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When the dust settled after the first wave of the Covid-19 pandemic, Researcher Michele Gelfand discovered that, although Taiwan and Florida both have populations of about twenty million, as in May 2021, “Taiwan had suffered just 23 Covid-19 deaths, whereas Florida had recorded over 36,000.”

The discovery so intrigued the Distinguished Professor, she linked it to her previously-developed tightness—looseness theory, by which countries that experienced serious threats to their existence develop a “tight” regime that produces “the ability to follow rules” whereas “loose” societies “celebrate individual creativity and freedom . . . lax in maintaining rules” and “tolerant of new ideas.” Accordingly, Gelfand and her team classified cultures from “the tight Hutterites in North America” who are opposites to the !Kung in South Africa and the Cubeos in Brazil. While Gelfand concedes that societies “can have areas in which norms are observed more closely or more laxly,” and although in “loose” cultures “people have lower impulse control and suffer from greater levels of debt, obesity, alcoholism, and drug abuse,” she nonetheless classifies Brazil, Greece, the Netherlands, and others as “loose” while Germany, Japan, Norway, and others are “tight.”

Presumably, Florida falls into the “loose” category yet, considering its “Don’t Say Gay” rule recently enacted into law, Gelfand’s classifications seem simplistic. And Brazil exists under an authoritarian regime that’s practically a dictatorship. Her *Rule Makers, Rule Breakers: How Tight and Loose Cultures Wire the World*, has gained mixed reviews since its appearance in 2018.

Back to the pandemic, where “Deltacron” has arrived, a Covid-19 variant that includes elements of both Delta and Omicron. So Far, OmicronBA.2 has been detected mostly in Europe and Asia, but it’s a matter of time before it becomes more common in the U.S.

In the coming weeks, the United States could see another wave of Covid-19 infections, writes Leana Wen in the March 21, 2022, edition of the *Washington Post*. According to the columnist, “most Americans” needn’t worry about the omicron strain known as BA.2. Yet she acknowledges that, per analyses from Britain, the new variant’s growth rate is 80 percent faster than the original omicron; BA.2 will likely displace existing strains and become dominant.

The Center for Disease Control and Prevention (CDC) reports that in the United States, BA.2 already comprises 23 percent of new infections, up from just four percent a month ago, and it is highly contagious. BA.2 is a major reason Britain and some European Union countries are seeing an escalation in Covid-19 cases.

During previous waves, the United States lagged behind Europe by about three weeks. Data from the wastewater early-detection systems suggest that an increase in Covid infections is already underway. The good news is, BA.2 is not so different from BA.1; hence, vaccinations and boosters for one provide protection for the other.

“About 45 percent of Americans already contracted omicron and, for the time being, are unlikely to be reinfected,” writes Wen.

Nevertheless, my son Andy in California was infected when his high schooler came home with the virus. A week later, his elementary-school daughter caught it—this, even though the entire family had been vaccinated and boosted. Andy and his spouse have worked from home for the past eighteen months, but at the time, his wife was working from Boston, where she helped parents challenged by health issues unrelated to Covid; she remained unaffected. And, while the children stayed home with minor flu symptoms, their dad was hit hard.

“My throat was so sore, I couldn’t eat for three days,” Andy reports. “I couldn’t sleep nights because I was coughing so hard.”

“On the plus side, you didn’t fall so ill as to be hospitalized,” I offered. “And the vaccine and booster kept you from becoming one of the long-haulers.” Long-haulers, now recognized by the CDC, are people who have languished with Covid-generated symptoms for up to two years. Still, I’d hate to be in Andy’s shoes.

I telephoned my cousin in Germany. She and her husband are retired as I am, their children grown and gone. “We’ve pretty much sequestered ourselves,” she said in German. “When I do go out to shop, I wear a surgical mask.” While she is sorry their grandkids didn’t get to visit over Easter as planned, she also knows it’s best they stayed put.

Her son, a teacher and principal at a small school in Switzerland, did come down with Covid despite vaccines and boosters, although his spouse and children were spared.

I also telephoned my friend in Beijing, China, on Facetime. Chi and I had met in Nashville, Tennessee, where I taught while she finished an MBA with her government’s financial help. “My name means ‘vital energy’ and is pronounced ‘chi’ as in t’ai chi,” she advised back then. So, I use “Chi” when referring to her, though she writes her name as “Qi.”

“Beijing does not have many cases of the virus,” she said when we talked.

“But you have to go by metro to get to work,” I said, remembering the time I visited Beijing and found busses and metros overcrowded.

“I wear a surgical mask, as does everyone else around here,” she said. “The moment I step out the door I have a mask on. I am at work; I am at home. I don’t go anywhere else. I order my foodstuffs delivered.”

Chi mentioned the terrible outbreak in Hong Kong, a city overwhelmed with so many ill and dying patients, it has had to erect triage tents—and the weather is dismally cold in tents full of patients barely able to breathe.

“The people in Hong Kong are superstitious of vaccinations,” my friend tells me. “Especially the old people. They never got vaccinated. It’s what causes the vast numbers of the dead and the dying in Hong Kong.”

“It’s heartbreaking,” is all I could say, wondering what may come down the pike for Americans.

“Get ready for a wave of missed infections,” is an article in *The Atlantic* of March 23, 2022. Its author, Benjamin Mazer, cites evidence that an abundance of rapid tests has resulted in huge numbers of missed infections because so many do-it-yourself tests are being used.

“Because rapid results are rarely reported to public-health agencies, that means our early-warning system may now be somewhat less sensitive than it was before,” writes Mazer.

Adding to the problem: “Rapid tests are known to miss about 30 to 40 percent of infections compared with the gold-standard PCR method (which already isn’t perfect) . . . self-swabbing is also less accurate than professionally obtained samples,” Mazer explains.

In other words, lots of sick people go to the store thinking they have the flu when they are infected with a coronavirus variant that’s easily and rapidly transmitted.

This virus has a way of sticking around and mutating that makes it likely we’ll contend with it for years to come, said Dr. Fauci earlier this year in a *New York Times* interview.

I’m not one of the Americans who, by Leana Wen’s account, won’t worry about contracting the virus. Though getting odd looks for masking up when the worst seems over, I’d rather imitate my German cousin and my Chinese friend. At my age, any bout like what my son lived through can produce very serious consequences. I’d rather live with social distancing and mask-wearing.