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August 14. AND Notes Negative Covid Tests, Ongoing Anxiety, No Jobs, What Is to be Done?

All my symptomatic patients for the past week have tested negative for COVID. My physically chronically ill Covid + patients are still symptomatic but they are on disability. A number of my patients are very anxious about COVID have either physical/mental health symptoms and/or food insecurity or both. One patient yesterday was surprised when I asked her about food insecurity and she reluctantly said she couldn't make it to the end of the month as her child support payments from her ex had stopped. Our practice has the ability to help

The overall situation in Massachusetts: We have identified nearly 113,000 cases since the inception of the pandemic. In the Springfield MA area where I practice, we continue to experience an infection rate of 1.4% (slightly lower than the Massachusetts rate of 1.8%). Although this is relatively low, it is probably an underestimate based on limited testing of asymptomatic individuals. But it also signifies ongoing community spread of this viral infection. This means that there is still risk in our community, and that risk will increase as people revert to pre-pandemic routines, such as gathering without appropriate distancing or masking. As one drives into Massachusetts from any state, flashing billboards greet you stating you need to either demonstrate a negative COVID test or quarantine for 14 days.

[Research wise there was a nice article on masks that concluded:](#) “some mask types approach the performance of standard surgical masks, while some mask alternatives, such as neck fleece or bandanas, offer very little protection. Our measurement setup is inexpensive and can be built and operated by non-experts, allowing for rapid evaluation of mask performance during speech, sneezing, or coughing.”

School openings are the challenge this week and for the immediate future. Ask Nurses and Doctors is engaged in several states on the issue. The bottom line is for most states safe school openings including protecting bus drivers is simply not possible without additional federal funds. Put differently, [Italy is struggling](#) to figure out how to change its classroom furniture to accommodate social distancing – but they are doing it as a country! Our AND work with Health professionals is most effective [if the HPs stick to the science](#), put out a steady stream of LTEs, Op-eds, and radio/TV appearances and lets the public/interest groups weigh in on next steps.

You've all read the numbers – hot spots other areas cooling down in terms of deaths and frequencies. [With no end to the pandemic in sight, coronavirus fatigue is gripping America](#). So what is to be done? While most likely we will, as a country, continue to run in place amidst feckless executive branch leadership, I have outlined in previous reports a few options. Foundations regularly release new ideas on how to get the country moving – to no effect. [The](#)

[suggestion that the medical leadership in the executive branch consider resigning](#) is not going to happen; in fact, the executive branch has settled on a new strategy – bring on physicians, such as [Scott Atlas](#), who have no relevant background except their punditry on Fox News.

[Governors working together on their own also will likely have a minimal impact](#). How about willing Governors working together with the Democratic House to empanel a bipartisan group of experts insisting on a national effort with timelines? Encouraging the Democratic House is worthwhile as the alternative is less testing, less contact tracing, school's openings in a completely haphazard manner, and, most importantly, more deaths than would occur if we did have a national policy. We are the only industrialized country without a national policy. At the same time, I continue via *AND* to organize health professionals in a number of Congressional districts and very much am looking for health professionals to help me swing FL, MI, PA electoral votes to Biden. Feedback welcome.