

Composition Essay Contest

The English Department at Western Kentucky University is pleased to announce our fifth annual CompositionEssay Contest. Students should visit here to complete an application and submit a 500-750-word essay (MLA style; pdf format) based on the prompt below. The English Department will invite finalists, their teachers, and family to campus for a reception and ceremony on March 26th where they will be recognized. The winners will receive scholarships if they choose to major or minor in English at WKU and cash prizes whether or not they attend WKU. First Place:

\$500 Scholarship and \$150 cash; Second Place: \$300 Scholarship and \$100 cash; Third Place: \$200 Scholarship. **Application and Essays are due March 4**th, **2022.**

Question: The coronavirus has killed over 650,000 people in the U.S. in the last year and a half. In December 2020, the first covid vaccine received emergency use authorization (EUA) for people over 17 from the Federal Drug Administration (FDA), followed soon by two other vaccines. By May 2021, the first vaccine EUA was extended to people as young as 12. By late August 2021, the first emergency authorized vaccine got full FDA approval. By early September, despite availability of vaccines in the US, daily deaths from covid averaged around 1,500—almost completely in unvaccinated people. On September 9, President Biden announced vaccine requirements for federal workers and contractors in addition to an Occupational Health and Safety Administration (OSHA) requirement that all businesses employing 100 or more people must require the vaccine or a weekly negative covid test. With attitudes toward the vaccine sharply divided along partisan lines, reaction to these vaccine requirements was predictably divided as well.

Carefully read the following four sources. Then synthesize material from at least three of the sources and incorporate it into a coherent, well-developed essay that defends, challenges, or qualifies the notion that a federal vaccine mandate is the best way to increase vaccination and decrease the spread of covid.

Your argument should be the focus of your essay. Use the sources to develop your argument and explain the reasoning for it. Avoid merely summarizing the sources. Indicate clearly which sources you are drawing from whether through direct quotation, paraphrase, or summary. You may cite the sources by using the author's last names in parentheses below.

Source A (Bellafante) Source B (Lea) Source C (Soave) Source D (Wen)

The Second Act of the Vaccine Resistance

Lawsuits will inevitably follow federal mandates to vaccinate — and they may come from surprising quarters.



A protest last month at Staten Island University Hospital against vaccinations. Credit... Yana Paskova for The New York Times

By Ginia Bellafante

Ms. Bellafante writes the <u>Big City</u> column, a weekly commentary on the politics, culture and life of New York City.

Sept. 10, 2021, New York Times

Only a year ago, cautious speculation had it that life would fully return to normal — perhaps by Thanksgiving of 2021. At the time it felt impossibly far-off, and in retrospect it seems naïvely optimistic. Few of us could have imagined the extent to which vaccine resistance would assert itself so aggressively, in so many different corners of society.

President Biden's announcement on Thursday that he would mandate shots for a huge swath of the American work force speaks to how dire things have become — and we've arrived here, to a significant extent, because of the line drawn by an unlikely cohort. Singled out for strict new vaccination requirements are 17 million health care workers employed by hospitals and other institutions that accept Medicare and Medicaid. The line had come to seem impenetrable.

The signs were there early enough. In March, a national survey conducted by The Washington Post indicated that nearly half of frontline health care workers remained unvaccinated even though they had been eligible for the shot since December, and even though they had witnessed so much devastation first hand. This summer, a quarter of New York State's hospital workers — roughly 112,500 people — still had not received their injections, which prompted Governor Cuomo, during his final weeks in office, to mandate that by the end of September they would have no choice.

Health-care professionals, who presumably might have guided us toward closure, were not of one mind, and the dissent extended beyond aides, orderlies and assistants. Recently, a surgeon in Alabama told me that it was only late this summer that two of his nurses had managed to overcome their ambivalence about the vaccine. He had talked to them patiently and eventually they reached a point of reversal.

Within ultra-Orthodox communities in Brooklyn, which have long been resistant to immunization despite dangerous outbreaks of measles, the Covid vaccination rate is stuck at around 40 percent, well below the figure for the city on the whole. A <u>video of Dr. Vladimir</u> <u>Zelenko</u>, which has recently been making its way around the community via What's App, was bound to foment only more distrust; in it he is speaking before a rabbinical court in Israel, asking why we would ever inject children with "poison."

