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Is COVID-19 Different than Smallpox or Polio? It Shouldn't Be.

By Wayne Brackin

If you are over 40, we likely have something in common, namely a small, faded scar on our upper arm, a relic of the war on smallpox. Our children haven't had to face this menace because we grew up in a society that trusted science and our leaders to guide us toward the elimination of crippling diseases. There were lamentable exceptions such as the Tuskegee Study. And yet, many childhood diseases including measles, diphtheria and rubella were eradicated. Even polio's twisted limbs are

part of the past, not our future.

Today, we relive the tragic scenes of a surge, the anguish and the exhaustion of healthcare workers. Both adult and pediatric cases are at an alarmingly high volume, and infants with COVID-19 are filling our NICUs. Too many of us have been influenced by the unending bombardment of health misinformation on the internet. The Surgeon General of the United States, Vivek Murthy, M.D., had to issue a report titled "Confronting Health Misinformation." Given this reality, I find that a core of people in every organization are in decision paralysis about the COVID-19 vaccine. Among the oft-repeated comments are these, "If my job requires it, as they do the flu shot, then I'll get it."

You see, in healthcare, rules and procedures keep the patients and us safe. Any wishy-washy language is a red flag. Unfortunately, market interests have an impact here, too. What healthcare executives and lay leaders are most worried about is losing employees during a time of staffing shortages and burn-out brought on by COVID-19-related exhaustion. That could compromise the fundamental mission of care.

Furthermore, in south Florida, hospitals and medical practices compete for nurses, doctors, technologists, and social workers. The pandemic disruption has also created demand for medical assistants, environmental service techs, and patient transporters. These support workers are opting for jobs in the hospitality and food service industries, which have been compelled to escalate starting salaries.

This human resource shortage has created a pervasive fear that mandating vaccines will cause an exodus of staff to healthcare organizations that don't require them. Yet there is a huge corollary risk of the unvaccinated healthcare staff falling acutely ill and exacerbating both the staffing and capacity problems, which is already happening in Louisiana and other states. In addition, hospital care and elective procedures are

already limited due to bed and staff shortages.

KIDZ Medical Services, which serves children in seven South Florida counties, implemented a mandatory vaccine policy in August. We believe this decision reflects our commitment to our patients, respect for our dedicated – and stressed – caregivers, and our role in protecting the public health. We join several local healthcare organizations and renowned institutions such as Yale-New Haven, Mayo Clinic, Children's Hospital of Philadelphia and St. Jude in adopting this mandatory COVID-19 vaccine.

There is a saying, often attributed to Winston Churchill, that describes how we as a culture behave, "Americans can always be counted on to do the right thing, after they have exhausted all other possibilities." Antibacterial wipes, extended social isolation, masks, etc. We breathed a collective sigh of relief when the vaccines were created and proven effective without compromising safety. The fix was in – until it wasn't.

We had – and have – a pathway to take the power away from this virus. As with most types of combat, allies win together. If we do not lead, the community will not have an example to follow. We need the whole healthcare village engaged and vaccinated to win the war on COVID-19.

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