

# Opinion

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## EDITORIAL

# Referees vital to youth sports seasons

Becoming a sports referee can look like a thankless job.

Emotions during a high school basketball game or football contest can run high, and there is never any shortage of sideline second-guessers who suddenly become experts on the rules and regulation of a particular sport. Those self-proclaimed experts are never hesitant to let the men and women in the stripes know it, either.

Yet, high school and middle school sports are the lifeblood of many small communities across rural Eastern Oregon. Each game gives parents and relatives a chance to watch their sons and daughters, grandsons and granddaughters, compete against other youth.

For those games to continue, for that traditional part of our life to prosper, we need men and women who will officiate those contests.

Right now, that's a problem.

George Gillette, commissioner of the Blue Mountain Basketball Officials Association, recently said that a decade-long drop in the number of basketball officials is beginning to have a negative effect.

Gillette's association can usually expect 45 to 50 basketball officials to work games across the region, but last spring the number dropped below 20. That meant games were rescheduled or even canceled.

The lack of sports officials may not seem like an urgent news story to rival a Middle Eastern war or the federal budget, but for those of us who live in the small towns across Eastern Oregon, the absence of the men and women in the stripes is important.

To know that games could be canceled this winter because there are not enough officials is troubling.

It may be a difficult job with low pay but we need men and women in our area to step up and get involved. And we need to remember as we watch those games and hear the calls of the officials that they are us, men and women from our region who are essentially donating time to help.

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### Letters to the editor

We welcome letters on any issue of public interest. Letters are limited to 350 words. Writers are limited to one letter every 15 days. Writers must sign their letter and include an address and phone number (for verification only). Email letters to news@bakercityherald.com.



# Concerns about the vaccines

By DAVID SPAUGH

Viruses are made of proteins. When a virus enters the human body, the immune system may create antibodies that specifically match proteins on the virus. These antibodies will bind with the viral proteins, triggering a process that destroys the proteins and thus the virus.

If a foreign protein has features that are very similar to other proteins, there is a chance that antibodies created to bind with the foreign protein may also bind with the other similar proteins. This similarity is called homology.

Sometimes viruses have proteins that are homologous with human proteins. This homology increases the risk that antibodies created to match and bind with the viral protein may mistakenly bind with human proteins. When an antibody binds with a human protein, that antibody is called an autoantibody, and the binding mistake is called an autoimmune response. Auto means self.

Autoimmune responses lead to autoimmune disease, which is the 3rd leading cause of illness and death in America, affecting females four times more often than males, primarily women of child-bearing age. It takes about six years for autoimmune disease to develop after exposure to a trigger. The exact causes of autoimmune disease are unknown, and there is no known cure. Protein homology is a recognized trigger of autoimmune response.

COVID-19 proteins are unusually and highly homologous to human proteins. Natural and vaccine exposure to COVID-19 proteins has already caused immediate autoimmune responses in some people.

It is probable that natural and vaccine exposure will also cause long-term autoimmune disorders in some people. Again, autoimmune disease has a years-long latency period.

The COVID-19 spike-protein is highly homologous with human proteins. It is too soon for any scientist to say that the current spike-protein vaccines will not contribute to future autoimmune disease.

The normal timeframe for approval of new vaccines is 10 years, which allows for long-term safety testing.

Humans have never developed clinically effective lasting immunity to coronaviruses. It was never likely that a single-protein coronavirus vaccine would induce lasting immunity to a coronavirus. During development of the spike-protein COVID-19 vaccines, booster shot requirements were always a predictable outcome.

Safer COVID-19 vaccine designs have been available since early 2020. These peptide designs eliminate homology risk by presenting only non-homologous epitopes, or only T-cell epitopes. It is possible that such designs may induce lasting immunity by presenting less-dominant conserved epitopes or by inducing a robust but atypical T-cell response.

The spike-protein vaccines only protect against infection and transmission for about five months. Biannual boosters are required to maintain peak levels of circulating antibodies. Natural and vaccine exposure to COVID-19 proteins does induce production of memory B-cells and T-cells, but as available data would predict, these immune memory responses are not resulting in clinically effective lasting immunity. COVID-19 vaccine-breakthrough infections and natural-reinfections are a reality.

COVID-19 booster shots are repeat exposures to the human-homologous spike-protein. Repeat exposure to a homologous protein increases homology risk.

