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AND COVID Notes: More Accept Vaccines, More COVID Infections; Mandates Now

With delta [spreading](#), more, not all, of my patients are willing to get the vaccine. Thus far, all my infected vaccinated patients (2 alone yesterday) have had mild illnesses; unvaccinated ones are much sicker; all clamor for the vaccine as soon as their infection is over. Currently, my hospital has about 75 COVID patients, ten times the number from a month ago. We are [beginning to understand](#) the long term effects of COVID; health status is lower; [much more study is needed](#).

[Despite the controversies](#), a number of my friends have already received the vaccine booster from pharmacies that claim that they have expiring doses. Even though infection is already widespread vaccine mandates are absolutely necessary. While groups of health professionals have begged the public to get vaccinated, organized health professional societies have, for reasons not clear to me, not been on the front lines in the fight for masks, universal and mandatory vaccines. A [group of physicians in Atlanta recently pleaded with Georgians to get vaccinated](#); as reported in the same article, “Hours later, Gov. Brian Kemp announced he had signed an executive order blocking cities from forcing private businesses to enact mask rules, mandate vaccines or take other actions to mitigate the coronavirus.” Would the outcome have been the same if Georgian health professional societies had been politically engaged in a sustained manner? I am trying to get involved in my own professional societies. All ideas welcome as we try to encourage a more consistent and coordinated (i.e. stronger, [not in fact weaker](#), public health!!) mask/ vaccination (both mandates and national verification) effort in the U.S, a [polarized](#) country with the worst COVID record in all industrialized countries, if not the planet. Dramatic inequities will [continue to persist](#), unless we keep them front and center [in the changing situation](#).

While it would be [ideal and appropriate](#) for us to determine the origins of COVID, thus far the Chinese are not cooperating and likely will not. While not pushing this issue under the rug, possibly an alternative approach to consider would be to look ahead and have policies and procedures in place going forward. The alternative is [more COVID variants](#) and more pandemics.

A [remarkable article](#) connecting climate change with COVID concluded: reduced human activity resulting from COVID restrictions contributed to a brighter, earlier and greener 2020 spring season in China.

AND’s involvement continues to focus on allowing CMS to negotiate prices with pharma. While hospital systems have, for example, [financially done well under COVID](#) and its attendant federal largesse, allowing CMS to negotiate prices with Big Pharma will free up ½ trillion dollars for Medicare expansion. With your help, we will also focus on using every tool at our disposal to enact the triad of masks, vaccine access/ [mandates](#)/ verification, and improved public health (including equity). [Without all](#) in place we will [continue to fail](#). Despite the [opponents’ political need for polarization](#), we can win if we work together.