A COVID Plea to the CDC: Follow the Science, Respect the People

James S. Gordon, MD

James S. Gordon, MD, *author of* Transforming Trauma: The Path to Hope and Healing, *is a Harvard-educated psychiatrist, and the founder and CEO of the nonprofit Center for Mind-Body Medicine in Washington, D.C. Dr. Gordon is internationally recognized for using self-awareness, self-care, and group support to heal population-wide psychological trauma. He is a clinical professor at Georgetown Medical School, and was chairman (under Presidents Clinton and GW Bush) of the White House Commission on Complementary and Alternative Medicine Policy.*

Like most U.S. physicians, I've long been dismayed and puzzled by the significant numbers of Americans who ignore CDC guidelines about COVID-19 and remain unvaccinated, and deeply saddened when angry and bewildered patients and friends tell me of unvaccinated relatives who died, apparently unnecessarily, of COVID-19.

Inevitably, I've asked myself why so many believe, without evidence, that the vaccines are ineffective, dangerous, or even part of a plot hatched by Bill Gates and Big Pharma to implant microchips? Or that masking actually increases the risk of COVID? Or…? And why does only 52% of our population have "a great deal of trust" in the U.S.'s, and the world's premier public health agency?

Now, more than two years into the pandemic, I have what I believe is a better, sadder, and wiser understanding.

I continue to value the CDC's heroic efforts at tracking, genetic sequencing, prevention, and the provision of vaccines, and, in the face of vitriolic opposition, behavioral and social guidelines. And I do understand that it's not easy to know in advance when and where masking would be most useful, and what level of protection one, two, or three doses of the vaccine could yield. But I no longer think it's helpful to give a pass to CDC pronouncements and actions which seem confusing, contradictory, anxiety-provoking, and in some cases, dangerous, as well as detrimental to its credibility.

I know the CDC could have inspired more of my trust if its leadership admitted more freely to its own uncertainty, and recognized and publicly apologized for the anxiety its constantly changing guidelines in masking and vaccine recommendations caused. I would have felt a lot better about them telling us what we should be doing if they had taken us into their confidence about the ways science has to continually monitor for and accommodate changing realities. And I would've appreciated it if they were more open to learning from challenges to their guidelines.

Over the last few months, my mistrust flourished in the soil of my personal experience. I had begun, in the fall, to hear stories of people who had received two shots and a booster, and in some cases, had previously had COVID, who were once again symptomatic and testing positive for the virus. It was becoming clear that though the vaccines were effective for preventing hospitalization and mortality–they were not nearly as globally prophylactic as the CDC had led us to believe.

Then, four months after my third booster shot, and in the context of pretty careful masking, I too tested positive and developed significant COVID symptoms. I didn't fault the CDC for my infection, but as I developed a treatment plan, I was quite troubled by some of their recommendations, for example, about Ivermectin, an anti-parasitic drug often used with animals. When, with the aid of several physician colleagues, I reviewed the laboratory and clinical studies, I saw that some showed no positive changes, while others recorded significant benefits. It seemed clear that this inexpensive, long-used drug, taken in a dose appropriate for a human, had very little downside and might be helpful. Why, then, were government officials (primarily from the FDA, with apparent CDC compliance) sternly warning against Ivermectin, citing sensationalistic examples of people who had suffered after taking horse-sized doses? Horse-sized doses of aspirin will also damage humans.

My physician, a board-certified internist, prescribed Ivermectin, and I took it.

In the last few weeks, my level of concern has risen.

First, I read with alarm about COVID-positive nurses who were suddenly told, contrary to two years of strongly-worded guidelines, that they could return to work in five rather than ten days, and that they need not be tested for the virus. The nurses were scared for themselves, their patients, and their colleagues. And so was I. Where was the thoughtful deliberation, the careful steps the CDC advised us to take in "following the science?"

And then, a week ago, after reading CDC reports, and those of other agencies, overseas, of declining immunity after the third booster shot, which was enhanced by a fourth shot, my concern became intensely personal. My immunity was likely declining (I had, after all, recently had COVID), and I wanted to preserve my own health;

even more urgently, I wanted to protect my immunocompromised former wife, Sharon, for whom I am the primary caregiver. I applied for a fourth shot, and was turned down. Worried for Sharon and myself, and exasperated, I wrote to Samuel Posner, PhD, Acting Director of the National Center for Immunization and Respiratory Diseases. Here is some of what I had to say.

> Dear Dr. Posner,
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> I am writing to you to ask for what seems to me a medically-necessary, common sense expansion of criteria for a 4th booster shot against COVID-19—a shot which may well contribute to prevention of death and disability in the person vaccinated, and perhaps even more important, in immunocompromised people with whom such persons are in contact.
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> Several days ago, I went with my former wife, Sharon, for whom I am the primary caregiver, to get a 4th shot of the Moderna vaccine. She is 82 years old, has suffered from multiple episodes of thrombophlebitis and pulmonary emboli, and is immunocompromised. I am 80 years old, and have a history of asthma and inflammatory arthritis, and presently have continual atrial fibrillation. I was told by the pharmacist that although Sharon could have the booster, I could not.
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> I explained that as a physician traveling to address population-wide psychological trauma here in the US and overseas, I am far more likely to contract the virus, and therefore am most likely to be the source of contagion for Sharon, who leaves her house only for medical appointments. The pharmacist," I went on, "was embarrassed but unyielding, and said that the CDC rule was that only those who are immunocompromised could receive a 4th shot.
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> I told the pharmacist that reasonable public health practice should make it possible, if not mandated, that caregivers of immunocompromised people also receive the 4th booster. He turned away.

(After I finished composing this, the FDA approved a 4th booster for people over 50, but still neglected to mandate—or even to suggest—another booster for people of any age who are caring for the immunocompromised.)

I copied the deeply-committed, passionately engaged Dr. Rochelle Walensky, the Director of the CDC, on my email. I was hoping she and Dr. Posner would consider changing the rules to help protect me, my former wife, and the 7 million Americans who are also immunocompromised.

After four days without a response, deciding it was unwise and unsafe to wait any longer, I made an appointment at another pharmacy. This pharmacist, perhaps noting that I had mild to moderate symptoms of long COVID, happily gave me the shot.

Now, six weeks after my email, I've still not heard from Dr. Posner, or anyone else at CDC.

I don't write to attack or deprecate the CDC, but to urge its officials to make caregivers of the immunocompromised eligible for a fourth shot, and to encourage them to get it. I also hope the CDC will consider permitting all older people to receive a fourth booster, as governments in Israel, France, Sweden, and Chile have already done, and as Pfizer and BioNTech have recently asked the FDA to approve. I would also hope that reading this, the CDC might bring a more appropriate modesty, and a greater sensitivity to the predictions and recommendations they offer to the Americans who look to them for guidance.

These changes in practice and attitude will, I believe, enhance trust in the CDC, help undermine some of the ideological opposition to public health measures, stimulate more research into promising unconventional approaches, and save lives.