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April 20 AND COVID Notes: Vaccination Acceptance; WHO Challenges; U.S. 2020 COVID Chaos

On Saturday, together with another physician I was the medical back-up for emergencies due to vaccine administration at our practice. Happily, nothing untoward occurred and I had a pleasant afternoon getting to know a physician from another health center. We had a few extra doses. I called several patients. Two immediately said yes and one brought her 20 year old son. One person I had already convinced a couple of weeks before to get it. One said she was too anxious. This rancid sample is about right – at least 20% of my patients at this point are not interested. At the same time, I am still getting plenty of COVID positive patients including one who was exposed to his daughter Sunday, found out that she was positive on Monday; he received the COVID vaccine Tuesday and developed symptoms / found out he was positive on Wednesday. He was just a little late on the vaccine. But he is fine otherwise.

Countries that contained COVID did it through faith in science: public health measures (masks and social distancing) and now, the availability of highly effective vaccines (it appears that the [Chinese](#) and [Russian](#) vaccine have challenges). The underlying technology for some of them uses mRNA, well explained in [this article](#). We have two vaccine related challenges: [vaccine hesitancy](#) and the lack of availability of effective vaccine in many parts of the world. AND works on both. Vaccine availability points to the dual importance of grassroots organizing and the World Health Organization (WHO).

The WHO started in 1948. In its first two decades, the WHO was dominated by a few largely industrialized countries and split between Soviet Union and American camps. Despite this tension, the WHO worked hard and largely unsuccessfully to eliminate tb and malaria but much more successfully to eliminate smallpox. Interestingly, the Soviet Union left for a brief period of time for political reasons. Decolonization resulted in a large increase in UN membership and WHO membership. The WHO has had a very [significant challenge](#) negotiating/leading a global response to the COVID pandemic in a setting of populist nationalist governments. Despite the large number of countries all of whom are WHO members, the real challenge confronting a global response to the COVID pandemic is the conflict between China and the U.S. U.S. world standing has diminished from its own abysmal response to the COVID tragedy in combination with the U.S. decision to hoard many treatments/vaccines. Not surprisingly, as stated in a recent review, “WHO lacks both the authority and the resources to mount an effective response to a global emergency that affects all countries.”

Until and unless the U.S. and China are able to separate out their significant differences on many issues from the [need for trust](#) in a global COVID response, low and middle income countries will suffer; [the U.S. recovery will eventually also suffer](#). However, the U.S. is unlikely to be able to work closely with China (and thus helping the WHO) until the U.S. gets its own COVID “house in order”. The difficulty with accomplishing this is that significant swathes of the American population refuse to abide by public health measures and/or be vaccinated. I’ve detailed the reasons for this in many AND COVID Notes

documenting the federal executive criminal (to my mind) and [chaotic](#) COVID response. We needed to implement public health measures and contact tracing, as Republican health officials [Mark McClelland and Scott Gottlieb advocated](#) back in March 2020. [Fauci and Birx should have resigned](#) as I advocated back in the summer of 2020 instead of clinging to a fig leaf of power. Congress, both Republicans and, especially Democrats, should have been much aggressive in confronting the ineptness of the Federal branch of government. Yet, the reality is that none of this happened because the grassroots favoring an aggressive COVID response were not there. Unlike what [ACT-UP in particular](#) did during the [AIDS epidemic](#), the grassroots focused instead on the November election and dealing with the pandemic.

So we have arrived to a point where vaccine is available for all who want it and I still have patients getting sick and others continue to tragically die (don't forget the vaccine isn't 100% effective!). Grassroots organizing is beginning especially around the availability of vaccines. A discussion of policy options dealing with the pandemic is the topic of the next and last AND COVID Notes in this series.

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