

DEDICATED TO THE PROMOTION OF TOWNS COUNTY

# OPINIONS & COMMENTARY

## Protecting Our Most Vulnerable . . .

As we head into Christmas during these trying times, let us remember how important it is to stay in touch with family and friends. This has major health implications, as a lack of strong relationships has been linked to "risk of premature death from all causes by 50% – an effect on mortality roughly comparable to smoking up to 15 cigarettes a day, and greater than obesity and physical inactivity."

**From the Editor's Desk**

Shaun Jarrard



Additionally, no matter our individual circumstances, we should all be focusing on improving our overall health with diet and exercise in the new year, because doing so is known to positively influence health outcomes generally. Such considerations are likely to boost the physical and mental wellbeing of our most vulnerable members of society, enabling grandma, for example, to have greater protection against COVID-19 and more.

Of course, people have been using grandma as a political football all year, charging those not hewing closely enough to CDC guidelines with killing her. Yet with stunning hypocrisy, now that there's a way to offer grandma much better protection from dying, Very Serious People advising the CDC have been trying to get around doing so because, apparently, she's too white.

In a time when millions of people are holding out hope for a safe and effective COVID-19 vaccine, the independent Advisory Committee on Immunization Practices housed within the Centers for Disease Control and Prevention has been crafting recommendations on who to prioritize for vaccination after the initial rollout for frontline medical workers and long-term care facilities. This is a vital question, as vaccine supplies will be greatly limited at first, so a phased allocation will be necessary.

Proposals for a phased approach have been forthcoming, with the committee forwarding an updated set of recommendations Sunday following public feedback and further deliberations on interim guidance issued in November. Both the November and December recommendations feature a vaccine distribution plan based partly in race that in effect favors death for many older Americans because, as a group, they are over-represented by white people.

The committee has provided a reprieve of sorts in the latest recommendations, deciding to move up early vaccination for people aged 75 and older, though the guidance continues to leave the rest of our most vulnerable – including sick Americans – to wait in line behind younger, healthier non-healthcare workers who are much less likely to die or require hospitalization with COVID-19.

To highlight the ideological mindset with which these public health professionals are attempting to apply medicine,

let's examine some of the tenets of last month's guidelines, which are largely preserved in the Dec. 20 recommendations.

For starters, it makes sense for the initial rollout to include hospital workers and long-term care residents in congregate settings. Health care workers are at highest risk of exposure in dealing with the disease and come into regular contact with vulnerable individuals. Long-term care homes house the most vulnerable of our fellow Americans.

Moving into phased allocation, the CDC committee has included various sensible factors like risk of infection and death. Also taken into consideration, however, are so-called "ethical principles," like whether or not people are "racially and ethnically diverse" enough to warrant first go at a potentially life-saving intervention.

Beyond the initial phase, there are three categories of people identified for prioritization before enough vaccine will be available for the general public. The first is non-healthcare essential workers – think police officers, grocery store employees, etc. – the majority of whom are typically younger and healthier than the other two groups up for consideration.

Next in line are the people most at risk from dying or requiring hospitalization due to COVID-19 infections, including people with high-risk medical conditions and folks aged 65 and older. These are our sick and elderly, with the latter being the most at-risk among those who develop COVID-19.

A staggering 4 in 5 Americans who have died from COVID-19 are 65 or older, and over 90% of COVID victims have had one or more pre-existing medical conditions that increased their likelihood of dying with the disease.

Based on these facts, one would think the goal would be to minimize death and harm, which would mean prioritizing all sick and elderly in an early vaccination regime. But the committee signaled just last month it was against such prioritization for adults aged 65 and older because "racial and ethnic minority groups (are) under-represented" among these people.

For groups similar represents, these public health experts have been recommending that tens of millions of adults with high-risk medical conditions take a backseat to the non-healthcare workforce, which, again, tends to be younger and healthier on the whole and therefore much less likely to die from COVID-19.

Eventually, there will be enough vaccine stock for everyone who wants it, but what would a limited supply policy recommendation like the one enumerated above mean for our communities here in North Georgia?

At 96.3 percent white according to census data, Towns

**Resources:**

- [https://www.health.harvard.edu/newsletter\\_article/the-health-benefits-of-strong-relationships](https://www.health.harvard.edu/newsletter_article/the-health-benefits-of-strong-relationships)
- <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- <https://dph.georgia.gov/covid-vaccine>

### In His Own Words

Frank Gibbs US Army Military Experience PTSD

Born and raised in the small town of Gordon, GA. And attended Wilkinson County Schools. After graduating high school, went to Middle Georgia College in Cochran, Ga. Graduated with an Associate of Science degree.

Then attended Georgia Southern University in Statesboro, Georgia and graduated in August of 1968 with a Bachelor of Science degree in Industrial Technology.

While in college, I had a draft deferment. After graduating from college, I was placed in IA draft status. When I graduated college, jobs were very scarce. Went to work as a laborer in a mining company until March of 1969, when I was drafted into the U.S. Army.

Went to Fort Benning, Georgia for Basic Training. After 10 weeks off basic training, was transferred to Fort Polk, Louisiana for Advanced Infantry and Jungle training. My MOS was 11 Bravo, which is an Infantry Rifleman.

On August 28, 1969, I arrived in South Vietnam, scared to death. When we got off the plane in Cam Rahn Bay, I will never forget the awful smell of the place, the hot temperature and the extremely high humidity.

We were taken to the placement center in Cam Rahn Bay and assigned to our units. I was assigned to the Americal Division, 1/6 Infantry, 198th Brigade. They flew us up to Chu Lai, which is in the northern part of South Vietnam about 90 miles below the DMZ. There I was assigned to Company D, 1st platoon.

