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We are living in a time of extreme parallel pandemic universes; of literally “normal” life vs COVID-19 fear, illness or death; COVID related economic privation or, for now, Wall St results that do not compute for most Americans. At the human/clinical level this week I negotiated with a patient to get out of quarantine after being symptomatically COVID positive; a young person with a rapidly expanding bald spot that he and I attribute to the stresses of not finding enough work in a COVID economy; and another death caused by complications of Alzheimer and exacerbated by her COVID. But in a sign of the era we live in – was the COVID gone by the time that she died? If no, the family cannot view the body. That is the question I am researching as I write this COVID note. While we are learning a great deal about COVID, there is much we do not know about, e.g., the impact of COVID on our body systems.

The next issue of the Journal of Ambulatory Care Management that I edit is focused on the Covid pandemic from academic and vignette perspectives . A vignette from the Navajo Nation in the South West: “Mae-Gilene Begay, the Director of the Navajo Nation Community Health Representative (CHR) Program, has just gotten back from staffing a curfew checkpoint when we get her on the phone. The CHRs have been helping the police at the roadblocks by providing COVID-19 education and information to the passersby. She recounts a story of a COVID positive patient they encountered that day. “This individual had run out of food and water and was very emotional, so the CHR stepped aside to take care of that,” she said. “The traveler had been told to self-isolate but ran out of food and she needed to get something to eat and she was out of water. She had to leave her house to get supplies.””

From Rural Maine: “On May, 10, 2020, the outbreak that started at Tall Pines Healthcare on April 8, 2020 was officially closed, sixteen days after the last patient tested COVID-19 positive. Our Tall Pines (nursing home) community was changed beyond the toll imparted by thirty two patient cases, eleven staff cases, nineteen recovered cases, and thirteen deaths due to COVID-19. The wards, the remaining patients and staff, and Alana and I looked different. We are different; we weathered April (“the cruelest month”) and emerged at the end of the outbreak with mixed feelings: relief tempered by apprehension; self-doubt laced with a modicum of pride for a “job well-done” (or at least for being of use); grief not ready to be comforted by fond memories of our patients and their families. The Tall Pines community shared a COVID-19 outbreak experience that is uniquely our own; we will need time and the will and courage to heal ourselves by facing each other and acknowledging the “different”. “

A brief COVID research summary: social distancing. Clusters of cases have been frequently reported following social gathering; e.g., epidemiologic analysis of a cluster of cases showed probable transmission through two family gatherings at which communal food was consumed, embraces were shared, and extended face-to-face conversations were exchanged with symptomatic individuals who were later confirmed to have COVID-19. A report of an outbreak among a choir group, with 33

confirmed and 20 probable cases identified among 61 members who attended a practice session. Back-up articles as always are available.

Two headlines from today's WP hammers home the parallel universes that we are living through in the U.S. : **Time to Shut Down Again? And Trump Sidelines Health Advisers in Rift over Coronavirus Response**. There needs to be a reset on the dialogue at least at a State level between politicians and scientists. That reset could lead to a renewed public dialogue that takes into account the many unknowns while highlighting what we do know about COVID. Let's be clear: that type of dialogue will not penetrate the Federal executive branch – ever. However, that dialogue can, in part be led by some of the remarkable candidates and incumbents that I have the good fortune of working for, as part of **AND**. These politicians both value science and the scientists and health professionals who tirelessly are trying to save peoples lives while keeping a laser focus on our faltering economy. Among others I am working for, consider supporting the following candidates or incumbents: Joyce Elliott (<https://www.joyceelliott.com/> AR-2); Rep Jared Golden (<https://jaredgoldenforcongress.com/ME-2>); Jackie Gordon (NY-1; <https://jackiegordonforcongress.com/>); Rep Haley Stevens (MI-11; <https://www.haleystevensforcongress.com/>); It is an honor to be trying via **AND** to elect them and to help elect Joe Biden via electoral wins in FL, MI, and PA. From an LTE published today in the Jacksonville Union signed by members of the Florida **AND** group: *Of the five-county area around Jacksonville (where a major COVID outbreak is occurring), only Duval (and some specific municipalities) now require masking in public and indoor places or "in other situations where individuals cannot be socially distanced." ... If there is still doubt as to the effectiveness of face masks, next time you or a family member must have surgery, ask the surgeon and the team to not wear masks. It is a small request to wear a mask. Signed: Representatives of "Ask Nurses and Doctors" of Florida.* As always suggestions/ engagement welcome.

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