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COVID pneumonia in asthmatic patient, White House MD: Masks Don't Work

My feelings in the last 48 hours whipsawed between caring for a patient with uncontrolled asthma and reading about how the U.S. non-national policy has devolved into [total chaos](#). My patient, in her 30s, has asthma and it was out of control starting last Wednesday. I attended to her telephonically on Thursday and then again Friday early morning. Thursday, I started her on asthma meds (steroids etc); Friday, I added an antibiotic. She went to the ER Friday nite and they diagnosed Covid pneumonia. They discharged her as she was stable. Monday, she felt worse and started vomiting everything she ate though she said she could hold down her meds. I prescribed antinausea medication. It didn't help. She went back to the hospital Monday evening and was hospitalized. In a nutshell, this is **why [herd immunity will not work](#)** and why we need a national policy consisting of testing, contact tracing, and, simply put, leadership that believes in science and not leadership that believes that [any human cost is acceptable](#). We also need support for cities and states that are having to provide basic services [such as food](#). Last week, our practice gave out the last food vouchers for our undocumented patients; employees continue to replenish the till.

Another one of my patients, a man in his 70s with numerous risk factors (diabetes, hypertension, chronic kidney disease) tested positive last nite. I had to insist that he get tested. Why does he just have symptoms of a cold and my other patient in her 30s is in the hospital with pneumonia? We don't know – yet. We all know the next COVID wave has arrived. One of the health professionals I work with in Florida as part of AND was in Massachusetts briefly where he said everyone was wearing masks. He returned last week to Florida – where few were wearing masks. But what should we expect from [ignorant physicians](#) and [executive branch leadership](#) who only seek power.

From a health policy perspective, there are two ways of controlling pharma costs/get to universal coverage: the Affordable Care Act or Medicare for All. The [market](#) by itself will not solve our [health care cost/quality conundrum](#). If the Supreme Court rules against the ACA, the impact will be dramatic both on the health care system ([overall](#) and [rural](#)) and the loss of health insurance for many millions.

The [human](#) and [economic costs](#) of the virus continue to mount. I, and many others, have tried and failed to encourage Congress (they are trying) to help create a national response to this crisis. In the absence of national policy, [states](#) and [individuals](#) have to take responsibility. In these last two weeks, I as an individual, am focused on (in addition to patient care) organizing in states for Biden and Congressional races such as [Maine-2](#). In MI-3 I am helping with an event for [Hillary Scholten](#) featuring [Don Berwick](#). **Any and all donations are welcome! The Cook Political Report just moved the race from Lean Republican to Toss up!** This is my last COVID Notes before the election. After the election I will be in touch as I assess how to improve my involvement in the electoral process. **Be healthy; [stay safe](#)** (fun link fyi).

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