

Our View

The long road ahead to a vaccine

The news of skyrocketing numbers of COVID-19 infections across the United States is reminding us of the original meaning of the phrase “going viral.”

If you’re talking about a social media post going viral, that’s a good thing.

If you’re talking about an actual virus, like COVID-19, viral spread is greatly concerning.

We are seeing fear that COVID-19 patients in the Midwest soon will overwhelm there, mostly due to the challenges of having enough healthy staff.

Shortages of nurses and other health care workers in North Dakota have led the governor to allow those with a positive COVID test but no symptoms to remain on the job (but yet he has not initiated a statewide mask mandate).

We don’t want this to happen in Oregon. Especially in rural Oregon, where hospitals are small, few and far between.

Viral means uncontrolled. It means aggressive. It means rapidly spreading.

We know what we need to do to slow the spread.

The Centers for Disease Control and Prevention announced last week that not only do masks work to protect yourself and others from COVID-19, but that “increasing universal masking by 15% could prevent the need for lockdowns and reduce associated losses of up to \$1 trillion or about 5% of gross domestic product.”

We’re at the point where we should assume many people around us are infected, and act according. Wearing a multi-layer cloth mask, keeping your distance and limiting the time spent with other people indoors are all important.

News of the Pfizer vaccine achieving 90% of effectiveness in clinical trials is encouraging. However, there is a long road ahead. Assuming it gets FDA approval, there are significant logistical challenges that must be overcome before the vaccine can protect anyone in Eastern Oregon.

The Pfizer vaccine needs to be continuously stored at temperatures of -100 degrees Fahrenheit or colder, requiring an “ultra-cold” distribution chain that does not exist.

The vaccine is shipped in batches of 1,000. This could work well in urban areas, where it would be fairly easy to assemble that many people. Not so in rural America.

And it’s not a one-shot-and-you’re-immune kind of vaccine. Two shots are required, 21 days apart, and acquiring immunity takes some time after that.

Health care providers, emergency personnel and other essential workers are likely to be put at the front of the line for the new vaccine, along with people at high risk for severe infection due to underlying medical conditions, and people 65 years and older.

So, we have many months ahead before a COVID-19 vaccine will make a dramatic impact on the pandemic.

Our advice: Find a comfortable multi-layer cloth mask and hunker down.



Letter to the Editor

Lockdowns increase non-COVID-19 deaths

Recently the World Health Organization issued a statement cautioning against the use of lockdowns as the primary means of controlling the COVID-19 virus (The Spectator, Oct. 8). Interestingly, the White House issued a similar statement a few days later. Since these two entities usually disagree, we may want to pay attention. Alas, Gov. Brown is doubling down on lockdown restrictions in certain counties. Even our La Grande city manager has extended the city’s emergency declaration.

The rationale for limiting lockdowns is not merely financial: There is a human cost far beyond any decrease in economic activity. The anguish induced by loss of jobs and

businesses is obvious and, I think, not given enough attention by the state. Just as real are other effects of social isolation and inactivity produced by a lockdown. By now we have plenty of evidence for the increase in drug and alcohol abuse, depression, suicide, spousal and child abuse, and related damaging effects. Despite the heroic efforts of our public and private school teachers, online education is proving inferior to in-class education. Moreover, the resulting isolation is a cause of depression among students.

The Oregon Health Authority Center for Health Statistics website is informative. One finds that since the lockdowns started in week 12, total weekly deaths in Oregon have been significantly higher than the week-by-week five-year average for 2015-2019. Even after subtracting

COVID-19-related deaths, there have been about 1,500 deaths in excess of the previous five-year average since week 12. The OHA site states: “Since mid-March, deaths attributed to COVID-19 account for 31% of the observed excess over the 5-year historical average for that period.” Thus, excess non-COVID-19 deaths have been more than double those directly caused by the virus.

I readily agree with those who point out that correlation does not prove causality. However, one can hardly avoid the suspicion that a good many of these non-COVID-19 deaths are related to the lockdown. In setting policy, our governor ought to take into account human costs outside her narrow focus on COVID-19 deaths.

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THE
OBSERVER

An independent newspaper founded in 1896

www.lagrandeobserver.com

Periodicals postage paid at Pendleton, Oregon 97801
Published Tuesdays, Thursdays and Saturdays
(except postal holidays) by EO Media Group,
911 Jefferson Ave., La Grande, OR 97850
(USPS 299-260)

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911 Jefferson Ave.,
La Grande, OR 97850

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