

Health Equity Hearing Written Testimony

Panel #16 Housing = Health and Housing Stability

Organization: We Got Us

Topic: Rent Control as a Durable Change to Eliminate Racial and Economic Health Disparities

Good Afternoon members of the Health Inequities Task Force. My name is LaShyra Nolen, most in my community know me as Lash. I am a second-year medical student training at Cambridge Health Alliance and student council president '23 at Harvard Medical School. Last week I had the honor of joining you all as a guest in my role as the founder of We Got Us, a collective of over forty Black pre-health and health professional students committed to empowering our communities through grassroots advocacy, the promotion of public health, and vaccine education. And today I join you as a concerned community member and future healer.

I would first like to preface my comments by acknowledging the privilege I hold as someone who has never personally experienced housing instability. But I share this space with my loved ones, my community, and my fellow advocates, who have experienced homelessness and hope these words bring light to their struggle.

As Lady says, housing does in fact equal health. As a resident of Cambridge and a medical student, I have seen this to be true every single day. During the first months of my clinical rotations, I worked on the psychiatric emergency services team and saw over half the beds filled with people who were unstably housed and in psychiatric emergency. During my week on the psychiatric ward, I cared for one patient who shared with me that they intentionally got themselves admitted through a Section 12 order, just so they could have a roof over their head and a safe space to socially distance. It is easy for us to assume that the disheartening conditions of my patients were created by COVID-19 but in reality, they existed long before December 2019 and find their origins in the kidnap and capture of 1619.

As leaders we must address these inequities and consider the paradoxical message we send to our communities:

When we ask them to socially distance, then place them in buildings overflowing with human bodies;

When we ask them to wash their hands, then don't give them access to water and soap;

When we ask them to wear masks, but don't provide them with the best quality protection we can;

When ask them to get vaccinated, but don't provide them with access to healthcare to treat their side effects;

When we ask them to trust us, when historically we haven't given them any reason to.

Though the vaccine is a valuable tool, public health precautions must continue to be our primary mechanism in quelling the spread of this virus because it has not been proven to prevent the transmission of the Sars-CoV-2. This means that social distancing and hand washing will continue to be key aspects to ending this pandemic, both of which are often impossible in homeless shelters. Therefore, enforcing rent control and providing stable, accessible, and free

housing to our most marginalized communities are actions we must treat as moral imperatives and public health emergencies. We must also ensure that unique challenges of unstably housed individuals are specifically considered in the public rollout of the vaccine.

A mentor of mine, Dr. Lachelle Dawn Weeks, shared the following Toni Morrison quote with me, “You don’t waste your energy fighting the fever; you must only fight the disease.” Well today I sit before you, in the wake of this pandemic, to communicate that we can’t only treat the fever of COVID-19, while neglecting to treat the chronic disease of systemic racism—a disease that has manifested itself as health disparities, lack of access to housing, and an immense amount of preventable suffering. Let us galvanize the energy of today to treat the disease at its inception and finally help cure 400 years of oppression.

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