rEmarks Data for August 10th, 2021 Village Council Meeting

Agenda Section: Comments of a General Nature
Agenda Item: N/A
Commenter: David Rose, Downers Grove
Comment: Interesting covid times.

Want to be confused about how to respond to covid? Read on.

Michael Osterholm, director for infectious disease research and policy at U of Minn, has been a regular expert analyst on television during the pandemic. In 2020, he appeared regularly on NBC's Meet the Press, for example, and in each of those interviews I saw he warned about the challenges the US was facing with covid. He always came across as someone willing to speak uncomfortable truths.

In his interview with Amanpour and Co's Walter Isaacson airing on 02/03 Aug on PBS affiliate WTTW, Osterholm made two observations that might be considered if not uncomfortable at the least confusing.

1) Some masks afford some — but hardly 'bulletproof' — protection against inhaling/spreading the virus.

2) The pattern of the virus has been consistent around the world — surge then fade — regardless of the specific actions a nation takes. And we don't yet know why.

From the transcript:

"without regard to necessarily what humans do, you will see these big surges of cases lasting 5-8 weeks and then it just ends … and then starts up again. and we don't understand that."

The latter point struck me because the bulk of the remainder of the interview was devoted to promoting vaccination against covid.

Do you see the problem here?

And remember, this interview occurred within days of the report leaked out of the CDC that vaccinated individuals who are infected with the delta variant are just as capable of spreading the virus as the un-vaccinated. And compared to previous variants, the delta-infected's viral load is greater, whether you're vaccinated or not.

This dual problem — the greater infectiousness of the delta variant and the fact that vaccinated people are capable of both becoming infected by it and spreading it — is precisely why wearing masks was reinstated as recommended policy! What then of O's point 1?

So what is going on here?

Well, my best guess is that nuance of explanation would be helpful, if Americans were capable of understanding and implementing nuance.

For example, even if one accepts certain individuals — e.g., the most vulnerable in terms of personal health — should be vaccinated, is it appropriate/necessary to vaccinate everyone? The distinction is reflected in the current percentage of Americans who are fully vaccinated; it's quite likely those who deemed themselves vulnerable for personal health and/or family and work reasons got vaccinated. Does everyone else NEED to be vaccinated?

Current federal policy says yes, but what then of O's point 2?

In the absence of a vaccine in 2020, shutting down the economy to avoid overwhelming the medical care system and to minimize deaths made sense, given the uncertainty about the infectiousness and lethality of the virus, and the uncertainty about how to treat those seriously ill with it. Job One for the Biden administration thus became getting jabs into arms, as the foundation to getting life and the economy "back to normal" again.

With a vaccine, the need to slow or shut down the economy goes away, so the mainstream narrative claims, if — IF — enough people got vaccinated.

The counter narrative, on the other hand, contends enough is now known about the virus and the pandemic to avoid both slowing/shutting down the economy and vaccinating most/all the currently un-vaccinated. Targeted vaccinating, ok; mass vaccinating, not ok.

This is the debate now raging.

Nuance presently manifests, then, as a policy of leaving the vaccination decision to the responsible party. In so doing, it gives the benefit of the doubt on whichever position one takes that every individual's decision reflects a desire to achieve both individual and collective good — a desire to protect oneself and everyone else.

Except when nuance doesn't give the benefit of the doubt.

That's when uncertainty comes into play and political predispositions clash.

The knotty problem is one's sense of people's capacity to make a good decision, and what to do when one has doubts in that regard. Should people be given the benefit of the doubt and left to their own devices and fate, or should they be compelled/persuaded/incentivized to get vaccinated?

With the opening of a new school year right around the corner and with everyone anxious to get the economy humming again, we're now seeing a clash between those who want to mandate vaccinations and those who want to leave the decision to the individual entity — person, family, enterprise, school, jurisdiction, etc. Deciding which entity's decision should take precedence is also part of that debate.

An attempt at compromise between the two positions offers the choice between getting vaccinated or being tested on a regular basis.

But … if the vaccinated are as capable of being spreaders as the un's, why confine testing to the un-vaccinated? Indeed, from a research standpoint, shouldn't both the vaccinated and the un's be tested equally frequently … to determine if the vaccinated are in fact infected at a lower, pandemic-inhibiting rate than the un's?

For that matter, If the vaccinated can unknowingly be covid positive, what good is a policy requiring proof of vaccination — as opposed to proof of non-positivity — if restricting access to venues is intended to inhibit the spread of the virus?

Keep in mind: Osterholm and others continue to argue that vaccines are "safe" — getting vaccinated won't make you sick — and 'work' — being vaccinated "lowers the likelihood you get seriously ill and need hospitalization or die."

With the delta variant, vaccination no longer means, as had been the mainstream narrative previously, "un-likely to get infected" and "un-likely to spread the virus."

Vaccinated or not, if one is knowingly infected or suspects oneself might be infected, the optimal response is still to quarantine. From a public health standpoint, quarantining strives to slow the spread and thereby keep the local medical care provider(s) from being overwhelmed. [This is of course true for every communicable disease, though until covid American culture and business often prevented/discouraged working class employees from exercising such discretion.]

