

Vaccine reluctance even affects health workers

Sandi Doughton

The Seattle Times

SEATTLE — After a horrific onslaught of COVID-19 killed the majority of residents at a small nursing home in Grant County, Washington, facility director Erica Gaertner couldn't wait to roll up her sleeve when the first vaccines rolled out.

"I thought, naively I suppose, that everybody else would just fall in line," she said. "But here I sit with less than 50% of my staff vaccinated."

Gaertner, who hasn't fully recovered from her own bout with the novel coronavirus, organized three on-site vaccination clinics at McKay Healthcare & Rehab in the Central Washington town of Soap Lake. She had one-on-one conversations with every reluctant staffer. Still, when Gaertner confided to her management team that she would mandate the vaccine if she could, many threatened to quit.

"The reality is that if I say: 'You will all get the vaccine or else you won't be able to work here,' I could lose half my staff and I wouldn't be able to keep the doors open for even a day," she said.

Despite being first in the nation to qualify for COVID-19 vaccination, health care workers in hospitals, long-term care facilities and other settings haven't uniformly rushed to take advantage of their position in the queue.

No statewide figures are available for Washington, but a Kaiser Family Foundation/Washington Post poll found slightly more than half of front-line health workers across the country were vaccinated as of early March. Another 19% said they planned to get the shots. Twelve percent describe themselves as undecided, while more than 1 in 6 — 18% — aren't interested.

"I think everybody in health care, at least in the leadership ranks, was surprised we didn't see 95% of our people go out and get vaccinated," said Dr. David Knoepfler, chief medical officer for Overlake Medical Center & Clinics in Bellevue.

Informal reports from hospitals across Washington over the past two months suggest an uptake rate of 60% to 70%, with the highest levels among physicians and among staff who cared for COVID-19 patients, said Cassie Sauer, president and CEO of the Washington State Hospital Association.

For skilled-nursing and assisted-living organizations, there's a distinct geographic divide, said Robin Dale, president and CEO of the Washington Health Care Association. West of the Cascades, between 60% and 90% of staff at most facilities are vaccinated. On the east side of the state, rates as low as 30% are not uncommon.

The concerns raised by



Steve Ringman/The SeattleTimes-TNS

Keith Jackson, a dishwasher at Aljoja Thornton Place, an assisted living facility in North Seattle has wrestled with the decision to get vaccinated but finally did to protect his mother. The photo was taken Thursday, April 8, 2021.

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— **Dr. David Knoepfler, chief medical officer, Overlake Medical Center & Clinics, Bellevue, Washington**

vaccine-wary medical workers aren't unique and mostly revolve around safety. The rare clotting problems that led the U.S. to temporarily halt administration of the Johnson & Johnson one-shot vaccine last week, coupled with similar concerns about the AstraZeneca vaccine in Europe and other parts of the world, are sure to add to those fears.

"It literally makes my job that much more difficult in trying to persuade my staff, residents and community to take any vaccine," Gaertner said.

Rather than mandate the shots — which raises legal questions since none has full FDA approval yet — most organizations are trying to win their workers over through educational outreach, Q&A sessions and role-modeling.

"The quickest way to get somebody to close their mind is to make demands," said Knoepfler. Name-calling doesn't help either. Knoepfler never refers to reluctant staff as "vaccine-deniers," preferring the term "defer-ers."

It's also important to acknowledge the many unknowns about the new vaccines, including uncertainty over how long protection will last and the lack of long-term safety data, he said.

Overlake's approach is to keep chipping away at the resistance with regular updates and briefings on new evidence. In emails, telephone calls and in-person chats, Knoepfler poses open-ended questions so employees can express their uncertainties. When he can, he provides answers.

"There is not a single day at this institution where we don't discuss the importance of vaccination at every staff meeting, in every newsletter," he said.

About 70% of Overlake's 3,500 employees have received the shots as of early April. Among them is Brandy Slade, 41, a registered nurse and director of medical surgical nursing services and clinical education, who initially leaned toward the "no thank you" camp.

Not only was she suspicious of vaccines developed on a "warp speed" timeline, but she'd also experienced a past bad reaction to the flu vaccine, with body aches that persisted for months.

Slade's change of heart started with a personal tragedy: Her 53-year-old aunt contracted the coronavirus and died within two weeks. "That was my biggest eye-opener," Slade said.

She was also impressed by anecdotal evidence shared in a safety meeting: The experience of a vaccinated colleague who never got sick despite caring for her stricken husband and kids.

But Slade still harbored misgivings.

"I asked a lot of questions of friends and colleagues who already had it, and truly listened to their answers without any judgment of my own," she said. Discussions with a staff pharmacist helped allay her concerns about messenger RNA technology used in the Pfizer and Moderna vaccines and provided the final nudge she needed to get to "yes."

"I just realized that the risk of catching this virus and potentially dying, or passing it on to a loved one who could potentially die, outweighed my fears."

For Keith Jackson, the decision to get vaccinated was also a gradual process. At 27, he wasn't very worried about dying from COVID-19. But his job as a dishwasher at Aljoja Thornton Place, an Era Living assisted-living community in

North Seattle, brought him in contact with vulnerable residents.

He asked his naturopath about the vaccines and got a disturbing answer about possible allergic reactions. Conspiracy-minded friends also raised doubts, fanned by social media.

"It was really mind-melting to me," Jackson said. "I didn't know who to believe or who to talk to."

Videos of Dr. Anthony Fauci, who he trusts, helped. But the clincher was a conversation with his building supervisor. She got the vaccine even though she was nursing and worried — and didn't have any adverse effects. Nor did any of the elderly residents.

Jackson, who was also concerned about passing the virus to his mother, booked his appointment.

