

Dr. Eric Feigl-Ding: Exposing children to COVID is “dangerous and morally reprehensible”

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Dr. Eric Feigl-Ding has been an outspoken advocate in bringing the COVID pandemic to a rapid end by implementing multiple mitigations and elimination strategies. Through his social media accounts, he has provided critical insight while educating the public on the dangers of the virus and inaction on the part of the government. He is a public health scientist and epidemiologist, currently a senior fellow at the Federation of American Scientists. The WSWS spoke with Dr. Feigl-Ding last Friday on pandemic developments and the issue of COVID and children. The interview below was edited for brevity and clarity. Explanatory remarks are provided in brackets when necessary.

Benjamin Mateus (BM): Dr. Feigl-Ding, good morning. Thanks for speaking with the WSWS again. We’ve been explaining that children have been dying from COVID-19 at higher rates than previously in the pandemic. You have also been highlighting this issue on social media. It’s a crucial issue, but there aren’t too many people paying sufficient attention to it. Can you speak to this?

Eric Feigl-Ding (EFD): Happy to. Yesterday I posted two graphs on a thread on Twitter. One of them is the Case Fatality Rate (CFR) in Florida by age group. The Delta wave swept through the state over the summer. The graph shows, since like early August, the CFR for kids under 16 has really increased. When you compare it to the entire pandemic period, it is around six to eight-fold higher in terms of actual deaths.

[The Tweet reads: *While kids die at a rate of 1 in 10,000 infected cases...that is quite high! Plus, it is 6-8-fold higher CFR recently during the #DeltaVariant wave than last 18 months before Delta! (Notice RED vs.BLUE).* Dr. Feigl-Ding also highlighted the data from the American Academy of Pediatrics(AAP) that demonstrates children now make up close to 25 percent of all cases.]

So, the CFR has definitely gone up recently. That’s because under Delta we know it’s much more severe. We know Delta is much more severe even outside of kids [the general population] from countless other studies and data points.

Now, with these numbers, in a certain way you have to ... how should I put it? I’m an epidemiologist, and we usually talk about relative risk and statistics, but that doesn’t capture people’s imaginations because it doesn’t peg to what they already know or already have an established moral principle about.

Let’s take pediatric cancers. There are tons of different pediatric cancer associations, and no one has debates about whether kids should or shouldn’t be dying of cancer. It’s one of those bipartisan topics. To capture the public’s attention, you have to place it in that light.

No one accepts pediatric cancers, right? If you say, “Kids shouldn’t be dying of cancer,” at a media conference or a hearing you would mostly get nods across the room. And then you add that pediatric cancers are the leading cause of death among children post infancy. In the US, among

pediatric cancers there are about 1,200 deaths [per year] or so. You divide that by 52 weeks, that’s around 23 deaths a week.

That is on par with what the US has seen among children dying of COVID-19. We’ve had over 100 deaths in the last five weeks, or about 20 deaths a week. And that data is coming from the American Academy of Pediatrics that has 45 states. With 50 states, it’s probably tied, if not higher, than the cancer deaths. But no one accepts pediatric cancer deaths as okay.

[According to the National Cancer Institute, although cancer in children is rare, it is the leading cause of death by disease past infancy among children in the United States. In 2021, among children 0 to 19, an estimated 15,590 will be diagnosed with cancer, and 1,780 will die. Among those under 15, 10,500 will be diagnosed, and 1,190 are expected to die from their disease.]

Consider even the news yesterday on NPR [National Public Radio] about recalling infant nursing pillows. [Boppy Company, a maker of an assortment of infant carriers and nursing pillows, recalled nearly 3.3 million of their loungers for newborns, which have been linked to the death of eight babies. These deaths, according to the US Consumer Product and Safety Commission, occurred over the period from December 2015 to June 2020.]

No one accepts that we should learn to live with kids who die of being suffocated by pillows. No one says we need to learn to live with pediatric cancer deaths, right? It’s morally not acceptable in our society if we care about others around us.

And, so, if you first get people to buy in on something that is not controversial, but then we explain that COVID death rates among children are the same as death rates from pediatric cancers, and we don’t accept pediatric cancer, then we can’t accept pediatric COVID deaths!

