distant, perhaps even fond memory for many Mercer students, the health implications therein remain. ■ Mary Martinez



The apartment's water supply has routinely been shut off due to on-campus construction.



A time-lapse from September 6th to October 14th.



No need to decorate for Halloween!

"The long term effects of living in moldy conditions could follow those exposed for a lifetime."

Typical of Mercer students, solutions were more avidly discussed rather than rambling on about the problem itself. One resident aptly noted that "with five maintenance men on campus, even the small issues that take no time at all to fix can be miscommunicated or overlooked." Upon asking Residence Life directly, there are actually only three maintenance men on campus. Simple measures such as cleaning after each group of residents, addressing mold issues promptly and on an as-needed basis, and simply updating appliances were among the many suggestions posed by students. Residents acknowledged too that they were living in housing that was quite dated, noting that "the cheaper option is

AMWHO

American Model World Health Organization (AMWHO) was created in 2014 by Neha Acharaya, who is currently the president. AMWHO is an international conference open to undergraduate and graduate students. AMWHO simulates the proceedings and procedures of the World Health Organization. Students are assigned a country to represent and act in that country's best interest. Each year AMWHO is centered around a different health issue. Past topics include, health in times of conflict, universal health coverage, and antimicrobial resistance.

This year Mercer sent seven students to the third annual AMWHO conference at Emory University in Atlanta. Two Mercer students won awards including, Anna Cizek for Best Delegate and Daniel Crum for Best Position Paper (see bottom left photo).

As a first year delegate at AMWHO, I felt my experience to be extremely helpful to understanding the global context of health issues. Participating in AMWHO allowed me to collaborate with other students with an interest in global health, which provided everyone to hear innovative solutions to current international health issues. As a global health major, working with other like-minded individuals reaffirmed my passion for my major.

If you are a Sophomore, Junior, or Senior, and are interested in participating in the next American Model World Health Organization conference, or would like more information about AMWHO, contact our faculty advisor, Dr. Nichols-Belo. ■
Kaitlyn Koontz



AMERICAN MODEL WORLD HEALTH ORGANIZATION

"AMWHO is amazing because you are getting to interact with people who are interested in (and already working in) the same fields that you are: global health, policy, diplomacy. It's not at all a stretch to say that we'll be meeting these people again in our future careers."

-Nora Darling, President of 2016 Mercer AMWHO team

FDA FINDS ANTI-BACTERIAL SOAPS ARE HARMFUL TO HEALTH

In early September, the US Food & Drug Administration (FDA) issued a ban on nineteen different chemicals found in antibacterial soaps. The FDA has found enough evidence to link long-term exposure to these chemicals with hormone disruption and bacterial resistance.

The World Health Organization (WHO) explains that effects from hormone disruptors can cause slowed reproductive and nervous system development in children, as well as increased risk of breast, prostate, and thyroid cancers. The FDA warns that any soap marketed as antibacterial contains at least one of these chemicals.

Antibacterial resistance is a growing concern worldwide. The FDA has long hypothesized that the antibacterial properties of soaps contribute to the global burden of antimicrobial resistance. Their latest study on this

"The FDA has suspected a link between hormone malfunction and the chemicals found in antibacterial soaps since 2013, so why wait to finally ban these chemicals until late 2016?"

topic has provided them with enough evidence to create the ban, especially now that they have concrete evidence that antibacterial soap can lead to hormone disruption.

The Director of FDA's Center of Drug Evaluation Research, Janet Woodcock, M.D., explains that there is no significant scientific evidence that

antibacterial soaps are more effective at stopping the spread of germs than regular soap and water. In fact, the Center for Disease Control and Prevention (CDC) recommends regular soap and water for hand washing, acknowledging that regular soap is just as effective as antibacterial soap in preventing disease.

The FDA is giving companies one year to remove these chemicals from their products. However, this ban does not affect antibacterial soaps used in health care or food service facilities. The bigger question here is whether the FDA is discovering and understanding these harmful chemicals fast enough. The FDA has suspected a link between hormone malfunction and the chemicals found in antibacterial soaps since 2013, so why wait to finally ban these chemicals until late 2016?