Dr. Zelenko was an early proponent of treating Covid with hydroxychloroquine, a protocol quickly championed by President Trump, which soon after forced the Food and Drug Administration to revoke emergency-use authorization of the drug, <u>citing its inefficacy and the risk of kidney injury and liver failure.</u>

Clearly Dr. Zelenko is an outlier. But what to make of someone like Richard Funaro, an internist with a practice in Bay Ridge, Brooklyn? He was put off by Dr. Zelenko's statements — and the first to share them with me — and yet he has maintained a complicated relationship to the vaccine.

Dr. Funaro, who is affiliated with Maimonides Medical Center, was also treated there early in the pandemic, when he contracted Covid and was put on a high oxygen flow. "I almost died," he said. Adding to the poignancy, his daughter, a cardiothoracic nurse at the hospital, had been assigned to the intensive care unit where he was staying. She, too, got sick at some point and got a vaccine as soon as it became available. But Dr. Funaro did not. Given the new legal requirements, it is no longer up to him. But if he had a choice, he told me, he would rather rely on his "natural immunity."

The Centers for Disease Control and Prevention would prefer otherwise. Last month it cited a study showing that those with previous Covid cases, who remained unvaccinated, were more than twice as likely to be reinfected than those who had received shots.

In his practice, Dr. Funaro has encountered considerable vaccine resistance. On the day I spoke to him, three patients said they didn't want the vaccine; one told him that he planned to get a fake vaccine pass. Others have asked him to write letters providing a medical exemption that would allow them skip the shot. Dr. Funaro refused, he told me, something that could result in the termination of a medical license.

"I believe that people should be vaccinated," he said. "I absolutely recommend it." He has told them that their social lives and work lives will be affected if they don't, but he acknowledged that he was still on the fence about whether people who had already been sick needed to bother. The best salesmen, of course, are always the ones who strongly believe in the product. After we got off the phone, he sent me a link to an article he has shared with some patients from a publication called News Medical, titled: "No point vaccinating those who've had Covid-19: Cleveland Clinic study suggests." Although the research came from the prestigious clinic it had not been peer reviewed.

Another email contained a video clip from the Christian Broadcasting Network, with an interview featuring a professor, Todd Zywicki, at George Mason University's Antonin Scalia Law School, who recovered from Covid and successfully fought the school to get a vaccine exemption. His lawsuit quoted his immunologist, who told him that his <u>"immunity status"</u> made it unnecessary for him to get a shot.

The new federal mandates will inevitably face huge social pushback and legal challenges, and people will find ways to game the system. Even in spite of the week's news, it is hard to see an easy path back to our previous lives if doctors themselves lack consensus about the vaccine. It is harder still to imagine normalcy as these divisions continue to bump up against a culture in which movements around body autonomy and wellness have convinced so many people that expertise is meaningless in the face of "listening to your own body."

In the waning hours of Labor Day, a friend called to process her anxiety about the coming fall, a moment of transition that even under ordinary circumstances carries with it an uneasy balance of promise and dread. We worried about the ways that the school year would be disrupted — again. Despite all the uncertainties last September, her emotional scale tipped heavier, then, on the side of hope versus resignation. "The vaccine was coming," she said on the phone, "and this was all going to be over, remember?"

Have Vaccines Ever Been Mandated in History? Biden COVID Shot Plans Could Affect 100m People

By <u>Robert Lea</u> On 9/10/21 (*Newsweek*) Biden Announces Vaccine Mandate For All Businesses With More Than 100 Employees

In order to tackle the spread of COVID in the U.S., President <u>Joe Biden</u> made a U-turn on mandatory vaccination on Thursday when he announced that all federal employees must be vaccinated over the coming months or their jobs may be at risk.

<u>The mandate</u> could potentially affect up to 100 million Americans. Employers with more than 100 employees must ensure their workers are vaccinated or tested weekly, while federal contractors must be vaccinated. The move reflects measures employed in California and New York.

The U.S. is no stranger to protecting the health of Americans through mandatory vaccination. In 1901, the target of vaccination wasn't COVID but smallpox. The highly contagious virus, estimated to have killed 300 million people in the 20th century, caused fevers and a severe rash on the arms and face that often left survivors scarred for life.

At the turn of the 20th Century, three out of 10 people that contracted smallpox died as a result of the virus. This mortality rate led to 270 deaths in Boston alone during an outbreak that lasted from 1901 to 1903.

In Cambridge, a city next to Boston, a smallpox panic forced the closure of schools, libraries, and churches in scenes that would have resembled lockdowns imposed by COVID 120 years later. This spurred public health officials in the city and its neighbors to introduce a mandatory vaccination against smallpox.

