

► **DirecTalk** MUSINGS FROM THE 10TH FLOOR

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John

*We are scientists
with transcendent
roles and
responsibilities.*

Piatti is an ideal restaurant for business dinners. It excels at ambience, authenticity, and value. The fish soup is to die for and in a moment to savor, I wasn't footing the bill. Dr. Randhawa volunteered to pick up the tab for a dozen of us who had met earlier in the day during summer 2019 at our Denver office to advance our collective work in support of our Caribbean environmental health workforce capacity building project. As the meal-ending requisite rounds of espresso were served, the consensus was to relocate to a nearby venue to continue the conversation and indulge in another round of drinks. A man must know his limitations and being 20+ years older than most of my colleagues, I declined the additional libations and elected to return by foot to the flat I occupy a couple blocks from our office. This seemingly inconsequential choice led to an unanticipated series of decisions that would test my mettle.

I ambled home along the Cherry Creek Trail through an area known for exercise, as joggers and cyclists smirked at my summer wool suit and floral bowtie. I was literally a few hundred meters from my destination when I glanced up to observe an oncoming pedestrian. Blood gushed from the forehead of the well-dressed older gentleman as he passed by me heading in other direction. His unsteady gait was reminiscent of my mother who had suffered from dementia and Parkinson's disease later in her life. I conveyed what I had just seen to the person I was speaking to on my phone and they protectively encouraged me to "not get involved, call the police." I declined the advice, hung up, did a 180, and

promptly engaged the man in some gentle banter. He said his name was John.

John was accompanied by a leashed labradoodle, one of those expensive, hypoallergenic canines. I inquired where John was headed and he told me with some specificity of his intended destination, an address about one mile away. He said he lived with his mom and she would be worried about him. I asked John if he had a driver's license and he promptly presented one that had been nestled inside his fanny pack. The address on the license was in the opposite direction of where he was headed. As I canvassed my brain about what to do next, I engaged John about his dog to keep the conversation intact. He adored the animal and with great lucidity he told me all about his pet. He then said something that completely floored me: "My dog's name is Joe Biden." I promptly withdrew my phone out of my pocket and hailed an Uber. I intended to escort John and his pet to the address on his driver's license.

John was not well. But unlike many in society, he seemed to be financially well-off, the kind of person you might find dining at Piatti.

Regretfully John's wealth does not extend to the 46% of adult Americans, roughly 84 million people, who are either uninsured or underinsured for healthcare. Leaving the moral imperative aside for a moment, the implications are staggering. More than one half of all personal bankruptcies in the U.S. arise on the account of unbearably high medical expenses. I have written previously on the relationship between poverty and health status (April 2018, www.neha.org/sites/default/files/jeh/JEH4.18-DirecTalk-On-Poverty.pdf). My aim here is to build on the foundation of that column.

Over 10 years ago, Dr. Anirudh Krishna, a Duke University professor, authored a book on why people become poor and how they escape poverty. Dr. Krishna examined communities in five countries across four continents, including right here in the U.S. His book, *One Illness Away*, is striking in its conclusions. A combination of things that bring us down financially, like healthcare costs, coupled with restricted upward mobility, often lead families into poverty, which as we know compromises their health. The author's examination of 13 North Carolina communities showed that poor health was the primary reason for descent into poverty. If you are poor you are at greater risk of being unhealthy, and if you are unhealthy, you have a greater risk of descending into poverty.

Our profession is vital to people on the economic margins of society. A foodborne illness that keeps a primary bread winner from their job is more than an inconvenience. Harmful algal blooms can devastate a local economy.

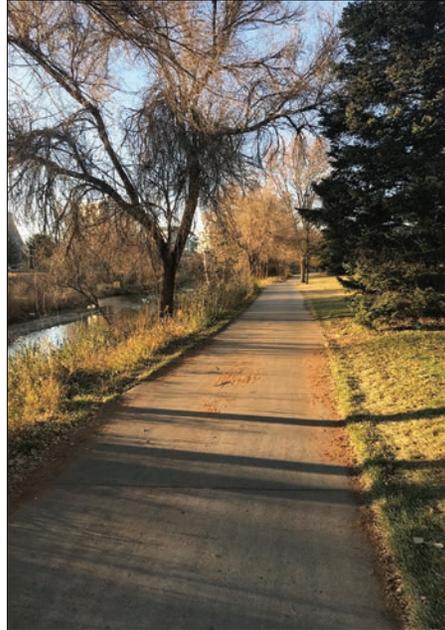
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Lead exposure from aging paint and plumbing can overwhelm an impoverished community. Poorly maintained indoor air quality in public schools can exacerbate asthma among a predisposed student body. These conditions can and do tip the scales against those fighting a structural glass ceiling. Our professional calling and ethical imperative are to create and maintain the conditions under which escape from poverty is more likely. We can be powerful influencers. I believe we are scientists with transcendent roles and responsibilities.

In my opinion, there is no debate that better education; universally affordable, accessible primary healthcare; and visible, local role modeling would go a long way to improving the health status of our residents. I also believe that life sequencing is important. Finish high school. Be in a committed, responsible relationship. Start a family. In that order. These factors are mediated by local environmental conditions. If a person is acutely or chronically ill and lacks access to affordable preventive services, then the conditions I've outlined above may be or seem unattainable. Environmental health is the bedrock of the public health enterprise and an essential preventive service.



Sunset along the Cherry Creek Trail. Photo courtesy of David Dyjack.

The Uber driver delivered John, the dog, and I to the address on John's license. As luck would have it, no one was home. I rang the doorbell. No response. I asked John if he had a key to the house and he offered up one single key on a key chain. What was I thinking? I

inserted and turned the key and the dead-bolt slid open. Inside was an elegant, single-story home. I called out. No one responded. Directly ahead and down a long hallway was a bedroom. I left the front door wide open and turned on the porch light. Arm in arm, I walked John to the bed, sat him down, and went to the bathroom for a washcloth to clean him up a bit. Suddenly a car screeched into the driveway. A woman about John's age (his wife, not his mother as he had told me) rushed into the house more than slightly relieved to see her husband. She had been driving for more than one hour in search of him.

After we exchanged stories and I calmed her fears about my motives, I made my way to the front door, asking one more time if she would like me to escort her and John, who suffered from Alzheimer's, to the hospital where his forehead would receive treatment. She declined my offer. I loosened my tie and exited the house into the darkness of the cool, dry Denver evening. John's wife called out, "Thank you, David! I know you met our dog but did you catch his name? His name is Joe Biden." 🐾

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