



Norbert Goldfield, MD
Founder, CEO

Ask Nurses & Doctors LLC

72 Laurel Park
Northampton MA 01060
413-800-2680
norbert@asknursesdoctors.com
www.asknursesdoctors.com
@asknursesdoctors.com

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Projections Informed by My Patients' Reality

I continue to have COVID positive patients every week. Fortunately, none of them are very ill. Yet, I am fully cognizant of the fact that my hospital has 65 COVID inpatients, 18 in the ICU. COVID “scars” are at the emotional and physical surface. I had one patient yesterday whose diabetes went from perfect control to completely uncontrolled during the pandemic. He began to cry when speaking about his father who died of COVID. He couldn't be with him before he died.

We need to try to keep up our vigilance – social distance and mask wearing ([this app](#) gives a more precise definition of social distancing). I prefer to just be vaccinated. Currently, about ¼ of my patients are vaccine hesitant. I patiently respond to each question from vaccine hesitant patients. I remind some of my patients that there have been no COVID deaths in Australia thus far in all of 2021.

We need, currently lacking, global leadership at all levels of society including government, the corporate sector, labor unions – all of us. As the [head of the WHO said this week](#), there were more new cases last week than there were in the first five months of the pandemic. We need to keep in mind the fact that many health professionals are [considering leaving their profession](#); many have perished.

We can't forget that we had a president who just a year ago recommended we [ingest bleach](#). Health systems, including my own, were [negotiating with anyone](#) to get desperately needed PPE. While we need Republicans and Democrats to embrace science and work together (as occurred in Australia), this will not happen in the U.S.. Republicans are the most likely group to [refuse the vaccine](#). Many Republican [presidential candidates](#), are [simply against science](#); others incorrectly frame the argument as [freedom vs science](#). Yet, to be fair, Republican physician members of Congress are [encouraging vaccination](#). What are the possible 2021 health/ policy trajectories?

The immediate need for the world to work together on vaccine access has never been truer and [yet we are, simply put, failing](#). The [EU](#), U.S. and China are not doing enough. We have all just turned inward.

In the U.S., under Biden the vaccine distribution effort has shined; the [supply chain](#) has dramatically [improved](#). Yet there could be an [improved organizing principle](#) behind the current

[modest efforts](#) to encourage vaccination. Instead, the federal government, together with the private sector, should make a full-court press and engage with national physician and nurses' organizations. The objective would be to get out asap as many nurse and physician videos, tweets, meetings, and individual phone calls out to individuals least likely to be vaccinated or follow CDC guidelines.

Also this year the U.S. needs to address the gaping health system holes that COVID revealed. Providing access to health insurance for as many Americans as possible is important and is the [main debate](#) in Washington. However, this is only part of the answer. There need to be policy initiatives that include a public option (this could happen at a state level to start with), despite, for example, [hospital industry opposition](#). Despite the strength of the pharma lobby, we need to address unconscionable pharma prices (in 10 years [the price of insulin has increased](#) from \$100 to \$300). And lastly, we need to lay the ground work now for [linkages](#) between our "sickness" focused health system and our public health system such as, in part, [has occurred in New Mexico](#). Without that linkage we are [completely exposed](#) for our next, sure to arrive pandemic.

Long term, the COVID pandemic has [laid bare political sectarianism](#) in the U.S. and, in fact, throughout the world. We need to keep in mind the tragedies that are right now occurring in India (with people literally [gasping for air](#)) that could easily spring up elsewhere. We also need to [imagine the eventual end](#) to this pandemic; Mark and Paul Engler, among others, recently detailed [ways of addressing](#) our political divide. This is our [long term challenge](#). Together with many of you, AND will do its small part, short and long term, by working, as we are currently doing with community groups, corporations and labor unions on vaccine hesitancy and policy improvement while helping to elect political candidates who want to improve health care for all by "healing across the divides." Feedback and engagement always welcome.

Norbert Goldfield, M.D.