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## **Housing, Medical Debt, Mental Health, Choice, 33K Hospitalized COVID Patients**

This past two weeks I had more homeless patients than new patients with COVID. Simply put, no home, no health, no stability in life. Veronica sleeps in her car in a Walmart parking lot – she is almost 70. Frank sleeps on a mattress that he carries around with him to the home of different friends. But he can't use his sleep apnea machine thus worsening his high blood pressure and asthma. Sadly many more of my patients are confronting the real possibility of losing their housing, a crisis that, as Vox has documented, we could have at least mitigated. This type of trauma can have both short term and long term physical and mental health impacts.

Medical debt is making the housing crisis worse. 100 million Americans are carrying medical debt especially the uninsured, Black and Hispanic adults, those with lower incomes, and women.

COVID is still present and in fact in some ways getting worse. Almost 400 people died in the U.S. on July 3<sup>rd</sup>, a more than 20% increase over the past 2 weeks. Long COVID continues to rear its ugly head – but the reality is we can't define it yet and thus treatment options are directed towards specific symptoms. I continue to deal with Long COVID patients on a regular basis. For myself, I still wear a mask inside virtually every building I enter. I try to eat at outside restaurants – the few times I go out to eat. I will not go to any indoor gathering of significant numbers of people where they do not require masks.

Even though Massachusetts has almost universal coverage (3% uninsured), it does take effort to get health insurance. I had a patient last week who postponed seeking care because she had trouble arranging for health insurance. Her blood pressure was sky high – 200/100 and it took a while in the office to bring it down. In contrast, Texas, for example, has an uninsured rate of 18% - twice the national average.

How does this translate to a national level? A just published study from the Proceedings of the National Academy of Sciences estimated that a single payer system would have saved more than 200,000 lives in 2020 alone and would have resulted in saving more than \$100 billion associated with COVID hospitalization. I get it – the politics are more than challenging especially at the national level. But as you will read below, I have concrete ideas for a state level response to our fragile health system that COVID has made worse.

In the shadow of the recent anti-choice Supreme Court decision, this 4<sup>th</sup> of July brings home sadly who is not independent; [click on this](#) and you will not be surprised.

Politicians – either Democrats or Republicans- are not wanting to talk about COVID. But the effects of this pandemic [are everywhere](#) we look– inflation, housing, effects on mental health. As Dylan Scott states: “murders and drug overdose deaths began rising during the pandemic souring the [public’s mood](#) on the country’s future and presaging a difficult campaign for the party in power... That bizarre reality — in which the pandemic that killed 1 million people is being most effectively politicized by the people who opposed the response to it — reflects the unusual nature of Covid-19 as a political event. “

So how should Ask Nurses and Doctors or AND respond? Our response should reflect that

- a. The pandemic continues to be present
- b. At a national level, the Democrats will not be able to enact a national public health system in response to this pandemic even though this has been [recently advocated](#).

I am meeting with stakeholders in the state that I live in and have proposed a state wide response that I am calling the Community Health Resilience Plan that:

- a. Links our Public Health (PH) and Managed Care (MC, including acute care; accountable care organization or ACOs).**
- b. Uses Community Health Workers (CHWs) to guide the implementation of this link**
- c. Adopts validated quality metrics tied to financial incentives for aspects of this response**
- d. Addresses the needs of the entire population with a focus on those most at risk.**

On an electoral level, AND is focused on Pennsylvania among other states. In the month of July we are concentrating on building our health professional network. With a network in hand, we will try to coordinate with several campaigns, most importantly the Fetterman Senate campaign. If you want to be involved in either your state or another state – please be in touch.

What approach should health professionals take in the upcoming elections? Health professionals can address in either a partisan or non-partisan way concrete policies that encourage vaccination, control drug prices, provide housing assistance and mental health care accessibility. We need to also remind people that the malevolent consequences of the last administration are not only present today but will be with us for years to come

Health professionals should combine advocating concrete policies with humility and transparency about the uncertain trajectory of the COVID pandemic. Anyone who opines on the future of this pandemic is simply not credible. But if health professionals are both concrete and humble, we can win this November.

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