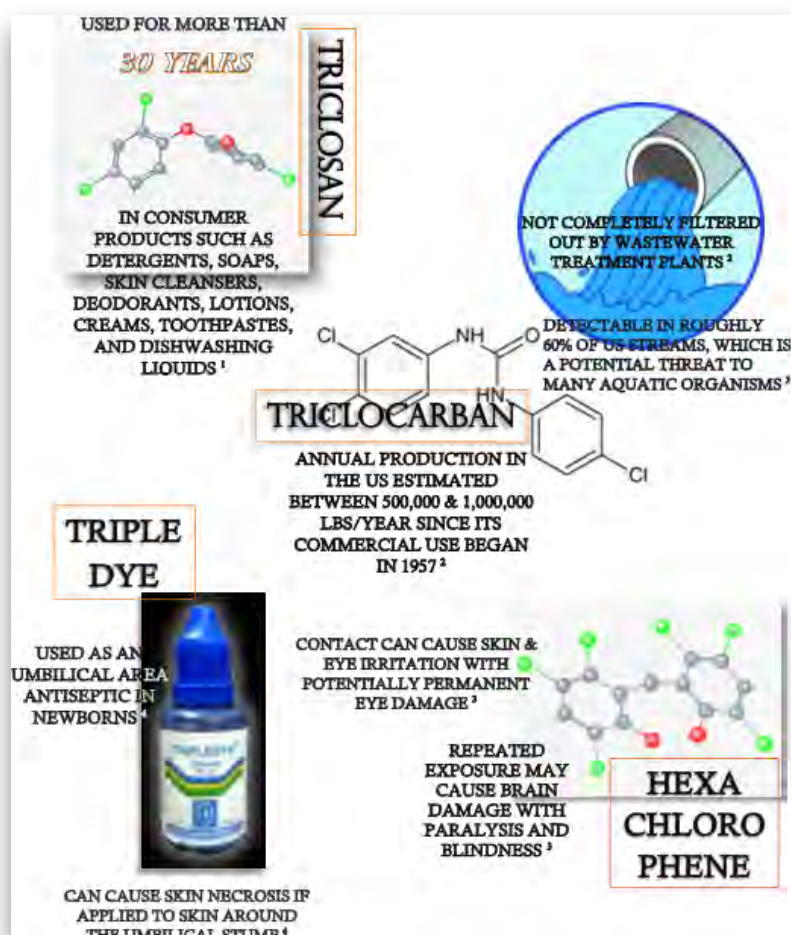
For the FDA to ban any substance, they must provide scientific proof that the product is causing harm, but three years of testing seems a little extensive.

I would hypothesize that the big

corporations behind the banned substances are demanding more and more scientific proof so they can continue to make a profit. These corporations are assuming their products safe until the FDA finally can prove their products dangerous, but shouldn't the FDA pull products from shelves if they have evidence that they are harmful?

The FDA can use a policy called the precautionary principle, which switches the aforementioned paradigm to say 'dangerous until proven safe.' This policy is meant to help consumers by keeping them safe from potentially dangerous products until the FDA has fully investigated and deemed that product safe. Other than maintaining a profit, big corporations have little incentive to keep up with the safety of their products, but if these corporations know the FDA could pull their product at first sign of harm, companies might be more inclined to maintain health and safety follow ups.

■ Kaitlyn Koontz



Infographic courtesy of Alina Yemelyanov

UPCOMING STUDY ABROAD TRIPS

Spring Break Trip in Dubai



Announcing the 6th annual Faculty-led Study Tour of Dubai and the United Arab Emirates! See the “Pearl of the Gulf,” the “Hong Kong of the Middle East,” and the only “Seven Star” hotel in the world. Explore the Palm Islands, an engineering wonder with three entire city islands constructed on reclaimed land in the ocean, and see the “Khalifa Tower,” the tallest building in the world. Enjoy a desert safari that includes camel rides, and tour the Emirates while exploring Arab culture, food, music and fashion! Go out for a thrill and visit the largest amusement park in the world, ride the fastest rollercoaster known to man, and ski in one of only two indoor ski slopes in the entire world! For more information about this trip, please contact Dr. Houry at Houry_E@mercer.edu.

