FACT CHECKER REPORT #2

December TK, 2021

The Reader published Len Goodman's column of November 24, 2021. The sensitivity of his subject matter should have been enough to push us to delay the column and complete the thorough fact-check to which it has now been subjected.

The results of that fact-check are below.

1.Len Goodman wrote that Pfizer and other vaccine manufacturers don't advertise their vaccines by name because the omission allows them to sidestep FDA regulations about listing risks and side effects. This is untrue. Vaccine manufacturers have not advertised their vaccines at all, at least not directly. (Goodman's column suggests that some media stories have been tantamount to ads.) Advertising requires full FDA approval, not just an emergency use authorization (EUA). If Pfizer begins to advertise its vaccine, which received FDA approval earlier this year, it will have to follow regulations and list side effects. This piece of misinformation may have originated in an Instagram post, most variants of which have since been flagged or deleted.

2.Goodman wrote that "no actual data from the vaccine trials has been provided to the public." This is misleading. Aggregated data submitted by vaccine manufacturers for all phase III trials of Pfizer, Moderna, and Johnson & Johnson vaccines are available online, and the FDA includes detailed analyses of its review of this data in its decisions to authorize those vaccines. It is true that the totality of raw data underpinning the trials is not available, in part because it contains patient information and trade secrets. However, that kind of raw data is not typically made available during the FDA approval process, so this is not unusual.

3.Goodman wrote that the FDA is resisting a FOIA for the data underpinning the Pfizer vaccine trials, apparently declaring it won't release the data until 2076. This is misleading without more context. The group that filed the FOIA—which includes many doctors who have spoken out against vaccines—asked for nearly 400,000 pages of documents, many of which need to be redacted to protect patient information and trade secrets. The FDA agreed to release the data, but citing its small department of ten FOIA officers (who are already handling hundreds of other requests) proposed releasing 500 documents per month initially, with the group getting to choose which documents to prioritize.

4.Goodman characterized a report in the British Medical Journal as claiming that a research company involved in the Pfizer phase III trial had falsified data and unblinded patients, among other issues. This is misleading, and Goodman doesn't provide enough context to explain the significance of the report. For one, the report states only that patients may have been unblinded, and that a staff member changed data without noting it was a late entry, which the whistleblower considered "falsifying." More important, the company in question accounted for just 1,200 participants out of 44,000 in the phase III trial, and three sites out of 123. A clinical trials expert explained in the story to which Goodman referred that potential issues in such a small fraction of the data don't undermine the trial as a whole.

5.Goodman quoted New York Times columnist David Leonhardt, who says the risks of COVID in kids ages 5 to 11 are "so low as to be difficult to quantify." Leonhardt is not a medical expert (and anyway goes on to say he would vaccinate his children if he had any). More important, while kids ages 5 to 11 are among the lowest risk groups for developing severe symptoms, requiring hospitalization, or dying from COVID-19, some risk is still risk. Out of two million cases in that age range, more than 8,000 kids have been hospitalized and 200 have died, disproportionately Black, Latinx, and Indigenous.

6.Goodman wrote that the "data suggests that kids are at low risk to spread COVID." This is inaccurate, and likely stems from studies earlier in the pandemic when kids were less likely to expose and be exposed due to school and day-care closures. Kids in the 5 to 11 age range are among the fastest-growing population of new cases. While some studies suggest that kids spread COVID less readily than adults, others suggest they spread it just as well. The CDC has found correlations between transmission rates in schools and transmission rates in the community.

7.Goodman referred to a report from Sweden that found a low incidence of COVID in schoolchildren and teachers, using it to make the case that kids are at low risk to spread COVID. This is misleading. The report is from the first three months of the pandemic, when Sweden's rate of cases was less than the current U.S. rate. The report also precedes the emergence of deadlier and more transmissible variants, and didn't track household transmission.

8.Goodman stated that Dr. Robert Malone was one of the inventors of mRNA vaccine technology. This is inaccurate, notwithstanding Malone's own claims. Malone did groundbreaking work in mRNA technology in the 80s and 90s, which hundreds of other scientists have built upon in the decades since to develop mRNA vaccines such as Pfizer and Moderna.

9.Goodman quotes Malone as saying that the vaccine is only 50 percent effective in preventing infection and spread. This is misleading. Studies that track how effective the vaccines are at preventing infection and spread have found rates between 50 and 90 percent.

10.Goodman quoted Dr. Robert Malone claiming that higher vaccination rates lead to a greater number of vaccine-resistant strains of the virus. There is no evidence that this is the case. Variants are more likely to emerge in low-vaccinated populations, because those conditions make it easier for the virus to infect, replicate, and mutate. According to some researchers, the risk of specific vaccine-resistant mutation is not only very low but outweighed by the proven benefits of vaccination.

11.Goodman quoted Mexico's health minister, Jorge Alcocer Varela, suggesting that COVID vaccines inhibit the development of children's immune systems and that vaccines in general prevent children's immune systems from learning how to function properly. There is no evidence that this is the case with COVID vaccines or any other vaccines. Childhood vaccines have saved tens of millions of lives over the past century and helped eradicate diseases such as smallpox and polio.

12.Goodman referred to a study that compared different countries and U.S. counties and claimed to find a correlation between high vaccination rates and higher spread of COVID. The study has many serious methodological flaws. It does not take into account relevant differences between the areas compared, such as prevalence of mask wearing, social distancing, and lockdown policies. It also does not evaluate the completeness of the data, which it needed to do because some areas have better reporting systems than others. A preponderance of the evidence suggests that vaccines limit infection and spread.

13.Goodman wrote that ivermectin is a safe and effective treatment for COVID and has been used as such by countries around the world. Ivermectin has not been found to be a safe and effective treatment of COVID. It has at times been recommended by governments when they did not have access to vaccines and were trying anything available during spikes in cases; some individual patients have used it for the same reasons, and others continue to use it now, for reasons beyond the scope of the present writing. Relatively small analyses that claim ivermectin is effective have been found to contain methodological flaws, and large-scale studies are underway in hopes of settling the question.

14.Goodman suggested that the mainstream media have disparaged ivermectin in part to leave the field clear for vaccines to receive emergency use authorizations (EUAs). EUAs are only granted in the absence of effective pre-existing treatments for a disease, so the thinking goes that if ivermectin, a pre-existing drug, were recognized as effectively treating COVID, then no EUAs could happen. This is wrong for several reasons. Ivermectin is an approved drug, but it is not an approved COVID treatment. If it were approved to treat COVID, it would likely be through an EUA, given how long the FDA's full approval process takes. And in no case would the approval of ivermectin interfere with the approval of vaccines, because the former is an (alleged) treatment and the latter are preventative measures. Eleven different treatments currently exist with EUA status for COVID, none of which has prevented the vaccines from receiving EUAs.

15.Goodman wrote that the protection vaccines provide only lasts four to six months. This is misleading. It's true that the vaccines' effectiveness drops over time, but studies show that with the Pfizer and Moderna vaccines, the drop is from 90 percent to 80 or 70 percent after six months. For these vaccines, boosters are only recommended after the six-month mark and not earlier. Only the Johnson & Johnson has an earlier booster schedule.

From Tracy: I still support the idea of running a clean version of the edited piece (I emailed both marked up and edited piece) as it very much reflects your original intent about your child and the vaccine; it would still need editor's note explaining the process/changes, but is cleaner way to do this. Or, again, pulling it with a note. Those are just two of the options, in addition to this one, where you put rebuttal at end of this. Thank you