I’m trying to think how else to best phrase it. Other moral arguments can be made, but let me know if you have any questions on these stats?

BM: I think what you are saying is something like if we compared COVID deaths among children with firearm deaths. It would be morally reprehensible to tolerate the first but not accept the other.

EFD: Yeah, exactly. Shannon Watts actually made this point as well. [Watts is an anti-gun advocate and founder of Moms Demand Action. She initiated a grassroots movement after the tragic events at Sandy Hook School in Newtown, Connecticut, in December 2012, when a deranged gunman opened fire killing 26 children and educators.] When I tweeted about the eight infant deaths and the pillow recall, she Tweeted why it was okay that kids were dying from handguns? This same correlation matters. The same analogy matters because it’s effective [in getting the public’s attention]. And we do something about these in our society. We do recalls of cribs and pillows.

Then there are those elements in society that try to dismiss these issues.

They say that these children who died from COVID had risk factors. You've heard that line, right?

BM: I have.

EFD: They try to say that these children died with these pre-existing conditions and not their infection. My point is that it's pretty clear when they're in the ICU that they didn't die of their diabetes. The ICUs aren't suddenly overloaded because of pediatric diabetes or something like that. It's COVID.

When kids die of cancer, no one says they have an underlying risk factor for cancer. Think about that. If someone dies in a crib accident, no one says that child suffocated or ...

BM: I think the point you're trying to make is that by implying they have risk factors or conditions that predispose them to a respiratory illness, then somehow this means that their death from COVID was unavoidable, thereby giving it legitimacy, which is a repulsive way of looking at it. But this is precisely what is happening.

Perhaps we can change gears a bit. What are your thoughts on Florida schools and not having to quarantine? They say that parents of exposed students can decide if their child should stay home or return to school.

EFD: That's very dangerous. Yeah. There are so many things wrong. We're not contact tracing. We're not isolating positives. We're not quarantining enough. Basically, it's the "see no evil and hear no evil, and, so, is there an evil?" kind of approach. They don't do any tests, and if there are no tests, then there is no pandemic.

[Governor] DeSantis is trying to win this by playing this weird game of "let's not identify all the cases that's out there," and of course we know about his delayed death reporting algorithm that is very unconventional. And I think it's very misleading to report deaths in that way based on the current week even though the recent week of deaths are entirely delayed.

BM: DeSantis is playing a dangerous political game with the lives of Floridians and the general population. And he is just the leading edge of a very irresponsible approach to the pandemic that attempts to minimize the catastrophe.

Which brings me maybe to the other political development. Vice President Kamala Harris recently stated, "As we end this pandemic, we must get ready for the next." I mean, more than 2,000 people are dying each day. We are nowhere close to ending ...

EFD: I think that comment is fine. I say it all the time, too. Let's work together and end the pandemic. It's not a declaration that the pandemic is over. I think we're reading too much into that statement.

BM: You had recently commented on the booster shots and were very vocal that the population needed the third shot due to the waning immunity. Were you disappointed by the FDA and the CDC's positions?

EFD: I was. But, by the way, did you see the overnight developments?

BM: I have not. [The interview was conducted at 8 a.m. on Friday, September 24, 2021. In a surprise decision, CDC Director Rochelle Walensky went against the agency advisers and endorsed additional doses of the Pfizer vaccine for high-exposure groups, including teachers and healthcare workers.]

EFD: Okay. So, the CDC committee didn't vote to recommend boosters for those aged between 18 to 64 with high-risk exposure qualification criteria. But overnight, around two or three a.m., Walensky overruled that and allowed [the boosters] for high risk of exposure people under the age of 64. What the CDC committee voted on is not what Walensky approved. Besides approving the committee's two criteria, she added a third criteria.

High risk is different than higher exposure. High risk means you have a significant risk factor [for severe complications from COVID]. High exposure means you don't have a risk factor, but you work in a high-risk occupational setting. I think that probably includes teachers.