Vaccinating as public policy has the same objective; vaccinating as company policy derives from a similar goal, along with the related goal to keep the enterprise running. Which suggests why hospitals might be heavily inclined to mandate vaccinations; if a staff member gets sick, they become a double whammy … a consumer of hospital resources AND no longer a provider of them! Congregate settings (e.g., nursing homes, retirement facilities, prisons) likely have a similar inclination.

A slightly different calculation applies to colleges: the problem with college students on campus is not so much what happens in the classroom but what happens everywhere else!
Similar concerns apply to K12 education. At this juncture, schools seem inclined to go back to in-person learning, with everyone expected/required to wear masks indoors. How long will this last? See O point 1. Should schools mandate vaccines? See O point 2.

Furthermore, given the potential to be an unknowing spreader even if one is vaccinated, for individuals in close contact with multiple people on a daily basis — medical care providers, public travel (planes, trains, buses, taxis, limos, etc.) staff, and schools/daycare centers being the occupational areas of prime concern — is both public and enterprise policy that they get TESTED on a regular basis? Not that I am aware of.

Then again, given O's point 2, such testing may only affect the duration of a surge and WHO becomes a case during the surge. The latter matters, of course, to individual members of the public who come in contact with a potential staff-vector; but from the perspective of the enterprise — for reasons of financial cost and administrative logistics — it likely means only AFTER the rise of a surge is detected AND is connected to a specific enterprise would such widespread precautionary testing of enterprise staff be undertaken.

To reiterate the question raised earlier: given current information, from the enterprise's perspective, should policy differ between vaccinated and un's of the public who require enterprise services?

As a policy matter, the question about vaccination comes down to whether the vaccine(s) work as advertised. As my 03 Aug comment indicated, the counter narrative has its doubts.
A key reason young children are not yet being vaccinated is the need for research to determine how to tailor a vaccine that generates the desired immune system response. The counter narrative believes such tailoring research is needed for the adult population as well. It also doubts that children should be given covid vaccines.

[Sidenote of related speculation: Inferring from the counter narrative's argument why individuals are able to resist covid without a vaccine, one may hypothesize that regardless of a person's perceived 'normally good' health, what is crucial vis-a-vis covid is the extent to which their immune system has been previously 'battle-tested' against corona viruses. Thus, healthy children for whom delta covid is their immune system's first or first 'serious' encounter with a corona virus may have a quite difficult time of it. As I say, speculation on my part.]

The counter narrative's skepticism about covid vaccines goes much deeper, to the mechanism of the spike protein itself. This is the key difference between narratives regarding the vaccines currently used in the US; outcomes ahead will ultimately determine which narrative is right. (More on this issue below.)

Please appreciate in that regard: doubt about vaccine efficacy can exist for legitimate reasons, both because the doing of science is influenced as much by sociological and political economic factors as any other enterprise and because empirical research is by definition a "work in progress."

The vaccines were given 'emergency use authorization,' meaning they were deemed safe enough and effective enough to take the risk of distributing them more widely in spite of the lack of otherwise desirable testing and research.

News media started reporting by early August 2021 the federal government may soon give the vaccines full authorization. Dr. Fauci is signaling full authorization will likely be treated as a green light to mandate.

Is the vaccine or covid the bigger risk to individuals and thus to the population as a whole? The mainstream narrative says covid; the counter narrative says vaccine. The counter narrative is not without data and analysis.

The counter narrative contends:

a) For the healthy and those who've overcome covid, vaccines are not needed because covid is not that risky to them.

b) For the really vulnerable, especially the elderly and vulnerable, getting vaccinated is likely worth the risk; but there is risk, more so than usual.

c) For those in-between, i.e., for the "less-than-healthy," it's a crapshoot. Trust that if you get sick, enough is now known medically to treat you and avoid lengthy hospitalization or worse.
The counter narrative's recommendation for the less-than-healthy is to use one or more non-vaccine prophylactics to help boost one's immune system. The best prophylactic? Get healthy. If you're overweight, lose weight. Etcetera.

From the counter narrative's perspective, the 'get healthy mandate' is also preferable to the direction the mainstream narrative seems headed — trying to develop and distribute vaccines on an unprecedented scale, 'chasing' in the process a rapidly mutating virus from season to season and place to place (as we do now on a much smaller scale with influenza). [Are public health departments even trying to contact trace these days?]

The mainstream narrative urges vaccination to avoid the possibility of long covid. The counter narrative urges caution about equivalent long-term uncertainties of vaccines and 'boosters.' Until events make evident, long-term possibilities cannot be used to support one narrative over the other.

In guerrilla warfare, the guerrillas' objective is to outlast the enemy, however much-better-funded and -equipped the enemy may be. Battling covid feels to be that kind of battle. Americans have grown accustomed to the miracles of medicine covering a multitude of personal and societal sins (to say nothing of adverse effects incurred from taking physical risks pursued just for fun). Covid feels like a battle in which we would be well-advised to get healthy; for if we don't, we risk exhausting ourselves financially. On that front, one must hope it is not already too late.

