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May 22, 2020 AND Update – Domestic Abuse and My Intubated Patient is home

It is now 6 am. I was up till 1030 last nite speaking to a long time patient – a victim of domestic abuse – another by-product of the Covid era which has seen a dramatic rise in domestic abuse. I was trying to convince her to call the police but I could tell she wasn't willing/ not able. As I've known her for years, I made a clinical decision to trust her assertion that she could stay the night in the home with the perpetrator. I have already texted her this morning. The rise in domestic abuse that we've heard about is paralleled by a rise in child sex abuse and a drop in reporting of child abuse. <https://www.latimes.com/california/story/2020-04-21/coronavirus-child-abuse-reports-decline>. Meanwhile my patient who was intubated for weeks is now home!! I've met with him twice telephonically this week. Again, he represents the best that U.S. medicine has to offer. But now comes the hard part – he is having difficulty with his memory; can barely walk; has leg pain (due to clots) is very significant. https://www.washingtonpost.com/health/more-evidence-emerges-on-why-covid-19-is-so-much-worse-than-the-flu/2020/05/21/e7814588-9ba5-11ea-a2b3-5c3f2d1586df_story.html. He has a long road to recovery. It will cost tens of thousands of dollars – minimum. But, living in Massachusetts I have access to good home care services – including physical therapy, nursing services, and even in-home psychologic therapy.

The lack of Covid coordination and/or leadership at the national level forced states to turn inward and coordinate within the states – or not. At a minimum the executive branch could have foster coordination between the states. This story highlights why the deaths in California and New York are so different. <https://www.propublica.org/article/two-coasts-one-virus-how-new-york-suffered-nearly-10-times-the-number-of-deaths-as-california?utm>

The 50 state approach to suppressing this pandemic includes many approaches to hiring, training and deploying contact tracers. <https://www.nytimes.com/2020/05/18/health/coronavirus-contact-tracing-jobs.html?utm>. One of the many questions: what happens to the contact tracers once the immediate suppression phase is over. As I've written, I continue to work with colleagues to convince one state to integrate these contact tracers into a population approach to improved community health. While there are no overarching answers to the “me vs we” argument https://apnews.com/d1275651bc23d0ac3d35863b9f86c2ad?utm_campaign=KHN%3A%20First%20Edition&utm_source=hs_email&utm_medium=email&utm, a locally driven population health approach that reflects the challenges of the Covid era (meaning that there are more to come) represents a concrete response that bridges the “me-we” gap. Such an approach could also improve health and save money for significant exacerbations that will occur for people with a

chronic illness. https://www.nytimes.com/interactive/2020/05/18/us/coronavirus-underlying-conditions.html?utm_campaign. I am pursuing this effort as part of AND. As always your suggestions of health professionals in swing states, AND can contact – Is welcome. Attached is a new AND brochure.

In an article published today in the NYT, gallery owner David Zwirner writes: “Art is how we justify our existence.” I remember last year in southern Italy seeing an etching in stone of animal that was 25,000 years. It is art that makes human beings unique in the world.

<https://www.nytimes.com/2020/05/22/opinion/david-zwirner-museums-coronavirus.html>

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