A \$5 fine was introduced in the city for citizens who refused to be vaccinated. The move was challenged in Massachusetts' courts, with the highest court in the state backing Boston public health officials in the 1905 case <u>Jacobson v. Massachusetts</u>.

The <u>Supreme Court</u> ruled mandatory vaccination in the state did not violate the first amendment. While acknowledging the personal freedom of U.S citizens, Judge Justice John Marshall Harlan said in an opinion at the time that "the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand."

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A printed smallpox vaccine certificate, filled out with ink by United States Marine Hospital Service dating back to 1902. Boston health officials introduced a vaccine mandate at the start of the 1900s to combat a devastating smallpox outbreak. Photo by The New York Historical Society/Getty Images/Getty

The <u>U.S. military</u> also has a long history of mandating vaccines. The Department of Defense requires mandatory vaccination for U.S. military personnel in the Air Force, Army, and Navy. The program includes 17 different vaccines, with the <u>COVID shot</u> added in August.

From 1812 to the start of World War II 1939, American soldiers were vaccinated against smallpox, with vaccines for flu, tetanus, cholera, and other viruses added during the conflict.

In 1777, during the Revolutionary War and following the Declaration of Independence, smallpox was killing around one in three Americans who contracted it, and military camps were one of the places it seemed to break out frequently.

Though the science behind smallpox and other viruses was still poorly understood in the 18th Century, General <u>George Washington</u> recognized the damage that could be inflicted by the spread of smallpox and that infections seemed to break out in crowded areas.

A rudimentary vaccine had been used by doctors in Massachusetts in the 1720s and figures including Benjamin Franklin, Thomas Jefferson, and Martha Washington were vaccinated against smallpox.

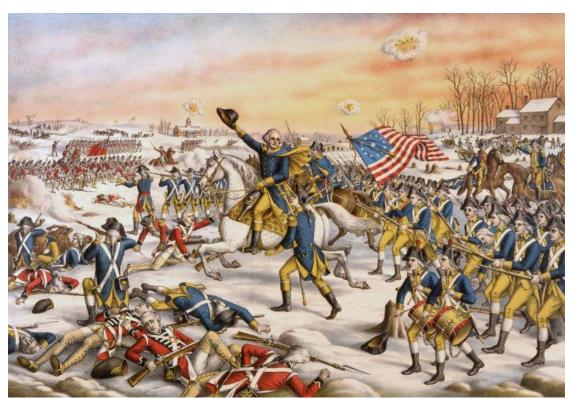
Even though the vaccination resulted in the recipient suffering from lesser symptoms of smallpox should they catch it, the general feeling was that the inoculation had actually helped spread the virus.

As a result of this assumption, <u>Congress</u> banned vaccines in 1776. That means Washington's move to bring the vaccine back in February of the following year was considered a drastic move.

In a February 1777 letter to John Hancock, Washington announced his plan to innoculate troops as fast as they came into Philadelphia if they had not suffered from smallpox in the past. State conventions were also asked to vaccinate troops before they were sent to winter quarters.

<u>Unlike Biden</u>, Washington kept the vaccination mandate secret as he feared that if the British learned swathes of the Contentinal army were recovering from the inoculation, they would seize the opportunity to strike. Just as the Continental army eventually turned back the threat of the British, vaccination would too conquer smallpox.

In <u>1980 the World Health Assembly</u> announced that smallpox had been eradicated globally. The eradication was directly tied to the deployment of vaccines against the virus and it has since been considered one of the biggest achievements of international public health.



An image showing General George Washington (center) leading the Continental Army in the Battle of Princeton during the American Revolutionary War, January 3, 1777. Washington secretly introduced a vaccine mandate to troops. Stock Montage/Getty Images

Biden's Vaccine Mandate Is a Big Mistake

Sept. 10, 2021





• • By Robby Soave

Mr. Soave, a senior editor at Reason, has written extensively about law, public policy and free speech.

There's one person that President Biden desperately needs to consult about his new federal vaccine mandate: President-*elect* Biden.

In December 2020, as the prospect of imminent mass vaccination against Covid-19 was finally becoming a reality, Mr. Biden leveled with the American people: He said he would not force anyone to get the jab. "No, I don't think it should be mandatory," he told reporters. "I wouldn't demand it be mandatory."

