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## Breakthrough COVID infections, Vaccine Hesitancy; Vaccines for All?

We [will not achieve herd immunity](#) meaning that the best we can hope for is that COVID will be a worse version of the common cold – including some this week like the 20 year old granddaughter of one of my patients who died of COVID. I also dealt with patients opposed (I was trying to keep the door open) to the vaccine. That should not be surprising considering that a U.S. Senator [inappropriately connects](#) the vaccine to thousands of deaths. The CDC has no evidence establishing vaccination as the cause of any death. If herd immunity is not attainable, rate of hospitalizations and deaths after pandemic restrictions are lifted are the critical numbers. At my hospital last week: 50 patients hospitalized with COVID, 20 in the ICU. This week I had my 2nd COVID patient post-vaccine; pleased that they had minor symptoms

I don't agree with the idea that the federal government should be expending considerable resources working with doctors to deliver the vaccine. Aside from being incredibly inefficient, we have [state officials telling doctors](#) not to worry about wasting vaccine. Rather, the Biden administration should have worked with major health societies to encourage e.g. physicians to work with public health officials on increasing [vaccination rates that range](#) from 41% in Mississippi to more than 70% in Vermont.

Much has been made of the recent revision of CDC guidelines. The bottom line is use common sense. [The following factors are in play](#): **Enclosed spaces with inadequate ventilation or air handling**; **Increased exhalation** of respiratory fluids if the infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing); **Prolonged exposure** to these conditions, typically more than 15 minutes. I am dubious about the forthrightness about people and their vaccinations.

What does it mean that Biden has waived the vaccine patents that Pfizer, for example, currently enjoys. [Many say the impact will be marginal](#); if nothing else European countries are lukewarm demanding that the U.S. share its excess vaccine supply first. The pharma lobby is so strong that it is [unlikely that we will see any meaningful reduction](#) in U.S. drug prices, the highest by far of any country in the world.

COVID has had a disproportionate impact on [impoverished socioeconomic groups](#). One of the many challenges is that the medical profession is overwhelmingly white. The American Medical Association has just [issued a plan](#) on how to address structural racism and [some activists have expressed support](#).

There is [increased debate](#) about the origin of the virus reflecting the complete lack of trust between the major great powers – specifically [China and the U.S.](#) For there to be an effective international pandemic response we need a strengthened international body – the World Health Organization (WHO). Member countries like the U.S. and China need to look to the future and advocate for more effective surveillance, assistance to countries and rulemaking (such as the need to be transparent on the realities of an ongoing epidemic). Right now, we have none of this; some experts opine that [we have the WHO](#)

[we deserve](#), while others (and it is, not surprisingly, health professionals that are stepping up to the plate) [are putting forth strong proposals](#) on how to avoid the next pandemic. Instead both [China](#) and the [U.S.](#) for now appear to have chosen instead to compete on the basis of vaccine diplomacy. But for sure competition in the long run will not address this pandemic, “ [the worst combined health and socioeconomic crisis in living memory](#)” (p 4). All health professionals, including myself at Ask Nurses and Doctors, and in fact all of us receiving this update I am sure will do our part. All suggestions are welcome

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