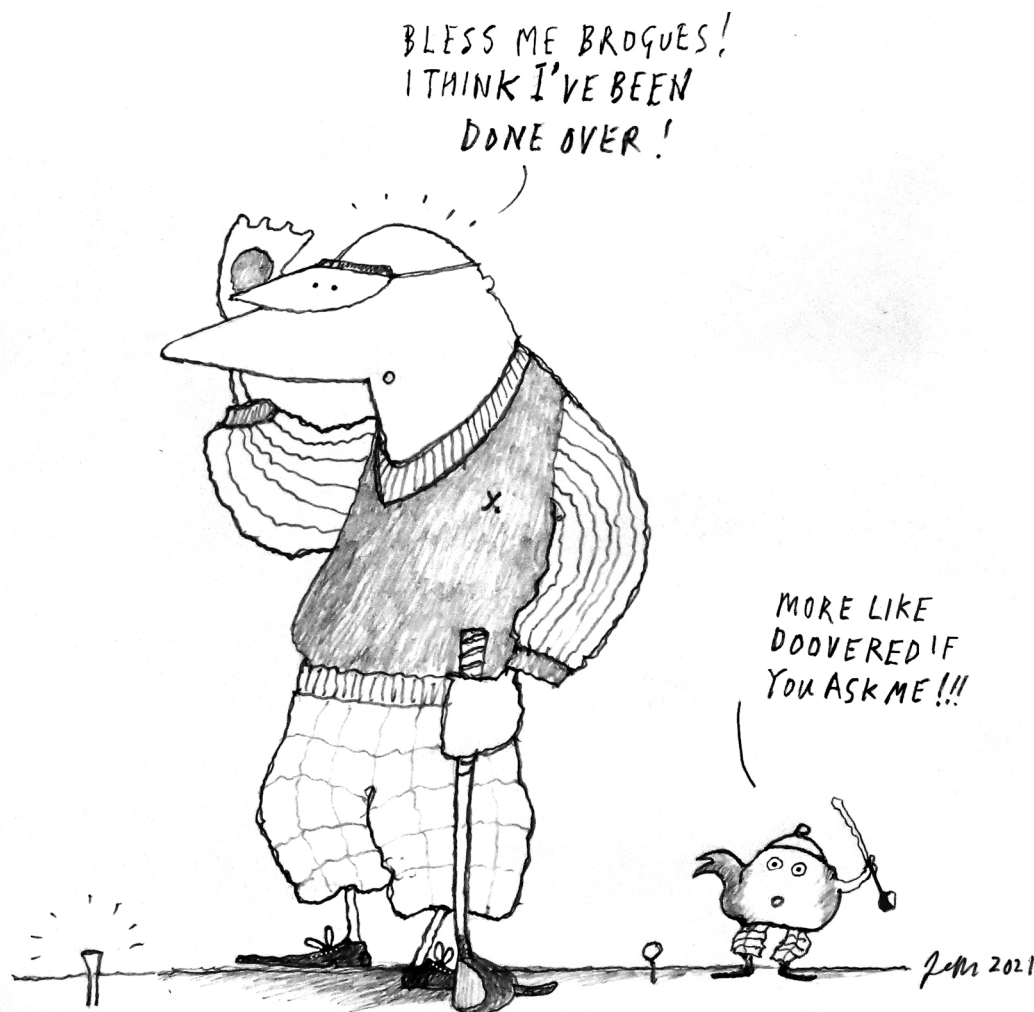


## STICKY WICKET

# Corona XLI – do over

Mole



Original artwork by Pete Jeffs – [www.peterjeffsart.com](http://www.peterjeffsart.com)

It was bound to happen. Yesterday I ‘met’ with a group of very smart friends from many different professions (lawyers, a librarian, a restaurant owner, a billionaire businesswoman, a diplomat, an engineer, a doctor, a renowned theater critic and, somehow, me) and we talked about the Terrible Pandemic. Every one of them is vaccinated, and every one of them stated that they will continue to wear masks and are considering double-masking in any indoor venue. This is because the Delta variant is surging in my country, and there are many reports of breakthrough infections and some hospitalizations among the vaccinated. It seems we are experiencing a do over.

In my language (American), a do over is a repeat of an action. In English English, to ‘do over’ is to beat someone up, so maybe that applies just as well. In Australian English, a doover is something for which you can’t think of the proper term, as in, ‘this doover on the tip of my shoelace.’ Which is actually an aglet. I don’t know why I

know that. I also know that a skin region that an animal (or me) cannot reach to scratch is an acnestis. I *also* know that a do over in golf is called a mulligan. There, I focused before you told me to! I don’t play golf, but if I did, I would need a lot of mulligans. ‘Mulligan’ may have originated when David Mulligan from Quebec repeated an opening drive in the 1920s, or it may have been John ‘Buddy’ Mulligan of New Jersey who was known to repeat poor shots in the 1930s. Another theory is that it referred to Irishmen who started to frequent elite golf clubs in the early 1900s and was used derisively. Just in case that last one is true, I will continue to refer to this as a ‘do over.’ (See? I focused again.) So, it seems that we are having a do over.

