

ASTHMA STORIES

Elaine E., Social Worker Pittsburgh, Pennsylvania



Elaine is a foster care mother to a teenage son with Autism and a 12-year-old biological son, Chandler, who has debilitating asthma. Elaine and her husband have experienced periods when they have to rush Chandler to the emergency room every three weeks. Chandler says, “It’s like trying to breathe through a straw that’s closed.” Elaine sees rampant asthma in the children of her community and very few who can afford the necessary medications.

Elaine E. was born and raised in the “City of Champions”. She grew up going to the Baptist Church with her six siblings and states that “family and faith is what we live for.” Elaine and three of her siblings have asthma. Her younger brother’s asthma was so severe growing up that “when he would breathe, his shoulders would touch his ears.” He has left the area for a town in Florida with better air quality, which has significantly improved his condition. Elaine’s father died at 65 from respiratory-related illness. “Growing up in the 60s, the mills were running high and the air was full of smoke plumes.”

Today, as a mother to a foster care son and another son with asthma, Elaine continues to contend with the disease. Elaine’s 13-year-old son Chandler had to be taken to the emergency room for his first asthma attack at 10 months of age. He would projectile vomit during attacks and ended up in the hospital every three weeks during his baby and toddler years. “I had to be up every 2-3 hours at night to administer the nebulizer. It was exhausting, and my husband and I ended up sleep deprived for years. We were in dire straits.” At one point, Elaine figured out that the dry heat from the furnace was a trigger and that he could breathe more easily with the windows open, but the cold air caused Chandler to then contract pneumonia—twice as a toddler. “Trying to manage asthma is a vicious cycle,” says Elaine.

Elaine describes packing up all of Chandler’s medicines and nebulizer for daycare so that she could go off to work. She had to make sure that every daycare worker understood the seriousness of his condition and knew how to administer his medicines. She also looked for work that was not too far from him in case he had an attack. She and her husband often miss work to stay at home and care for Chandler when he has an attack, and they spend \$200 a week on his medications. “Insurance covers about 25% of what he needs to manage the asthma. When you are a family with asthma, your lifestyle changes in order to be able to ‘afford’ asthma.”

As a social worker who spends a lot of time in schools, Elaine says that asthma overwhelms communities. Seventy percent of the children at Chandler’s school have the disease and the school nurse tells Elaine that she spends her days handing the right inhaler to the right child. Thirty-five of the fifty children in Chandler’s church group have asthma and they travel with a doctor or nurse who tracks and labels all of the medicines that the children bring with them.

When asked why she decided to tell her story, Elaine says, “I want people to understand how dangerous asthma is and that it needs to be put at the forefront.” To elected officials, Elaine has this message: “There are companies in our region who are not taking the measures needed to insure that their industry is clean.” She asks that congress “put asthma on the front burner.”

Elaine thinks that Pittsburgh is “gorgeous” and a “true melting pot”. She has roots there and would never want to leave, but as she gazes at the brown air that has served as backdrop to Pittsburgh’s skyline for as long as she can remember, she gets angry and frustrated that more isn’t being done to address air pollution. “Of course you can manage, but why should I have to manage? Why can’t we work to better eliminate the problem? Why can’t we fix what’s environmental so that we don’t have to take the meds?”