

COVID Vaccine Mandates Wreak Havoc on Healthcare System, Workforce

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Draconian COVID policies and vaccine mandates are creating an uncertain future for a health care system that was already on shaky ground even before the terrible COVID policies took hold.

by [Children's Health Defense Team](#), [The Defender](#)

September 15, 2021

In January 2020 – [pre-COVID](#) – the [Commonwealth Fund](#) published a sobering [report](#) on the state of U.S. healthcare, comparing the U.S. to other high-income countries belonging to the Organization for Economic Co-operation and Development (OECD).

The report shared a number of depressing findings. First, despite the U.S. spending twice as much on healthcare (as a share of the economy) as comparable wealthy nations, Americans have the lowest life expectancy and highest suicide rates. Nor is America's poor bang for its healthcare buck anything sudden or new – a 30-year-old [study](#) that compared the U.S. to 15 OECD nations reached the same conclusions.

The Commonwealth Fund report also drew attention to the fact that, among peer nations, the U.S. has the highest chronic disease burden, the highest number of hospitalizations from “preventable causes” and the highest rate of “avoidable deaths.”

Restrictive COVID policies have [worsened](#) these health indicators, with mounting [deaths of despair](#) and a [plummeting](#) life expectancy that researchers [predict](#) will drop still further.

The draconian policies – and especially [COVID vaccine mandates](#) for healthcare workers (HCWs) – are also wreaking havoc on the U.S. healthcare system and health workforce. [Astoundingly high percentages](#) of HCWs have experienced [adverse events](#) after accepting the jabs, rendering some [unfit for duty](#). And among HCWs who, having done their due diligence, have chosen to decline the injections, [firings](#) and [resignations](#) are growing increasingly commonplace. These kinds of handicaps portend an uncertain future for a healthcare system that was [already on shaky ground](#) even before the terrible COVID policies took hold.

Early guinea pigs

As soon as the U.S. Food and Drug Administration granted [Emergency Use Authorization](#) for the COVID vaccines, HCWs began to find themselves in a catch-22: take an experimental injection (made by [felonious](#) pharma giants exempt from legal liability for injuries) or – egged on by hostile parties that now include no less than [POTUS](#) himself – risk ostracism or worse.

Many HCWs who dutifully did what they were told have not fared well. An online [survey](#) of 1,245 HCWs published in April (“representing various parts of the country during the early phase of COVID-19 vaccination”) furnishes one particularly hair-raising glimpse of the potential risks – for both provider and patient.

The study focused on roughly 800 HCWs (46% younger than age 41 and nearly all with doctoral, medical or Master’s degrees) who received the Pfizer vaccine and reported one or more symptoms. Almost all (93%) had received two doses.

Post-vaccination, about one in eight HCWs “temporarily” had trouble performing activities of daily living. In addition, the survey results highlighted the following:

- Symptoms such as fatigue, headache, joint pain, nausea, muscle spasm, sweating, dizziness, flushing, brain fog, anorexia, sleep disruptions, tingling and palpitations were common.
- Grouped by organ system, large percentages of the Pfizer-injected HCWs reported symptoms that were “generalized” (76%) or musculoskeletal (53%). However, the injections also displayed the capacity to affect nearly every body system: gastrointestinal (21%), psychological/psychiatric (17%), neurological (13%), otolaryngological (12%), endocrine (10%), cardiovascular (6%), respiratory (3%), urinary (1%) and allergic (1%).
- The principal neurological symptom reported was brain fog or “reduced mental clarity” – a disabling symptom that can scarcely be reassuring to the affected individuals’ patients. This category also included reports of symptoms such as numbness, paralysis, vertigo and reactivation of herpes or shingles. These types of neurological symptoms are no joke; some HCWs have reported being denied health insurance and Workers’ Compensation despite symptoms so debilitating that they can [no longer work](#).
- In the otolaryngological category, ear and eye symptoms predominated, included ear ringing, changes in hearing, ear/eye pain, blurred vision and “flashing lights.” The vision-related symptoms dovetail with data from the European drug monitoring agency, which has recorded tens of thousands of [eye disorders](#) following COVID vaccination.
- Oddly, 6% of Pfizer recipients reported [upbeat feelings](#) of joy, relief or gratitude in response to receiving the injections. The researchers characterized this as a “positive sign” of HCW willingness to “[take]

the challenge to end the deadly pandemic, irrespective of side effects experienced.”

In early 2021, Czech researchers conducted a nearly identical [HCW survey](#). Virtually all of the respondents (n=818), about a third of whom had at least one chronic illness at baseline, received two doses of the Pfizer shot, and 93% of the latter reported one or more side effects. Disturbingly, the prevalence of adverse reactions was consistently higher in younger (< 43 years old) HCWs with more of their careers ahead of them. Almost one in ten Pfizer recipients reported symptoms lasting for a week or more. Nevertheless, the researchers gaily concluded that healthcare workers and students “are among the ideal population groups to participate in this type of studies [sic] due to their high level of health literacy and scientific motivation.”