"It feels good, like I made the right decision," he said.

Brittany Bell, executive director of Ida Culver House Broadview, another Era Living retirement community, also found one-on-one conversations to be a powerful way to counter misinformation and dispel rumors.

"There's a lot of scary information out there," she said.

Some staff members heard the vaccines would make them sterile. Others thought it contained live virus. Bell sat with one employee at a computer to investigate a video clip that claimed a person had dropped dead immediately after getting a shot.

"We Googled it together, and it was a fake video and we talked through ways to determine whether things like that are true or not," Bell said.

More than 80% of her staff, many of whom are immigrants from Africa, Latin America and the Philippines, are now vaccinated.

The Kaiser/Washington Post survey found much lower vaccination rates among Black and Hispanic health care workers — 39% and 44%, respectively — compared to the 57% rate among their white peers. Several health organizations are hoping to correct that imbalance with outreach efforts tailored for employees with varied ethnic and racial backgrounds.

UW Medicine and Harborview Medical Center hosted online sessions in multiple languages and with translators for employees and their families.

Confluence Health, which operates hospitals in Wenatchee and a dozen clinics in Central Washington, enlisted Latino physicians and nurses to champion vaccination and share their rational for getting the shots. Kidney specialist Dr. Mabel Bodell has become a local celebrity with her own YouTube channel and Spanish language videos for colleagues and the community at large.

Vaccinations are slowly ticking up, and Confluence hopes to reach 75 percent coverage among its 4,400 employees, said Senior Vice President JoEllen Colson. Rates remain lowest in administrative departments like human resources and finance, where most employees are still working remotely and many have been reluctant to take vaccines that could go to front-line workers.

"We're not hearing a lot of firm 'no's,'" Colson said. "We're hearing a lot of: 'maybe' and 'not yet.'"

One Seattle chiropractor, who describes herself as a "selective vaxxer as opposed to an anti-vaxxer," said she has no intention of getting the shots but continues to mask and take other precautions when working with clients.

"To me it boils down to not enough testing and too many unknowns about the effects of the vaccine itself," said the 67-year-old, who asked not to be named.

She's also not comforted by the argument that serious side effects are rare. Her daughter suffered a stroke at the age of 17, so she knows that uncommon events can happen. "I don't want to be that rare statistic."

Patient demands a big motivator

At least one hospital in Washington has already hit its 75 percent target, after months of persuasion, education and cajoling.

"I will tell you, I was skeptical we would ever get there," said Jeannie Eylar, chief nursing officer at Pullman Regional Hospital on the

state's eastern border. But she discovered that peer pressure, both subtle and overt, can be a very effective tool.

Vaccinated employees declared their status with pins, and some recorded videos explaining their decision. Departments that reached their goals were celebrated, but those that lagged were never shamed. The hospital's internal website featured a fever chart that tracked companywide progress like a United Way Drive.

Most of the remaining unvaccinated employees are pregnant, nursing or trying to get pregnant and waiting for more evidence of the vaccines' impact and performance — and Eylar still has hopes of getting them on board.

With the rate of new staff vaccinations slowing down in many places, some health organizations are trying to figure out their next steps. Multicare, which has hospitals and clinics across Pierce and several other counties, hit a plateau at about 55 to 60% vaccinated, said June Alteras, senior vice president and chief quality, safety and nursing officer.

"We just put out a survey, trying to understand what the barriers are and what else we can do to help move people through their vaccine hesitancy," she said.

Some health systems in other parts of the country offer incentives like bonuses or gift cards for workers who get jabbed. A few, including Houston Methodist and Atria Senior Living — will mandate vaccination.

Patient demand may eventually prove to be the most powerful motivator.

One Seattle resident said he dropped his longtime dentist after learning the man wasn't yet vaccinated. At Pullman Regional Hospital, some pregnant patients insist all their caregivers be inoculated. A similar dynamic is beginning to play out in at least a few other hospitals, assisted-living and nursing homes across the state, administrators said, even though full protective gear is still required.

Privacy is an issue, since federal law protects both patient and staff medical records, said Dale, of the Washington Health Care Association. But requests for vaccinated caregivers are reasonable, he added.

"If it was me or my family member in a facility, I would want the staff to be vaccinated for sure."

JERK

Continued from Page 1B
Yield 2 servings

Per serving: 226 calories (33% from fat), 8.2 g fat (1.5 g saturated, 4.2 g monounsaturated), 108 mg cholesterol, 35.6 g protein, 3 g carbohydrates, no fiber, 230 mg sodium.

COCONUT RICE AND BEANS

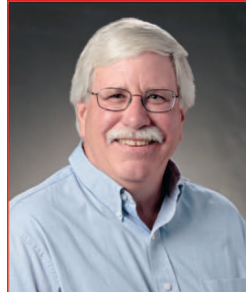
Recipe by Linda Gassenheimer

1/2 cup long-grain white rice
1 cup lite canned coconut milk
1/4 cup water
1 cup drained canned pinto beans
2 scallions, sliced (about 1/3 cup)
Salt and freshly ground black pepper

Place rice, coconut milk and water in a small saucepan and bring to a simmer. Cover with a lid and simmer 10 minutes. Add the beans and continue to simmer 5 minutes or until the rice is

cooked through. If there is still some liquid, remove the lid and boil rapidly for a minute or two until it is absorbed. Remove from heat, sprinkle scallions on top and add salt and pepper to taste.
Makes 2 servings.

Per serving: 348 calories (20% from fat), 7.8 g fat (6.3 g saturated, 0.2 g monounsaturated), no cholesterol, 10.6 g protein, 59.3 g carbohydrates, 6.5 g fiber, 132 mg sodium.



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