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THE OPINION PAGE

In the Mail: letters@gfherald.com; Box 6008, Grand Forks, N.D. 58206

OUR VIEW

Policies of uniforms must be evaluated

Herald editorial board

A photo of the Norwegian men's and women's beach handball teams is revealing, in so many ways.

It shows the men's team in tank top shirts and loose shorts that almost reach the knee. Members of the women's team, meanwhile, are in bikinis – tiny bottoms and small, tight tops.

What the women's uniforms don't do for boosting the wearer's athletic advantage they probably do for boosting fan interest.

When the Norway women's team protested and instead wore shorts during a recent match, the squad was fined by the European Handball Disciplinary Commission. The fine was for "improper clothing."

According to International Handball Federation rules, the women are required to wear bottoms with "a close fit and cut on an upward angle toward the top of the leg." The sides of the bottoms can be no more than four inches.

What possible reason could be behind a universal rule that requires such a skimpy uniform?

According to a New York Times report, a spokeswoman for the International Handball Federation said she didn't know and that the organization is looking into it.

In lieu of what should be an easy explanation, it's easy to assume the rules are about viewership and, probably, marketing.

Another women's sport that draws attention for its uniforms is beach volleyball. Those players usually wear bikinis, too, but they are given several options; it's the same in several other sports, too.

That's the best method. Women must be allowed to determine their own uniforms without forceful oversight from above that could be construed as anything other than creating comfort and athletic advantage for the players.

Even at the high school level, this should be considered. Do form-fitting uniforms greatly increase a teenage girl's ability to set a volleyball? Or do they possibly hinder participation of girls who are shy about wearing anything revealing in a packed gymnasium?

Yes, most – probably all – high schools have alternate uniforms available for girls who do not wish to wear tight spandex shorts, but it's not easy to be the one girl who chooses alternate clothing. So will that girl go out for volleyball or just decide it's not worth it?

That's discriminatory at worst, unfair and unfortunate at best.

In 2012, the Mitchell (SD) Republic – a Forum Communications Co. newspaper – surveyed schools throughout South Dakota and found a majority of the state had converted to wearing spandex or tight-fitting uniforms, including all 17 schools in Class AA. A few schools, however, chose to not move in that direction for fear of making players uncomfortable.

Said one former player: "I wasn't the biggest girl on the team, and I was even uncomfortable playing. There were a couple of girls on our team who were more worried about the uniform than playing the game."

It appears some of the women on the Norwegian team might feel the same.

People, this isn't funny, this isn't cute and this certainly isn't right. It's sexist. Sports organizations must seriously evaluate this trend of flash over function and ensure uniform options exist for female athletes. Above all, the athletes themselves must be the ones who decide what they will wear during competition.

Don't bring back restrictions

The pandemic is worsening and the delta variant is so infectious, we are told, that we need to return to covid-19 restrictions – even for fully vaccinated Americans. Los Angeles has already reinstated indoor mask mandates, and on Tuesday the Centers for Disease Control and Prevention reversed its previous guidance and recommended that vaccinated people wear masks indoors in certain circumstances. Parents are bracing for a new push from teachers' unions to delay school reopenings in the fall.

This is absurd. While it is tragic that some unvaccinated Americans are suffering, for the vaccinated, the pandemic is over. The rise in covid-19 cases among the unvaccinated poses no serious threat to those who have been immunized.

The data is clear: According to the CDC, as of July 19, a grand total of 4,072 vaccinated Americans had been hospitalized with symptomatic breakthrough infections, out of more than 161 million who have been fully vaccinated. That is a breakthrough hospitalization rate of less than 0.003%. Better still, of those hospitalized, only 849 have died of covid-19. That means the death rate from those breakthrough infections is 0.0005%.

To put that in perspective, your chance of dying from a lightning



MARC A. THIESSEN

strike is .0007%, and your chance of dying from a seasonal flu is 0.1%. If you're vaccinated, you have a much greater chance of dying from a hornet, wasp or bee sting, a dog attack, a car crash, drowning, sunstroke, or choking on food than you do of dying from covid-19.

The vast majority of those who do become seriously ill from breakthrough infections are older or have underlying conditions. According to the Minnesota Department of Health, the median age of those hospitalized with breakthrough infections is 74. An Israeli study of patients hospitalized with breakthrough infections found that only 4% had no co-morbidities. The rest had preexisting illnesses such as cancer or congestive heart failure that predisposed them to severe covid-19.

What this means is that for otherwise healthy vaccinated people – and those who have natural immunity from previous infection – the chance of dying of covid-19 is close to zero.

