

Ishmael Reed:

Black people are not, Black people are not using Paxlovid. The Times says that a professor of epidemiology at the City University of New York has been studying Paxlovid. His team also found uptake of medication at nearly 14%, the lower among some, including 7% among people who are black and nearly 11% among those with lowest income levels.

Michael LeNoir:

Black people, like most people, are very suspicious of that third vaccine.

Ishmael Reed:

Why are people suspicious of the third vaccine?

Michael LeNoir:

I think because we're not seeing three or 4,000 people dying every day, which was the case un the beginning. You get two vaccines. Most people feel that's supposed to do the job. So when you start talking three and four vaccines, skepticism is magnified and people are very suspicious of it. It's not just black people. I mean, look at the statistics for white people.,30% of 70% of white people not taking it.

Ishmael Reed:

Is this an expensive drug?

Michael LeNoir:

Paxlovid is very expensive. The government gives it for free for a few more days.

Tennessee Reed:

Somebody's had to pay \$800 for Paxlovid.

Michael LeNoir:

\$800. I didn't realize it was that much. Medi-Cal patients and patients who assisted coverage have a better deal than primary people. Medi-Cal and I think most Medicare programs will cover the prescription.

Ishmael Reed:

Is there a generic version?

Michael LeNoir:

Not that I know of.

Ishmael Reed:

How much does it cost to make this thing?

Michael LeNoir:

Who makes it?

Ishmael Reed:

It's just another rip-off from a pharmaceutical company.

Michael LeNoir:

Who makes it?

Ishmael Reed:

Pfizer.

Michael LeNoir:

They said they're losing money on these drugs because of the cost of research and development. They always claim that. In this country, it creates a two-tiered system of care. Blue Cross and these other insurance companies might not cover Paxlovid.

Ishmael Reed:

What is long Covid?

Michael LeNoir:

It's the impact of the Covid virus on many different systems. Some may be neurologic or gastrointestinal, but these people have symptoms long after the original COVID-19 infection is over. And some of them are so incapacitated they can't work. They can't focus.

Ishmael Reed:

Does it mean it's still positive with these people?

Michael LeNoir:

No. They're not carrying the virus to be infected.

Ishmael Reed:

Why do some people get long Covid and others don't?

Michael LeNoir:

It's just the intensity of their immune systems. Everybody's immunity system is different. Immunity is not simply antibodies. It has to do with structural physical things. In addition, it has to do with what we call t-cell involvement in recovering and fighting the virus. So you may have a normal immunity with antibodies, but there's a whole set of cells that are not antibody-related, which may differ from person to person.

Tennessee Reed:

Is it about a month after Covid? That's when they consider it long COVID-19, about three or four weeks after infection.

Michael LeNoir:

It's not the presence of symptoms like that. It's the presence of an inability to concentrate. It could be some pain from different parts of the body. But it isn't just about... it's not just about having positive tests. And it doesn't depend upon an active virus in, well, at least they can't find, from my knowledge, the active virus in the system. It just has that impact. And people, most of it has to do with the neurologic issues, not being able to focus or concentrate, not being able to do your job because of those things. But there are some pulmonary, neurologic people, pulmonary, neurologic, and respiratory symptoms. A lot of it's psychological, trying to prove what's you and what's not. And a lot of people have severe, serious deficits after covid. It's not as common among those people who got vaccines. But it's expected.

Ishmael Reed:

What about RSV?

Michael LeNoir:

It applied to a disease that uniquely affects children...infants, premature infants, and children up to the age of three or four. Now, the recommendation is for people over 65. I'm just unclear on the statistics that justify that, but I can say this. Several years ago, a series of infections went through the community, and people got sick with coughs for weeks. I had over 200 patients with it. We tried to look for the virus that was causing it. That may have been RSV. It's not as clear. You have to look at the research on why giving it to people who survive is so essential. I'm not the world's expert on that part of it. I haven't read that much about it. But what I do know is that it's that, you know, it was always considered a disease of premature babies and young children under age three. So I'm not sure what the data is, where the data is to support giving the vaccine to people over 65.