Jen Psaki, the White House press secretary, recently reiterated Mr. Biden's position. "That's not the role of the federal government," she <u>declared</u> on July 23, referring to the idea of a government mandate. Rochelle Walensky, the director of the Centers for Disease Control and Prevention, said the same thing a week later: "There will be no nationwide mandate."

So much for that. On Thursday, Mr. Biden announced a far-reaching vaccine mandate that applies to most federal workers, hospitals, public schools and 80 million employees of private companies. Under the White House's <u>presumptuous plan</u>, workplaces that employ more than 100 people must require their employees to either get vaccinated or submit to weekly testing — a burden so onerous that for many businesses, it will not be a choice at all.

The president's plan is certainly well intentioned. The vaccines are the only tried-and-true strategy for defeating Covid; government officials should both encourage vaccination and make it easier to get vaccinated. Health officials must continue selling people on the vaccines by emphasizing the considerable upside: Vaccination decreases transmission of the virus and turns hospitalization and death into very unlikely outcomes. It provides such robust protection that 99 percent of coronavirus fatalities in the United States now occur in the <u>unvaccinated population</u>. Vaccination works, and it's the right option for a vast majority of Americans.

But forcing vaccines on a minority contingent of unwilling people is a huge error that risks shredding the social fabric of a country already being pulled apart by political tribalism.

The president should not — and most likely does not — have the power to unilaterally compel millions of private-sector workers to get vaccinated or risk losing their jobs: Mr. Biden is presiding over a vast expansion of federal authority, one that Democrats will certainly come to regret the next time a Republican takes power. Moreover, the mechanism of enforcement — a presidential decree smuggled into law by the Department of Labor and its Occupational Safety and Health Administration — is fundamentally undemocratic. Congress is supposed to make new laws, not an unaccountable bureaucratic agency.

While more than 70 percent of American adults have received a shot, a smaller but sizable group of people, for various reasons, are unvaccinated. Some members of this group have antibodies from a previous Covid case and are reasonably protected from future illness, according to recent data. There is little benefit to forcing vaccination on such people, and Mr. Biden's decision to not exempt them is a significant misstep.

Unvaccinated individuals who were never infected by Covid would certainly benefit from vaccination. But the coercive approach has major downsides. The most anti-vaccine Americans — those who are adamantly refusing the jab because of a misguided belief that it's dangerous — will probably not change their minds because the government is strong-arming employers. On the contrary, the federal mandate might actually be taken as confirmation of their paranoid suspicions that the vaccines have less to do with their health and more to do with social control.

As a practical matter, it's undeniable that the federal mandate will engender a titanic backlash and create a spate of lawsuits. Vaccine holdouts have already taken legal action against employers requiring vaccination: Todd Zywicki, a law professor at George Mason University in Virginia who had recovered from Covid and has antibodies, recently fought his institution's mandate and prevailed. And Republican governors are certain to battle Mr. Biden over this policy. Gov. Kristi Noem of South Dakota, a Republican, tweeted at the president, "See you in court."

It's true that courts have upheld vaccine mandates in certain circumstances: In a 1922 <u>case</u>, the Supreme Court famously ruled that a city ordinance could deny admission to students who failed to get the smallpox vaccine. But the assertion that a public official can completely sidestep the legislative process and enact a much farther-reaching vaccine mandate via administrative action should elicit skepticism from even those who vigorously support vaccination.

There are other ways to nudge the populace in the right direction. Rather than punishing the unvaccinated, the government could create an incentive for vaccination by lifting restrictions for the vaccinated. This was the approach initially taken by the C.D.C., which said this year that since the vaccinated were well protected, they could almost always safely discard their masks. Unfortunately, the more transmissible Delta variant spooked federal health officials, and the C.D.C. reversed course. Some municipalities, including Washington, then reimposed mask mandates, even though the science hasn't actually changed: The vaccinated are still well protected from Covid.

Some people would probably voluntarily get the shot if they knew for certain that a vaccination card was a ticket to living a normal life once again. Regrettably, Mr. Biden's mandate moves in the exact opposite direction, with the White House saying his plan will ensure that "strong mask requirements remain in place." If the government is concerned about vaccine hesitancy, it should trust the vaccines and drop other restrictions. People should know that *if* they get vaccinated, they will be better off. Instead, the White House is sending the message that people *must* get vaccinated but should hardly expect things to be different afterward.

It's worth repeating that the federal vaccine mandate represents a broad expansion of the executive branch's power. And Mr. Biden will not be the chief executive forever. Gov. Ron DeSantis of Florida, a plausible 2024 Republican presidential candidate, has used his current authority to prohibit private vaccine mandates in his state. Is this really the time to solidify the idea that the president is the ultimate authority on whether such things should be required or forbidden?