I *hate* this. I love going out in public, eating in restaurants, going to the theater, just getting out there. But my friends are probably right. Despite vaccination, which certainly offers a great deal of protection, there is a very real risk that I could contract this awful

virus and become injured. So, when I went shopping after our meeting, I masked up in the supermarket. The thing is, many, many people who are not vaccinated (and many who absolutely refuse to be vaccinated) have dispensed with masks and social distancing, and the air is thick with this highly transmissible bug. The health ministry of Israel has released a report that one popular vaccine (the one I got) is only 39% effective against infection with the Delta variant and only 91% effective against severe disease (these numbers keep changing, so they may be different by the time you read this – that said, the numbers on protection against infection keep going down, not up, so that isn't good anyway). And it isn't going to go away. Probably not ever. I *hate* this.

Still, there is some hope. Frequently I speak with people who refuse to be vaccinated, and listen to them. The most common reason I am given is concern about mRNA vaccines, and while these have been extensively tested and monitored over time, it is true that there are unknowns about the long-term consequences of a bolus of mRNA. The same applies to adenovirus-based vaccines. I'm not saying that these concerns justify putting themselves and their families at risk of a deadly virus (whose long-term effects are known to some extent), I'm just saying that this is the reason I am often given for not wanting to be vaccinated. Reportedly, a protein-based vaccine that has undergone successful trials is under consideration for approval, and perhaps many of the vaccine hesitant (in my experience, *extremely* hesitant) will go for it, if and when it is approved. Hey, whatever works.

Which brings me to vaccine mandates. Many companies and institutions (including mine) have issued orders that no one who is not vaccinated may enter their facilities. In some countries, such as Italy and France, 'vaccine passes' are being issued (under a great deal of protest) – we'll have to see how that works out. I'm pretty confident that there will be lots of counterfeit vaccine cards and passes in circulation; there may already be. Enforcement will also be an issue, I'm sure. Yes, in some countries (like Australia) people caught ignoring policies during lockdowns are heavily fined, but that never caught on in most other places (including where I live). People would prefer to be 'free' to get infected, overwhelm hospital ICUs and, in some cases, die. I guess it's better than wearing a mask. But they wear a seat belt in their cars.

The history of seat belts in my country is informative. In 1968, all automobile manufacturers were required to put seat belts in cars. However, through the 1980s, only 14% of people used them. The National Highway Traffic Safety Administration (NHTSA) had mandated in 1973 that cars have an interlock mechanism that prevents a car from starting without the driver's seat belt being fastened, and Congress responded by making this illegal in 1974 (and dictated that any buzzing that ensued be limited to eight seconds). Then, in 1980, Ronald Reagan became president, and one of the first things he did was rescind the rule that cars include seat belts. The NHTSA sued, and the case eventually went to the Supreme Court of the United States (SCOTUS), who (surprisingly, when we think of today's SCOTUS) ruled for the NHTSA, and seat belts remained ever since.

Then, in 1985, Elizabeth Dole, the Secretary of Transportation at the time, issued a rule that all cars being made in the US must contain a driver's-side airbag *unless* two thirds of the states issued seat belt laws (with penalties) by 1989. Today, only one state does not have a seat belt law (New Hampshire, whose motto is 'live free or die,' although many say 'live free *and* die'), and 90% of people use seat belts nationwide.

So maybe we need an Elizabeth Dole-style do over. Maybe we tell insurance companies that they should place a penalty on health insurance policies for people who are not vaccinated. They have such penalties for smokers, and I'm pretty sure that they can justify penalizing the unvaccinated as well. In effect, maybe the vaccinated should not have to pay extra for all of the treatment of the unvaccinated. I know that this probably won't work in countries that already have national health plans (but hey, maybe it can). In my country, conservatives are all about letting companies do whatever they want, and in this case, letting insurance companies raise rates on the unvaccinated will probably fly. And if it does, maybe a lot more people will get vaccinated, and we'll actually get to the point where viral transmission really does decline to little or nothing. It's a big maybe (or two maybes), but I think it's worth a shot. (Get it?)

I was hoping that I wasn't going to write any more 'Corona Files,' but it looks like we're having a do over. So I'll be here again, I'm sure. Meanwhile, my 'tea' needs a do over.