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## Hospitalizations and Invitation to come to Feb 17 Vaccine Chat with AND

For the past two weeks, I was managing an asthmatic patient at home who had exacerbations of her asthma until she became COVID positive. Her breathing worsened and she needed to be hospitalized. She is better but by no means all better. Another patient of mine who was hospitalized a month ago with COVID related pneumonia is still short of breath a month later.

Many of my patients of mine call for the vaccine. Where I live, only people over 75 are “eligible” (many ineligible people I know are cutting in line). Most of my patients do not have access to the internet and cannot get through phone lines. Until now it is hospitals who have controlled much of the vaccine supply as hospital employees needed to be understandably vaccinated first. Where I work, hospital affiliated outpatient practices deliver most of the care for low income patients. Our practice contacted the over 75 age patients to make them aware. As at least 25% of hospital system’s employees where I work declined the vaccine, I would assume at least a similar number are declining the vaccine. This has implication for us as a country. As [stated today](#), “a less-than-vigorous vaccination program would prevent Americans from recovering some semblance of their pre-pandemic lives and would also increase the likelihood that new, potentially vaccine-resistant variants will become dominant in the United States.” All readers invited to a Feb 17<sup>th</sup> chat on vaccine acceptance that Ask Nurses and Doctors will host. See below for information.

We know now that the vaccine makes a difference. Israel, with a high vaccine rate, has [documented](#) a dramatic drop in hospitalizations and deaths for vaccinated individuals. Even so, the Israeli government is [spending millions to increase vaccine acceptance](#) as significant at risk groups express vaccine hesitance including Palestinians and ultra-orthodox Jews.

For now, and for the foreseeable future in the U.S., the issue is supply, an issue that is purely a production and supply chain question – one that health professionals like myself cannot influence. The U.S. and other countries will use and need to try many approaches to increase vaccine acceptance: [cash bonuses](#); specifically reaching [undocumented](#); and [even firings as employers have the right to require vaccines](#). These tactics will move substantial numbers of people; but it will not be enough. Health professionals can help and there are many efforts underway for [different underserved](#) groups. Simply put, health professionals need to marshal all our knowledge and [most importantly listen](#) and “help them find their own motivation to change” and decide to accept the vaccine. Only after all these efforts will we know whether enough people in the U.S. will be vaccinated to protect people and decrease resistant strains. Ask Nurses and Doctors will do its part and we welcome you to attend the chat on February 17. See below; no need to register.

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