Opinion: Biden's six-step covid strategy does not go far enough to compel vaccinations

Opinion by
<u>Leana S. Wen</u>
Contributing columnist
Sept. 9, 2021

President Biden's much-hyped new strategy for fighting covid-19 is a tepid half-measure that falls short of the dramatic reset the country needs. The six-pronged strategy announced on Thursday can be summarized as "more of the same" — these are good steps in the right direction, but they're not enough to get the job done.

The biggest problem with Biden's plan is that it does not go nearly far enough toward compelling vaccinations. Only <u>54 percent</u> of Americans are fully vaccinated. According to the Centers for Disease Control and Prevention, the rate of first-time vaccinations is falling, even as the delta variant is overwhelming hospitals in many places and <u>more than 1,500</u> Americans are dying every day.

Biden needs to acknowledge that we have reached the end of the line when it comes to asking individuals to get vaccinated. We've tried education, incentives and appealing to people's patriotic duty. It's not working. Now is the time for mandates, with the federal government using the full extent of its authority.

It is excellent that the Biden administration will require all federal workers to get vaccinated. I also like that it will be tying Medicare and Medicaid reimbursement money to hospitals mandating health-care workers to be inoculated. In addition, the White House is directing the Occupational Safety and Health Administration to develop a rule that says all employers with 100 or more workers must require either vaccinations or weekly testing.

But the administration can and must go much further. For starters, why didn't Biden announce that he will mandate vaccinations for plane and train travel? The federal government has authority over interstate travel, and it already uses this power to require that masks are worn in airports and on planes and trains. Requiring vaccinations for those eligible for them will make travel safer, but that's not the primary reason for taking the step. The Biden administration needs to make clear that there are consequences to remaining unvaccinated. If you want the privilege of traveling, you need to do your part and get vaccinated.

Similarly, the White House should urge businesses to implement "no vaccine, no service" rules. <u>San Francisco</u> and <u>New York</u> have been out front by requiring vaccines to enter indoor restaurants, bars, gyms and other venues. The president should support these efforts by providing financial incentives to jurisdictions and businesses with such mandates and encouraging vaccinated Americans to preferentially frequent these establishments.

In addition, while I appreciate the call for teachers to be vaccinated, I wish that all children 12 and older would be required, as well. There are mandates for childhood immunizations in every state. The coronavirus vaccine should be no different. For vaccine mandates to succeed, they must be accompanied by a reliable and secure method for verifying proof of vaccination. Israel has long used the government-issued Green Pass to prove immunity, and the European Union has introduced a digital covid-19 certificate across all 27 member nations, as well as Switzerland, Norway, Iceland and Liechtenstein. It's shameful that all the United States can come up with is a paper CDC card. Verification of vaccination should be taken just as seriously as, say, going through a TSA checkpoint at the airport. When asked for your ID, you can't just produce an easily forged piece of paper. Neither should that be sufficient to prove that you're immunized against a potentially deadly disease.

Some private entities have developed health passes that display a person's vaccine status and the date of their last negative test. At very least, the Biden administration should use these more secure passes for federal employees. I hold out hope that administration officials will change their minds about vaccine passports — <u>as I and many others have</u> — and finally get behind a national vaccine verification system.

Masks are one more area in which Biden's leadership is desperately needed. More than a month ago, the CDC recommended that <u>indoor masking return</u> in areas of substantial or high transmission, which is most of the country, yet most states and locales have not reinstated this rule. Some places will still resist mask mandates, but others could be swayed if the federal government took a stronger stance — including the president's home state of Delaware. Biden should urge all governors, mayors and business leaders to reinstitute indoor mask mandates until vaccination rates are higher and the number of cases drops significantly.

The administration has made tremendous progress in combating the pandemic, but much of its hard-won gains were erased because too many Americans chose not to get vaccinated. It needs to recognize that tinkering around the edges won't stop the spread of covid-19. The time for cajoling is over, and it's up to Biden to set the tone — and make it as difficult as his authority permits for Americans to remain unvaccinated.

Opinion by Leana Wen

Leana S. Wen, a Washington Post contributing columnist, is a visiting professor at George Washington University Milken Institute School of Public Health and author of the recent book "Lifelines: A Doctor's Journey in the Fight for the Public's Health." Previously, she served as Baltimore's health commissioner.