



# North Coast Physician

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**"KHUM PIRATE"**

*STEPHEN KAMELGARN, M.D.*

*The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net*

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# Never Catch A Cold Again

## Emily Dalton, M.D.



As a pediatrician, parents commonly ask me what they can do to help their children avoid ear infections. Jokingly, I used to tell them “don’t ever catch a cold again, and if you figure out how to do that let me know so I can market that idea and retire early.” Then I would add “It’s not realistic to become a hermit or keep your child sheltered in a bubble.....” Yet now we are doing just that: The whole country is trying to “never catch a cold again.” It’s a tough proposition, and how well we do could make the difference between life and death for some. This viral pandemic has turned our world upside down. How crazy is it that someone who sports a good haircut could be a law breaker, but it’s legal to walk into a bank with a mask covering your face.

Throughout February and March I saw numerous families in which the children had “been sick non-stop since daycare started in September.” Now these children are staying healthy because they are sheltering at home. Social isolation prevents the spread of all infectious diseases, not just COVID-19. What will happen to some of the other common viruses? Will the rhinoviruses, adenoviruses, parainfluenza viruses, and regular coronaviruses, with lack of substrate, fade away and disappear? One can only hope.

In mid-January, I developed a slight cough (no fever) and profound fatigue for about a day, just before my husband and I were due to go scuba diving in Thailand. I bounced back quickly and we were able to take our trip as planned, but it seemed like almost everyone we came across during our trip had a cold or a cough. Asia was on high alert at that time while concern about the novel coronavirus was accelerating so we bought some surgical masks and wore

them when we could. Now that COVID19 cases have been found in California as soon as early February, I think many of us are wondering if we could have already had the virus. It will be nice when we have enough tests that anyone can get tested anytime. Knowing one’s status could dramatically decrease anxiety and significantly change behaviors. For example, if I knew I had already been exposed and could not spread it to others I would visit my 85 year old mother and I would be less anxious about getting exposed or exposing others while at work.

Throughout human history severe epidemics and pandemics have occurred on a regular basis. The previous seven centuries brought us cholera, bubonic plague, yellow fever, typhoid, smallpox, polio and so on. Epidemics and pandemics have been the norm, and it is really just this past century that has been different. Sure, we dealt with HIV, Ebola, SARS, and MERS but the last true pandemic was the 1918 “Spanish” flu ( they don’t call it that in Spain), and after 100 years of relative safety we became complacent.

What comes next? Life won’t go back to normal until there is a widely available effective vaccine, which is likely to take 1 or 2 years. We are fast approaching a period in which we will be divided into two categories of people: people that have survived the coronavirus and people that are still susceptible. The people that have survived are going to want to get back to their lives and their jobs. People that are still susceptible will fearfully continue to shelter in place, or they will get fed up with isolation and decide that the risk of coronavirus no longer outweighs the risks of economic hardship. Imagine a scenario

where you are locked in a place with a lot of other people and the only way you can get out is to play Russian roulette with a gun that has 100 chambers and one bullet. How long would you wait before you would take your chances to escape?

As usual, physicians will probably be thrust into the middle of this mess by being asked to certify people as covid-resistant or covid-susceptible. In addition to 219 cards, companion animal letters, and vaccine exemptions we can add this to our list of unsolicited responsibilities.

On a lighter note—here’s a tip on how to fashion a cheap, readily available face mask that cost about \$4 each, come in breathable cotton with elastic straps, and have plenty of nose room: Place a jock strap on your head upside down. (:

**Give  
Blood  
Today**



### LIKE TO WRITE?

Editorial and Publications Committee would like to encourage you to join the committee. Meetings are held quarterly 12:15 - 1:30 pm at the Medical Society office. Come help coordinate our member publications.

**OPEN FORUM**

# The Story Behind Life Care Humboldt

Ann Lindsay, M.D.



For the last year, a group of Humboldt County residents has been meeting informally to discuss the possibility of establishing a life plan community for seniors here. Life plan communities offer a continuum of living arrangements — independent living, assisted living, memory care and advanced nursing care — in one location to permit people to age in place.

There is no such option within 200 miles, and Humboldters have been forced to leave their community connections behind and move away in search of supportive living situations.

Life Care Humboldt became a non-profit corporation in January, and held its

first Board meeting in late February, electing officers and adopting bylaws.