Mercer on Mission: Georgia

The Republic of Georgia is a former Soviet Republic with a rich history and many opportunities for service. Our in-country partner is the Evangelical Baptist Church, and students will collaborate with the World Association of Georgia Muslims on projects that can lead to understanding and reconciliation between our cultures. Mercerians will collaborate with local Muslims in Adjara on service projects that include physical restoration of local Mosques, playing sports with local children, conducting English language workshops, and studying a curriculum of reconciliation. We will also work with parents in their outreach to marginalized refugee communities. The experience will also include visits to theaters and cultural sites in Tbilisi, the spectacular capital of Georgia. Weather permitting, students can partake in a day-long hike in the Caucasian Mountains. This trip will be led by Dr. Grant and Dr. Houry, and for more information about this trip please email Dr. Houry at Houry_E@mercer.edu.



Faculty-Led Study Abroad Non-Communicable Diseases in Bermuda



Led by Dr. Chinekwu Obidoa and Laura Botts, participants will experience Bermuda’s diverse culture, visit a number of health centers, serve as volunteers, and enjoy Bermuda in December! Learn about the leading non-communicable diseases in the country, study the social epidemiology of non-communicable diseases, participate in service-learning activities in health promotion, learn about the history and physical geography of the island, and explore diverse cultures, cuisine and recreational activities! For more information about this trip, please email Dr. Obidoa at obidoa_c@mercer.edu.

UPCOMING IGS EVENTS

IGS Coffee Hour
Wed. November 9
10-10:50 am
Administration
Building Faculty
Lounge

The IGS Department welcomes students of all disciplines to participate in the final Coffee Hour of the Fall semester. We'll have coffee and snacks, and discuss a number of interesting topics!



Make it IGS Night
Tues. November 15
6:30 pm
Willingham 202

Join the IGS department for Team Trivia featuring questions related to the IGS disciplines, current events, and more. Win prizes and enjoy delicious refreshments!

Assemble a team using the following rules:

- 1)** Teams may have no more than 5 members
- 2)** At least one team member must be a potential IGS major or minor.
- 3)** Teams must include representatives from a minimum of two IGS programs.
- 4)** Teams must include members from different class years.

Homecoming Panel
Fri. November 4
3:30 pm
Knight 206

A number of recent Mercer Global Health alumni will share information about their experiences in health-related graduate programs and answer any questions that you may have about graduate school.



MEET THE EXECUTIVE BOARD

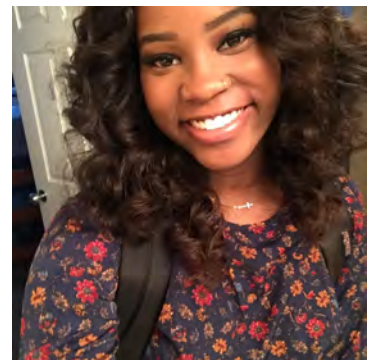
EMMA PEEL—EDITOR IN CHIEF



My name is Emma and I am a senior majoring in Global Health Studies and Spanish with a minor in Anthropology. I have always envisioned college as a space that encourages controversial discussion and the broadening of worldviews. As a freshman at Mercer, I was thrilled to find a major that accomplished just that. My professors and fellow students within the GHS department constantly challenge me to further my understanding of global issues, and I believe that a value

cannot be placed on an education that pushes you to expand your horizons every time you walk into the classroom. After graduating this Spring, I plan to join the Peace Corps, which will allow me to apply what I have learned at Mercer in an underserved community abroad. Afterwards, I plan to attend graduate school and obtain my MPH.

SA'HAARA BRYANT



My name is Sa'Haara Bryant and I am a Sophomore majoring in Global Health Studies and minoring in Communications. What I really enjoy about GHS is the multidisciplinary approach to learning. After graduating from Mercer in 2019, I would like to obtain a Masters of Public Health focusing on Maternal and Child Health, and then go on to medical school and study to become an OB/GYN. My hope for this newsletter is that it allows you

to take what you have learned and implement it into your lives, with whatever you choose to do. I hope it will make you more aware of issues that can occur in the global community and helps you to do your part in broadening the worldview of others.