Chu Lai was a major air base and our mission was to patrol the jungles, rice paddies, and villages around Chu Lai to intercept and destroy any Viet Cong activity that we encountered, and to try and prevent any mortar or rocket fire into the main air base.

Our area of operation was heavily infested with mines, booby traps, snipers as well as troops in the North Vietnamese Army. We went on daily patrols throughout the area, and set up ambush positions at night.

Many of our patrols were at night as the Viet Cong were more active at night than in the daytime.

Several things come to mind that I remember very well on my tour of duty: you were always scared because you did not know if your next step was going to be your last step, you were always tired and we averaged about 4 hours sleep at night because of night patrols and ambushes, you were always dirty and filthy sometimes wearing the same fatigues for 2 weeks at the time, you were always wet either from wading through the rice paddies or from the monsoon rains, and you were always hungry, we ate rations out of a can sometimes for 2 weeks.

Occasionally we would get a hot meal if we were near a major base camp so that we could eat at their mess hall but this was not very often.

The mosquitoes were as big as horse flies and they were relentless. We had to take one pill daily and one pill weekly to prevent us from getting malaria.

Also, the leeches were awful in the rice paddies and rivers. We were always getting leeches and it was very hard to stop the bleeding after you got them off you.

To be continued.. Merry Christmas!

-Semper Paratus



## Letters to The Editor

### A Special Place

Dear Editor,

Visits to my brother and his family in Hiawassee over the years were happy, fun-filled adventures. Eventually, they sold their house outside Atlanta and moved permanently to Lake Chatuge. My brother embraced Hiawassee with a gusto and a joy that defined him. He loved his life here.

Our large family gathered in Hiawassee once again this month, this time to say goodbye to this beloved man who was taken much too soon from the people who love him.

This time it was Hiawassee that embraced us. It was Jazmine at Ingles who drove to the house on a rainy night after her shift to drop off cornbread forgotten in an order. It was Dee at the Holiday Inn Express who added us to her prayer group. It was the kindness of the owner of Burch Cemetery and the nourishing gifts of food from neighbors. It was the law enforcement who escorted the mourners and all the drivers along an 11-mile stretch who stopped their cars as we passed. It was the construction workers along the ride who removed their hats.

Indeed, a special place. Thank you for your kindness.

Laura Taylor

### The State of Climate Change in 2020

Dear Editor,

2020 has been another worsening year for climate change. This year is on pace to be the first or second hottest year in history, and the last six years have been the hottest ever recorded.

California has had a record setting wildfire year, and its wildfire season is now 78 days longer than it was a generation ago. Antarctica lost 6 times more ice in 2020 than it did 30 years ago. Sea level rise is rapidly increasing, with predictions of between 2-6 feet rise by 2020, causing catastrophic flooding to coastal areas. Ocean acidification is rapidly increasing.

On the wet side, this year's hurricane season saw an unprecedented 30 named Atlantic storms, with as many as 12 making landfall in the U.S. — the highest number ever. There has also been record setting flooding in the Midwest. All these natural disasters caused \$76 billion in insured losses in 2020.

It is obvious that we are courting disaster unless we change course on climate change. The good news is that we do have answers that will actually help our economy. Let us hope and pray that we will begin to take action in 2021.

Vernon Dixon, MD

### Christmas Cactus

Christmas cactus is a popular plant. They are one of the three plants that make up the holiday cacti. Thanksgiving cactus and Easter cactus are the other two. Each of these species typically blooms around the date of their respective holiday. Christmas cactus is a tropical plant, so they take a little extra care to be able to bloom at the right time. Let's talk about Christmas cactus and how to take care of them.

Even though we call it a cactus, the Christmas cactus doesn't like dry and hot conditions. They are native to the tropical rainforests of Brazil. That means that you need to water them more regularly than a true cactus or other succulents.

Once the plant has set flower buds, you want to keep the soil evenly moist to keep the buds from falling off. Don't overwater and waterlog the soil. During the spring and summer, you can let it run a bit drier.

During the warm months, you can leave Christmas cactus outside, so long as they are out of direct sunlight. Direct sunlight will burn them up. If you leave them outside, you need to be wary of a frost because freezing temperatures will kill them. Generally, if temperatures go below 50 they need to be brought inside. Too much direct sunlight can damage them inside too.

To fertilize them, begin when new growth starts. Usually this is either late winter or early spring. Fertilize with a balanced liquid fertilizer such as 20-20-20. If you use liquid 20-20-20 dilute it to half strength. Fertilize once a month throughout the month. Christmas cactus need extra magnesium as well. So fertilize with Epsom salts once a month, but not the same week that you that put out the general fertilizer.

Fertilizer contains salts, if the concentration of salts is too high in the soil, the water will become unavailable to the plant. Mix the Epsom salts at 1 teaspoon per gallon of water. Stop all fertilizing in the late summer for better flower bud production in the fall.

Sometimes people are disappointed when their Christmas cactus doesn't bloom around Christmas. The trick is that Christmas cacti are photosensitive, like many other plants. Photosensitive means that they will put on flower buds in response to changes in day length.

Christmas cacti need at least 14 hours of continuous darkness in the fall to set buds. These long nights should start in September and continue for 6 weeks to complete bud set. The darkness needs to be continuous. If the darkness is broken for 2 hours bud set will be inhibited.

You can prune them in the late spring to encourage more branching and flowers. Simply cut off a few pieces of stem. Those pieces of stem can be placed in potting soil and kept lightly moist. After a few weeks, they will root and you have a new plant. If you have questions about the Christmas cactus contact your County Extension Office or email me at Jacob.Williams@uga.edu.

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## Towns County Herald

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