The same is true for unvaccinated children. As Johns Hopkins University professor Marty Makary points out in the Wall Street Journal, CDC data show that of the more

than 600,000 Americans who died with a covid diagnosis code in their record, just 335 were children under 18 – and the CDC has no idea whether they had a preexisting condition and whether their covid diagnosis was incidental or causal. A research team at Johns Hopkins led by Makary looked at 48,000 children under 18 diagnosed with covid-19, and found a mortality rate of zero among children without a preexisting medical condition, such as pediatric cancer. Indeed, there is no official government data to show whether any healthy children have died as a result of covid-19.

The fact is children are at extremely low risk from covid-19. And this much is certain: Teachers who are vaccinated and otherwise healthy face no serious risk from their unvaccinated students. But with the surged caused by the delta variant expected to peak in late August or early September – right when schools are set to open – expect the teacher unions to use delta to demand that schools stay closed until young children are vaccinated.

Sorry, but there is no justification whatsoever not to open schools, or to require that children wear masks or be vaccinated to return to the classroom. And there is no justification to mandate that vaccinated Americans wear masks, or to reimpose any restrictions on the everyday activities

of citizens who have either natural or vaccinated immunity.

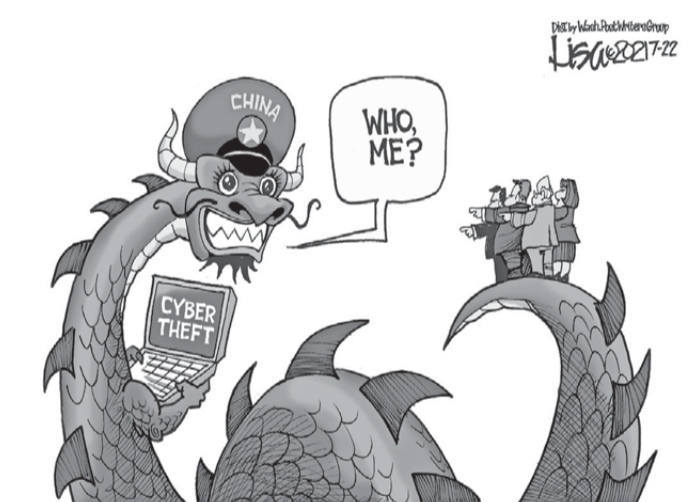
We should encourage unvaccinated Americans to get immunized for their own sakes. Over 99% of deaths occur today in unvaccinated people. These deaths are tragic because they are almost entirely preventable. Anyone in the United States who wants a vaccination can now get it.

But for the rest of us, the vaccines have turned covid-19 from a mortal threat into something little more dangerous than the common cold. Makary tells me, "If you're vaccinated, you now are living in a world where there's a seasonal virus that is very mild called covid-19 that could give you mild symptoms season to season, and that's okay." Indeed, he points out that there are four seasonal coronaviruses that have circulated in the United States for decades, and that make up about 25% of all cases of the common cold. Covid-19 is probably going to become the fifth. "Our battle has never been against the common cold," he says. "It's been against death."

That battle has been won. We may need boosters down the line. And if new variants emerge, mRNA technology can quickly be adapted to target and defeat them. The period when we were defenseless against the virus is over. It's time to live our lives again.

Marc A. Thiessen is a columnist distributed by The Washington Post.

DOUBLE PLAY



OTHER VIEW

Path to wider vaccine use runs through employers

New York Daily News
New York Mayor Bill de Blasio was moving in the right direction last week when he tried to coax city health employees to get COVID-19 vaccinations and beat back rising delta variant infections by requiring unvaccinated personnel to undergo weekly tests for the virus. Refusal will trigger unpaid suspensions. We called it weak medicine that didn't go far enough, and on Monday he corrected himself, extending the same rule to every municipal worker, from cops to sanitmen to

parkies. Also on Monday, California took essentially the same step.

The state of New York should follow suit, as should the feds. The goal isn't to increase testing, but to ensure wider adoption of vaccines, which are the best tool we have to arrest the plague. Masking and tests have their uses, but only vaccines can win this war.

As we've learned the hard way with COVID-19, it moves very fast and days – nay, hours – matter. A five-day lag in the updated policy is not good, but delaying the full citywide implementation

for six weeks is terrible. The health care workers start under the new reality on Aug. 2. It's not until two weeks later that the mandate will cover staff in congregated and residential settings. Everyone else gets to wait until Sept. 13. Move that timetable up.

The unions claim that it's a matter for bargaining. No it isn't; it's a matter of public health and life and death. Did their predecessors seek to negotiate the smallpox and polio vaccines?

De Blasio is also correct when he urges private employers to require vaccines of their

workforce. Ideally, we would like all to present an ultimatum: "No Jab, No Job" – with medical exemptions, of course, and religious exemptions if necessary, though we don't know any faith that prefers viral infection to viral protection.

We trust that the FDA will soon, we hope very soon, grant full authorization for the shots. But stronger steps to protect the public need not wait for that. If another wave is coming, we don't have to sit here and take it.

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375 Second Ave. N.
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Staci Lord, advertising director 780-1156, slord@gfherald.com
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