Natural immunity induced by natural exposure to multiple COVID-19 viral proteins

is likely more diverse than vaccine immunity induced by exposure to one protein, but there is no reason to think that natural immunity will last. It is unproductive to argue over which temporary immunity is better. That time could be better spent by uniting people to collectively demand the development and testing of improved vaccine designs.

The goal of vaccination is accelerated herd immunity. That goal cannot be achieved with a vaccine that is only effective for five months, especially in a population that is justifiably reluctant to take a new vaccine that has no long-term safety testing. Widespread acceptance of boosters is unlikely, especially as people become more informed about vaccine risk and the availability of safer COVID-19 vaccine designs.

After 19 months of epidemic, 99.95% of all Americans in the 5-17 age bracket have not been admitted to a hospital with or for COVID-19.

For kids, virus risk is very low whereas vaccine risk is unknown and theoretically high. Requiring the current vaccines for public school attendance is unjustifiable and dangerous. California has already implemented a public school COVID-19 vaccine requirement.

After 19 months of epidemic, 99.5% of all Americans under age 65 have not required hospital admission for COVID-19.

COVID-19 vaccine mandates are unwarranted, and for kids and young women, potentially unsafe.

This letter is based entirely on CDC data and peer-reviewed articles published in recognized medical journals.

Data sources and citations are provided at [www.katevax.org](http://www.katevax.org).

*David Spaugh lives near Baker City.*

## OTHER VIEWS

# A promising strategy to reduce America's rate of veteran suicides

Editorial from *The Virginian-Pilot, Norfolk, Virginia:*

The White House's latest effort to tackle the difficult problem of suicide among the military and veterans may be the comprehensive approach that's sorely needed. It could help a lot of people here in Hampton Roads, Virginia, and across the nation.

The new strategy, announced the week before Veterans Day, is promising and deserves support.

Skeptics will be forgiven, since we've heard a lot of this before. The rate of suicides among the military and veterans has remained alarmingly high for a decade or more, despite the well-publicized vows of the last three presidential administrations to make this crisis a priority.

The statistics are grim. Since the Sept. 11, 2001, terrorist attacks, about four times more military members and veterans have died of suicide than have been killed fighting. In 2019, the most recent year for which the Department of Veterans Affairs has statistics, about 17 veterans a day died by suicide — and that was before COVID-19 brought more isolation and depression. The rate of suicide among military members and veterans is 1.5 times that of American civilians.

These unacceptable numbers continue despite increased attention and recent federal initiatives.

Rightly calling suicide among service members, veterans and their families “a public health and national security crisis,” the Biden administration’s strategy calls for building on existing programs and adding more in a drive toward real progress.

It’s a comprehensive strategy that will involve departments and agencies across the federal government in addition to the departments of Defense and Veterans Affairs.

It intends to improve ways to deal with people in times of crisis and at risk of suicide. It also takes a broader approach designed to address the many causes of suicide with an eye to keeping military members and veterans from reaching that moment of crisis.

It recognizes that just as there are many reasons people are driven to suicide, there is not a one-size-fits-all solution.

One emphasis is on making it less likely that a person in crisis will have easy access to “lethal means.” Often, the time when a person sinks to that level of desperation is relatively brief. If the means of suicide isn’t readily available, the crisis may pass. Since about 70% of all suicides in America involve firearms, this means keeping guns locked away. As part of the comprehensive approach, the Department of Justice is working on a proposal from the Bureau of Alcohol, Tobacco, Firearms and Explosives to require gun dealers to offer compatible, secure gun storage and safety devices for sale.

Other plans include expanding existing ef-

orts to identify military members and veterans struggling with mental health problems, doing more to intervene before a crisis, and making it easier for those in crisis to get emergency help.

The plan will expand efforts to make high-quality mental health care easily available and affordable for military members, veterans and their families.

One of the most important aspects of the comprehensive strategy involves correcting the problems that lead service members and veterans to the brink of suicide. That’s a challenge, because there are many reasons that go beyond the common factors, such as post-traumatic stress disorder. And many service members and veterans are reluctant to ask for help when they need it.

This effort will address basic things such as pay, benefits, family stresses and the difficulty of making the transition from military to civilian life. Too many veterans struggle with homelessness, unemployment, substance abuse and other problems that contribute to hopelessness.

The 20 years of war since Sept. 11 have put great stresses on the men and women who volunteered to serve in our military and protect our nation. The government and society as a whole have done a poor job of helping them deal with their emotional and mental-health problems.

The new, expanded emphasis has the potential to make a difference. Let’s do what we can to make it work.