

# Vaccine Issues

A month ago, we wrote a column on COVID-19 identifying a band of mostly rural counties from eastern Montana/western North Dakota down through Missouri and Texas and across the South where vaccinations were low compared to the rest of the country. Since then, we have seen a surge of infections down the Mississippi River from Missouri to Louisiana and then along the Gulf Coast through Mississippi, Alabama, Georgia and into Florida.

As we write this column, the 14-day change in the number of deaths from COVID-19 has increased by 89 percent and rural counties are at risk. While COVID-related deaths as a share of population in Hennepin County, MN (Minneapolis) is 1 in 700, for Hamilton County, Iowa the comparable number is 1 in 290.

The vaccination rate in Hennepin County is 60 percent while in Hamilton County it is 52 percent with numerous counties in Iowa and across the agricultural Midwest in the 30-49 percent range—thus our concern.

The low vaccination rate would suggest that many in this area have unanswered questions about vaccines and vaccine mandates. As policy analysts, we feel the need to address some of the questions that have been raised about the vaccines, masking, and mandates.

One issue is the safety of the vaccines and possible side effects. All medications, over-the-counter or by prescription, have unwanted side effects for a small number of people and still we take them because the benefits to our health far outweigh the potential side effects.

What is true of medications is also true of some foods. A small percentage of the population cannot tolerate the gluten in something like wheat flour, while a much larger group is lactose intolerant. For others, shellfish trigger a severe reaction. But that does not stop the rest of us from eating those foods.

Are there reported negative reactions to each of the current COVID vaccines? There are. But looking at it from a population perspective, the benefits of the protection the vaccines offer, far outweigh the risks.

A second issue that arose when officials began talking about mask or vaccine mandates is the one of personal choice and personal freedom. Opponents of these mandates do not want the government interfering in what they see as a personal decision.

There are areas where the impact of one's personal choices on others are minimal. But, As Associate Justice of the US Supreme Court Oliver Wendell Holmes, Jr. said, "The right to swing my arms in any direction ends where your nose begins."

With COVID-19 that is literally true because if you become infected you can spread the disease in the moisture you breathe into the air others breathe. Airborne transmission is the primary vector for the transmission of this disease. Thus, the goal of a governmental vaccine mandate is to prevent the spread of a deadly disease.

As we look back on our lives it seems to us that a vaccination mandate is nothing new. When we began our educational journey in 1949/1950, we had to be vaccinated for smallpox as a condition of entering school as was the diphtheria-tetanus-pertussis vaccine that had been developed in the 1930s.

When we were children, we took the typical "childhood diseases" (measles, mumps, chickenpox, and rubella—German Measles) in stride. Today most schools require proof of vaccination against these diseases, and we can't remember the last time we saw someone with any of these. Vaccines work.

But the disease that put fear into the hearts of our parents every summer was polio. When the Salk and then Sabine vaccines were approved for use, our parents lined us up in gymnasiums to get our shot/sugar cube. They were driven by two unacceptable risks, their child's life in an iron lung or death.

While every vaccine and pill has a calculable risk, so does the risk of low vaccination rates. The lower the vaccination rate and use of masks, the higher the level of infection, hospitalization rates, and death numbers.

Viruses like COVID-19 mutate with great frequency. That is why there is a new seasonal flu vaccine every year, which sometimes misses because a new mutation becomes dominant.

The greater the number of unvaccinated people, the greater the risk of a mutation that is not well controlled by the current vaccines.

There are also risks to agriculture from the current Delta variant and a new more deadly variant. Even in its present form, COVID-19 presents risks to agriculture and the transportation/processing industries upon whom they depend. We see it every day in our grocery stores as multiple food items are not available either because a processing facility is down or, as a result of COVID, there are not enough truck drivers to get the food items to the store.

The rapid vaccination of a significant portion of the population increases the safety of everyone.

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