No thanks

From the beginning of the COVID vaccines’ rollout, surveys have indicated that HCWs are “[somewhat more skeptical](#) [about COVID vaccine safety] compared to the general public.” In early January, [one in four](#) surveyed HCWs indicated that they had no plans to ever get a COVID shot, with “wariness of going first” being one of the commonly cited reasons. In many healthcare settings, far larger proportions than 25% have chosen to [remain unvaccinated](#).

In an opinion piece that appeared in HuffPost in February, senior reporter Jeffrey Young patronizingly [explained](#) that HCWs have “complicated” reasons for rejecting COVID shots, but he kindly suggested that those reasons do not make them “conspiracy theorists.” Somewhat more aptly, Young stated that HCWs “have watched the government bungle so many aspects of the COVID-19 response that when those same authority figures tell them to get vaccinated first, essentially to be guinea pigs for new vaccines, their messages aren’t always well-received.”

Months later, HCWs have had numerous opportunities to observe first-hand the post-job travails of injected colleagues and patients, and for many, this has only intensified their “wariness.” In late August, two thousand HCWs filed a [lawsuit](#) in the state of Maine to block COVID vaccine mandates, arguing their wish “to be able to continue to provide the healthcare they have provided to patients for their entire careers, and to do so under the same protective measures that have sufficed for them to be considered superheroes for the last 18 months.”

The administration of Maine Governor Janet Mills is requiring that all HCWs in the state be vaccinated by Oct. 1. Outgoing New York Governor Andrew Cuomo [announced](#) a similar HCW vaccine mandate in August, stating that HCWs would be required to get a first dose even sooner (by Sept. 27), but on Sept. 14, District Judge David Hurd granted a temporary restraining order [suspending the mandate](#) because the state unlawfully disallowed religious exemptions available under federal law and the Constitution.

States imposing top-down HCW mandates may need to brace for some heavy fallout. The U.S. is already in the midst of an unprecedented [nursing shortage](#), and as the mandates drive out even more of the best and brightest, the situation promises to get [worse](#). Healthcare analysts point out that shortages of skilled nurses have major implications for [patient care](#), with consequences ranging from longer wait times (and shorter visits), to less available care in [rural settings](#) to a higher risk of medication errors and even patient deaths.

The U.S. is also facing a [shortfall](#) of doctors. The pre-COVID Commonwealth Fund report – which found that Americans, even though sicker than their healthier counterparts in other wealthy nations, [go to the doctor less often](#) – suggested that physician shortages could be a contributing factor.

Get your care now

With an eye on the vaccine-mandate-impelled nursing shortage, former New York Times journalist Alex Berenson [advised](#) in August, “if you need to get sick, do it before the mandates hit Oct. 1.”

Though Berenson’s warning may have been somewhat tongue in cheek, a New York hospital announced earlier this month that it would be putting maternity services [on hold](#) after Sept. 24 due to resignations from maternity staff opposed to the mandates. In addition to stating that “The number of resignations received leaves...no choice but to pause delivering babies,” the hospital’s CEO indicated that services in five other units could be “curtailed in some way” if more hospital staff end up choosing departure over vaccination.

While noting that 70% of the resignations thus far have been from staff working in crucial clinical positions, the hospital CEO maintained that he was “unequivocally” in favor of mandatory vaccination.

The pausing of maternity services may inconvenience pregnant women with late September due dates, but the clinical staff fleeing heavy-handed mandates can hardly be blamed for objecting to the Hobbesian choice between risks to life and livelihood. As Children’s Health Defense president Mary Holland forcefully [reiterated](#) in response to President Biden’s inflammatory demonization of the unvaccinated, “The Nuremberg Code, which the U.S. promulgated and has expanded over time, says it best: ‘The voluntary consent of the human subject is absolutely essential.’”

What is the end game?

Kaiser Family Foundation characterizes the healthcare workforce impacts of COVID vaccine mandates as “unintended consequences,” but one has to wonder whether the medical and political establishment could truly be blind to the fact that

so many “health-literate” HCWs would choose to decline the injections.

Many strangely “[counter intuitive](#)” episodes have transpired within the health system over the past 18 months, including widespread and dramatic health workforce layoffs and facility closures early last year, at precisely the same time that the media were trumpeting the emergency and celebrating HCWs for their heroism in the COVID trenches.

With COVID-19 clearly serving as the pretext to orchestrate a vast reengineering of society and governance in favor of more [centralization and surveillance](#), it stands to reason that the [medical-pharmaceutical cartel](#) may be seizing the opportunity to catalyze similar health system changes. The departure of seasoned HCWs accustomed to providing competent in-person care could, in fact, facilitate the desired push for more [virtual healthcare](#) and telemedicine, a [CDC-encouraged trend](#) that will send far more [patient data](#) into the waiting hands of cloud services providers like [Amazon](#) and Microsoft.

For people who desire face-to-face care, and for ethical healthcare workers whose gift is to provide that type of care, it may be time to come up with a new model, one that perhaps emphasizes old-fashioned prevention – good nutrition and plenty of sunlight and exercise – over newfangled, gene-modifying injections that thus far have proven more effective at lining pockets than in doing anything useful for health.

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