

# Home of the Free

Category: Disability

written by Pamela Adelstein | October 21, 2025

Today as a family physician I am disabled in a way that I never could have dreamed in 1997 when I joyfully marched across the magnificent auditorium stage. I wore an ostentatious maroon gown and a green velvet sash, an enormous smile and relaxed shoulders. I shook the presenter's hand and took hold of my diploma. Four years of delayed gratification, hundreds of thousands of dollars, countless late nights and long days culminated in this moment. The camera shutter in my soul CLICKED eagerly to capture it all.

Armed with idealism and curiosity, I set out into medicine to care for our most marginalized populations. I have worked at five different community health centers and three different safety-net hospitals. Over the years the vulnerable populations have shifted somewhat, depending on the political and social climate. Tragically, leaving the underserved and underprivileged has been far more difficult than entering it. I have worked closely with: Black and Brown people. Immigrants. Non-English speakers. Poor people. Addicts. Queer people. Trans folks. Differently abled people. Neurodiverse humans. Families that do not conform to a heteronormative configuration. They shared their hurts and dreams with me. I carry their stories.

Historically, we physicians were granted by our government the ability to assist patients by helping them get certified for: Housing accommodations for their disabilities. Food subsidies for pregnant and postpartum people and their newborns. Financial assistance because they are physically unable to work. Learning accommodations to help them succeed in school. And more. We complete endless reams of paperwork. And though I might complain, I am profoundly grateful for the privilege granted to me to help improve people's lives.

Today, my hands are tied, my mouth is muzzled, and my tool belt is pillaged. When my patient with hypertension, pre-diabetes, menopause and arthritis asks to start GLP-1 medications, I must inform her that her insurance will no longer cover this med in two months. When a college student asks about migraine treatment, I explain that he must "fail up": prove that cheaper medications are ineffective so that the treatment we know will be effective can be paid for. When my gender-diverse teenager asks about starting hormones for affirmation, I now need to inform them that due to new federal regulations, I am no longer able to prescribe this life-saving therapy to people younger than nineteen years old.

This is health care in America, home of the free.

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