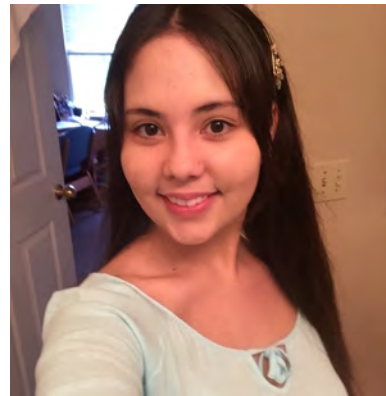
KAITLYN KOONTZ



My name is Kaitlyn and I am a junior Global Health Studies major and International Affairs minor. Global health teaches international empathy; it provides applicable knowledge that can be used on a local and international level. In the future, I would like to volunteer with the Peace Corps, and attain a graduate degree in International Public Health with a focus on malnutrition and food insecurity. After graduating, I would like to work with an international aid organization

doing assessment and field research. I hope that this newsletter allows you to shape a new perspective and inspire action in the Mercer and Macon community as well as on a global scale.

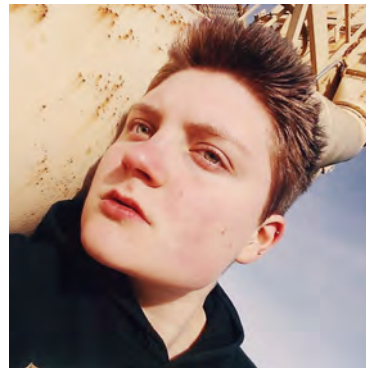
MARY MARTINEZ



My name is Mary and I am a Junior Global Health Studies major and French minor. What I love most about Global Health is its innovative approach. One might imagine that the eradication or alleviation of diseases throughout the world can be formulated in a lab or stored in a test tube. The Global Health approach says otherwise; analysis

of social factors and their bearing on health are key to understanding disease alleviation as well as other global inequities. I eventually want to teach on the college level. To have a hand in shaping the minds of future generations would be an honor. It's incredible how words can mobilize and energize people towards a common cause. I hope that through our newsletter, students will see themselves less as passively existing in the larger Macon community, but rather as an integral part of it. Whether we address health concerns or social injustices, I hope our writing not only ignites ideas among students, but also calls them to action.

ALINA YEMELIANOV



My name is Alina and I am a senior Global Health Studies major and an Art and Women & Gender Studies Minor. Global Health is a field that integrates a diversity of perspectives and interests, creating a multidimensional discipline that helps us learn more about the world in which we live. Furthermore, it is a discipline that not only utilizes a broad range of skills, but that

can also be applied to a number of different professions, enabling actors from diverse career paths to get involved in creating long-lasting change. After graduating from Mercer, I will most likely go on to pursue a graduate degree in a GHS field. I hope that from reading this newsletter, readers will realize that no one is confined solely to the community in which they live. Events that happen on the local level often have a way of diffusing and spreading to a national and even international scale, ultimately affecting everyone. We are all global citizens, and I hope that this newsletter manages to effectively emphasize that point.

Thanks for reading!

TRIVIA QUESTION

Find the answer(s) to the following Trivia Questions
for a chance to win a \$10 Jittery Joe's gift card!*

**What percentage of Georgia children live in food
insecure households, and what are two causes of
food insecurity that Brent Lunsford experienced
while growing up?**

** Please email all answers to Sa'Haara Bryant at
sjbryant15@gmail.com.*

The first correct answer will be awarded the prize.



Emma Peel

GHS Senior

Kaitlyn Koontz

GHS Junior

Mary Martinez

GHS Junior

Sa'Haara Bryant

GHS Sophomore

Alina Yemelyanov

GHS Senior

Dr. Chinekwu Obidoa

Convener and Faculty Advisor

Acknowledgments

We would like to thank the International and Global Studies faculty for their enduring support and commitment to the furthering of our education at Mercer. Special thanks goes to:

Dr. Houry

*Chair of the Department of
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Dr. Nichols-Belo

Assistant Professor

Dr. Vu

Visiting Assistant Professor

Ms. Bobbie Shipley

*Sr. Admin. Assistant/
Programs Coordinator IGS*