The organization’s values include being inclusive, actively engaged in the broader community, engaging in sustainable practices that improve our environments, fostering a culture of generosity, and being a good employer.

An initial feasibility study last August confirmed that there is a sufficient population base and potential demand for new services to support a non-profit senior life plan community in Humboldt. The initial vision is for approximately 150 independent residences, a 36-unit assisted living facility, and memory care and advanced nursing care

for 36.

Response to the plan has been enthusiastic, with more than 300 people signing up for email updates in the first three weeks.

The next steps are to secure an option on property for a Life Care Humboldt facility, conduct fundraising for further planning, and start to solicit social investment funds to move the project ahead.

For more information on Life Care Humboldt, its organizers and vision for a living community to help Humboldters age in place closer to home, go to [lifecare-humboldt.org](http://lifecare-humboldt.org) and join the mailing list for updates.

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# Healthcare Reform Is Not Optional

Jennifer Heidmann, M.D.



**H**ealth care reform is not optional. Over 27 million Americans are uninsured. The main cause of bankruptcies in our country is medical expenses. Even those who are insured have huge deductible costs. People forgo needed medications due to prohibitive expense. Insulin can cost about \$300 per vial. People have to choose between insulin, rent, food and other bills. Inhalers used for asthma and COPD can cost over \$200 each inhaler, each month, with people often needing 2-3 inhalers to properly treat their lung disease. Large pharmaceutical companies have a strong lobbying presence in Washington. While Americans die from inability to afford crucial medications.

Insurance companies argue they promise choice and quality. This is wrong. Our system is fragmented, and any time care is needed there must be assurance it will be paid for. It is crucial that care offered is appropriate and not harmful or wasteful, but currently the biggest waste is the amount of time and administrative costs it takes just to see if a particular insurance covers a particular test or procedure or specialist. Medical paperwork costs about \$812 billion per year in America. This amounts to about 1/3 of medical costs. More care is not better care. But appropriate care should be accessible to all, and could be if our spending was put in more appropriate places.

The cost of administration keeps ris-

ing. Hospital hire teams to ensure proper codes are used in charting to optimize billing revenues. Hospitals hire teams to speed up time to discharge. Meanwhile in many hospitals, patients can go days or weeks without a bath as there are not enough aides to bathe them. Nurses can barely keep their heads above water as staffing ratios are kept at a razor's edge to avoid any "extra" nurse or aide being around to, for instance, hold someone's hand, bathe them or get them to the commode before they are incontinent in their hospital bed.

There is only one answer to this issue and that is single-payer health care reform. It will massively reduce overhead administrative costs and allow coverage for every single American as well as better coverage for the already insured. It will allow free choice of whom you see and which hospitals you use. It will cover inpatient and outpatient care, mental health care, long-term care, dental care, rehabilitation and prescription medications. No co-pays. No deductibles. No premiums. Governmental budget offices and private economic firms have determined this will require no increase in total healthcare spending.

The current federal government administration is attempting to dismantle the ACA (Affordable Care Act) and to reduce access to Medicaid (MediCal in our state). The only way to move forward instead of backwards is to vote them out of office. And

for those representatives who remain in office, to call them and demand they support the Medicare For All Act. Bills have been proposed by the House and the Senate S.1129 and H.R.1384).

I will end this with a personal story. My 89 year old uncle, a retired minister, was hospitalized last year at a decent urban medical center. While there, due to a faulty bed alarm and the ubiquitous crisis of understaffing, he fell and broke his hip. To have his insurance pay for a nursing home stay to recover from this, he would have been required to receive surgery, and without surgery he and his wife would have to pay the cost of nursing home care (which can be over \$10,000 per month). Surgery was not appropriate for him, given his frail general health.

Ultimately, he died in the hospital. If he had lingered, the savings he and his wife had to live on would've been instantly sucked up to pay for nursing home care.

This kind of thing happens every day in our country. It is ridiculous, unscientific, and worst of all inhumane. We can do better. It is time for universal healthcare for all Americans. Please vote.

References: Physicians for a National Health Program (pnhp.org); Annals of Internal Medicine 21 January 2020; US News & World Report Jan 6, 2020

## **Thank You to the Health Care Community**

During this challenging time, we send our profound gratitude to all of you in the health care and public health community for your work on the front lines taking care of patients and protecting the public. We know that you are working under stressful conditions and even putting your own health at risk. We cannot thank you enough for your commitment and determination to the health of your patients and communities.

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