She added her criteria to match better with the FDA. [The FDA only voted to provide boosters for those people 65 or older and people ages 18 to 64 at high risk of severe COVID due to pre-existing conditions, the two

criteria that the CDC committee voted to approve. On a polled question to the FDA advisory committee, there was unanimous agreement that people with high-risk exposure could be offered a booster but it was never voted on].

The phrasing of the FDA's third criteria for the high exposure category is expansive in specific ways. It isn't explicit in what those high-risk exposure occupations are.

And many states can determine on their own [how to define high-risk exposure]. But in the current situation, teachers can be eligible for a booster after six months based on that kind of criteria. I think it's broad enough that it does allow for a lot [of room for consideration].

And it's more like a self-declarative. There is no recommendation that you must have a teaching license to be qualified [for a booster] or work at a prison. It doesn't say anything like that. In a certain way, I prefer boosters for all after six months. But I think that criteria add a lot of flexibility, and I welcomed that.

BM: You had mentioned in a recent Tweet that we should still aim for zero. And I'm assuming that is still your position; we should try to eliminate this virus from our community.

EFD: I would phrase it this way.

I don't think we should wave the white flag saying, "Oh, we are at endemic levels. Let's give up. You have to learn to live with the virus." The learn to live with the virus mantra is last year's natural infection herd immunity. And now it is learning to live with the virus. And I don't think we should go there right now. I don't think we should go there at all, especially when kids are not vaccinated yet.

We should aim for zero; we should aim for as low as humanly possible, like add on every mitigation we can practically do to get cases low, to avoid hospitalizations and deaths, and avoid Long COVID and Long COVID in children. I think that is just so critical.

With Long COVID, brain fog, neurological, cognitive deficits are some of the effects. A British study found that if you were intubated in the hospital, you would have a seven-point IQ drop equivalent. If you're hospitalized but not intubated, you could still have a three-to-four-point IQ drop. But even if you weren't hospitalized, if you had mild COVID, you could have about a two-to-three-point IQ drop.

But I ask, "Do you accept lead poisoning for kids?" If you ask most people, they'll say, "No, lead poisoning is not okay." Now, lead poisoning's IQ damage is two points. If no country in the world accepts lead poisoning or lead poisoning's two-point IQ damage as acceptable, why do we accept the one-to-three-point IQ drop for non-hospitalized children suffering from Long COVID? Even if not every infected child suffers from it, why do we accept that possibility for our children?

If we don't accept any child getting lead poisoning, why would we allow the risk of one in eight to one in ten children getting Long COVID? [More than 5.5 million children have been infected with the coronavirus. Last week, 226,000 more children were infected, representing 25.7 percent of weekly reported cases.] This goes back to our original argument or discussion about pediatric deaths. Why would we allow potential cognitive declines from Long COVID that are equivalent to those seen in lead poisoning as acceptable? This is baffling with the 'learning to live with COVID' and 'learn to live with the virus' mantra. It's so dangerous and morally reprehensible.

That's why I advocate that we need to get cases as low as possible. And, of course, get pediatric vaccines rolled out as soon as they're authorized.

BM: So, where do you see the United States in the next three to six months during the pandemic?

EFD: I'm worried about the winter. Traditionally, August is the lowest hospitalization period for pediatric hospitalizations. But we're having all these admissions in what should be the lowest period of the year. If we see these numbers ... I'm really worried about winter.

Winter is coming, and there's a lull right now, but winter is coming.

Some people are saying we will have vaccines are children five- to 11-year-old by Halloween. So, I'm hopeful.

But then, of course, there's the [vaccine] uptake. And then it takes at least a month before the second shot. And then a month and a half before complete immunity from vaccination kick in. that will take us to early December, right before Christmas. This is assuming an expeditious uptake of the vaccines. But the US has had a slowdown in vaccinations. We were leading early on, but I think we rank almost 50th in terms of vaccination shots delivered per capita. We've essentially flatlined.

If they are approved, however, we may see a surge in vaccinations. It's hard to say. Airborne respiratory diseases, especially in kids ... the vaccines just can't come soon enough.

BM: Dr. Feigl-Ding, thank you for being approachable and willing to discuss these issues. It's been very informative.

EFD: Sure. Thank you. Good luck.



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