

Things to consider about COVID vaccine

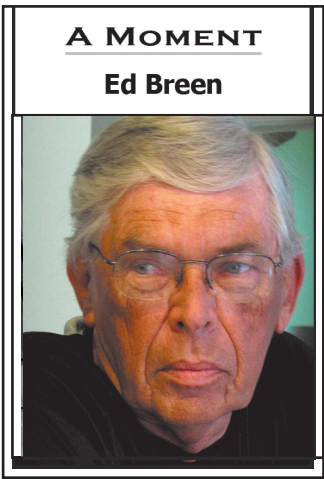
By Ed Breen

Consider: When the COVID vaccine gets to us, 330 million of us – you, me, all the neighbors, the Republicans, the Democrats, the Trumpers – are going to have to agree to get the shot. We must if we’re going to kill the virus and stay alive.

What do you think the chances are of that happening in a country where we can’t even agree on wearing masks to save our lives?

Incidentally, huge amounts of one of the vaccines, the Pfizer variety, are being manufactured not all that far from here, 170 miles north in a two-square mile area of Portage, Mich., a town of 50,000 just south of Kalamazoo.

Started wondering about the delivery system for all this the other day when I read that one of the models studied by the feds is the production and delivery system for ice cream, which sort of makes sense because both the vaccine and ice cream have to be kept frozen



until we either get the shot or make a cone. That worried me just a bit because I figured the smartest people in science shouldn’t have to buddy up to the good humor man, but maybe I’m wrong.

There is just an awful lot that we don’t know yet about how the vaccine is going to get delivered and distributed and when and to whom. People at all levels are meeting, planning, mapping, all the way from Washington to Portage, Mich., to Parkview Hospital in Fort Wayne and, finally, to Marion General Hospital on Wabash Avenue, which will be the hub, at least at the outset, for

men, women and children in Grant and Wabash counties to escape the plague.

And even this information has dribbled out in bits and pieces. We were told by the feds a couple of weeks ago that there will be five Indiana hospitals to which the vaccine is sent: Parkview, IU Methodist in Indianapolis one each in Evansville and Jeffersonville and one up in the Region. And from there the thousands of chilled little bottles will be shipped out to the locals.

That is what will be called “Phase 1-A” and, so far as we know, the first to be inoculated will be the first responders in health care: “All paid and unpaid persons working in health care centers, who have the potential for direct or indirect exposure to patients or infectious material.” Thus sayeth the government and that is how it should be, right? Can we at least agree on that?

Then come the halt and the lame, those of us who are old and not nearly as healthy or sexy as we

think we are. “Underlying conditions,” is the phrase the feds seem to prefer.

And if just that can be done between now and, say, Memorial Day or the Fourth of July, it would be an achievement of Biblical proportions. Again, can we agree?

But that may be not so likely to happen. Atul Gawande, a writer for The New Yorker magazine who has been with this since day one, urges caution. Says he:

“We hear about everything from shortages of gloves, uncertainty about supplies of needles and syringes for three hundred and thirty million people to get two rounds of doses. There’s no information yet on how many vaccines will be allocated to a given state or a given big pharmacy company like CVS or Walgreens—places that are an important part of the distribution chain. So there’s a lot of basic information that hasn’t been known. That discovery process is just starting.”

And what of the long

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view? Will we ever be the same again?

“You don’t have to vaccinate every single human being in order to eradicate it. You need to get enough people vaccinated so that the disease stops spreading and dies out,” Gawande said. “I’m hopeful that we can get it under control here, but, to get eradication, to go back to global travel like before, you would have to get the whole world vaccinated. And that will take years.”

And what of next year? The holidays with the family?

“I think we’ll be having normal holiday experiences. We’ll be able to get together with our families and spend time,” he said. “I think that if that’s happening, we will be on better economic terms as well. Right now, airlines, hotels, and any face-to-face service industry—bars, restaurants, child care, health care—I think all of those things are coming back.





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