Finally, speaking of data and analysis, …

The delta variant originated in India; India is known to have a very low rate of vaccination. Is covid raging in India right now? Not according to official data. Is India not collecting adequate data; is the reported data being manipulated? Or, consistent with Osterholm's point 2, did India simply experience a 'typical' 'surge and fade?'

The issue of data-collection-and-reporting integrity is not confined to India. Given history's numerous (innumerable?) instances of government deceiving its people or private enterprise deceiving its customers, including instances with medical consequences — for Americans, think Tuskegee syphilis research, Hiroshima and Nagasaki, nuclear waste, Gulf of Tonkin, agent orange, Love Canal, 9/11 debris, "weapons of mass destruction," cigarettes, opioids, police shootings, lead in gasoline, fracking, Flint MI water, pollutant mitigation of various sorts, and so on — it can hardly be ruled out in this case.

Sooooo … is vaccinating both the short term and long term answer to the covid pandemic? Is it the only answer; is it the best answer? Is it the cheapest?

Before deciding, please consider the comment/analysis below. Talk to your trusted medical expert about its veracity and implications.

If you want to get really wonky, also ask your expert about ADE, antibody-dependent enhancement.

The debate between competing narratives is far from settled.

All of which should suggest, in case you were wondering, why covid vaccines have become "so political."

The best thing we can do for ourselves and each other? Get healthy, and get involved to help change our society's way of living so that it doesn't leave so many so susceptible to covid … or any other disease, for that matter.

[Shameless plug: It's all a part of learning to live environmentally sustainably.]

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https://www.theautomaticearth.com/2021/08/debt-rattle-august-3-2021/

• Well, Duh. This Is Why It Was Stupid (Denninger)

I warned everyone. Now even CNN is on it, although they (like SAGE) think we're smarter than nature — and evolution. "They write that some variants that have emerged over the past few months "show a reduced susceptibility to vaccine-acquired immunity, though none appears to escape entirely." But they caution that these variants emerged "before vaccination was widespread," and that "as vaccines become more widespread,

the transmission advantage gained by a virus that can evade vaccine-acquired immunity will increase." In a word: Duh. I know I've been banging on this drum since Covid-19 started but it is no-less important today, especially in the context of holding people accountable for killing several hundred thousand Americans and the economic destruction they brought upon the nation.

To be sterilizing a vaccine must prevent infection. Since you never get infected you never replicate the virus and thus do not shed it. If you do not shed it the potential path of the viral life-cycle for that particular infection ends with you and thus you cannot pass on or cause a mutation. You are sterile against that disease; from the point of view of the virus you are a lifeless rock. Among commonly-used sterilizing vaccines are MMR (measles, mumps and rubella), Varicella (chicken pox), OPV (oral polio) and others. The only time that such a vaccine fails is when you do not build immunity (such as due to immune compromise.) This is extremely rare and the protection from such vaccines tends to be either decades-long or lifetime.

A vaccine that is not sterilizing permits the virus to infect you and replicate and as a result you can infect others. Technically it is not a vaccine at all (which by definition prevents infection); it is a prophylactic therapy. Such a "vaccine" instead acts to reduce or eliminate symptomatic disease. You don't know you're sick and you don't get sick. You don't go to the hospital and you don't die. Unfortunately since you don't know you're sick but are infected and the virus is both replicating in you and shedding you are more-likely to spread the infection to others. All of the current Covid jabs are in this category and so is, for that matter IPV (injected polio vaccine — the original Salk discovery.) During the original vaccine trials in the summer and fall of 2020 they deliberately did not test any of the recipients for asymptomatic infections.

Only a person who developed a significant illness was tested. This has continued post roll-out with the CDC specifying that a close contact of a known case who was vaccinated did not need to quarantine or be tested until and unless they became symptomatic. They knew damn well, in other words, that the jabs were not sterilizing but did not want that data up for public debate because then those who have read history would be likely to make the connection to the present day and thus they did their level best to hide it. That has now blown up in their face with it being conclusively known that jabbed people in fact not only get infected but spread the virus to others. The problem with non-sterilizing vaccines is simply this: There is no safe means of mass-use of non-sterilizing vaccines so long as transmission within the community does or is likely to exist.

Ever. There are no exceptions. This was known to public health officials and virologists seventy years ago and is why the United States used both IPV (injected polio vaccine) and OPV (oral polio vaccine) in sequence for polio until the 1990s. OPV produced sterilizing immunity but IPV did not. OPV had a very small (but non-zero, about 1 in a million) risk of causing polio because it was a codon-deoptimized live virus which, on rare occasion, would mutate back to its virulent form in the human body. So to mitigate that risk you got IPV first in the US (to prevent systemic infection; this was non-sterilizing), then OPV which is sterilizing — that is, it prevents not only getting sick from polio but also replicating and shedding the virus, thus giving it to others along with preventing the promotion of mutations that WILL eventually escape the vaccine.

Had we done with polio what we're doing now with Covid — IPV (non-sterilizing) use only with virus circulating in the United States — it is very likely the virus would have mutated, escaped the vaccine and killed millions in America.