

Critical reading

Source: [The New York Times](#) Date: May 1, 2023

Our primary concerns:

The writers of this article present the White House's decision to end vaccine mandates and the Public Health Emergency without fact checking the White House's claims about the pandemic. Some claims are fundamentally unsupported by CDC data. The writers also cite a single "expert" from the medical community, implying wider agreement on ending COVID vaccine mandates while ignoring other existing mandates. They use inflammatory language that unnecessarily promotes conflict around public health law and confound the ethical concerns at hand. These choices in reporting promote public complacency in the face of ongoing harm from disease.



By [Michael D. Shear](#) and [Noah Weiland](#)

About the writers:

Michael D. Shear is a veteran White House correspondent and two-time Pulitzer Prize winner who was a member of the team that won the Public Service Medal for Covid coverage in 2020. He is the co-author of "Border Wars: Inside Trump's Assault on Immigration." [@shearm](#)

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Print headline uses **inflammatory language**. Further inflammatory language is used throughout and is highlighted below.

White House to End Most Covid Vaccine Mandates, the **Source of Intense Political Strife**

Title of print version May 2, 2023, Section A, Page 14

White House Will End Most Covid Vaccine Mandates

The requirements helped end the public health emergency. But they also prompted a politically charged debate.



The vaccine requirements will be eliminated on May 11. Jamie Kelter Davis for The New York Times

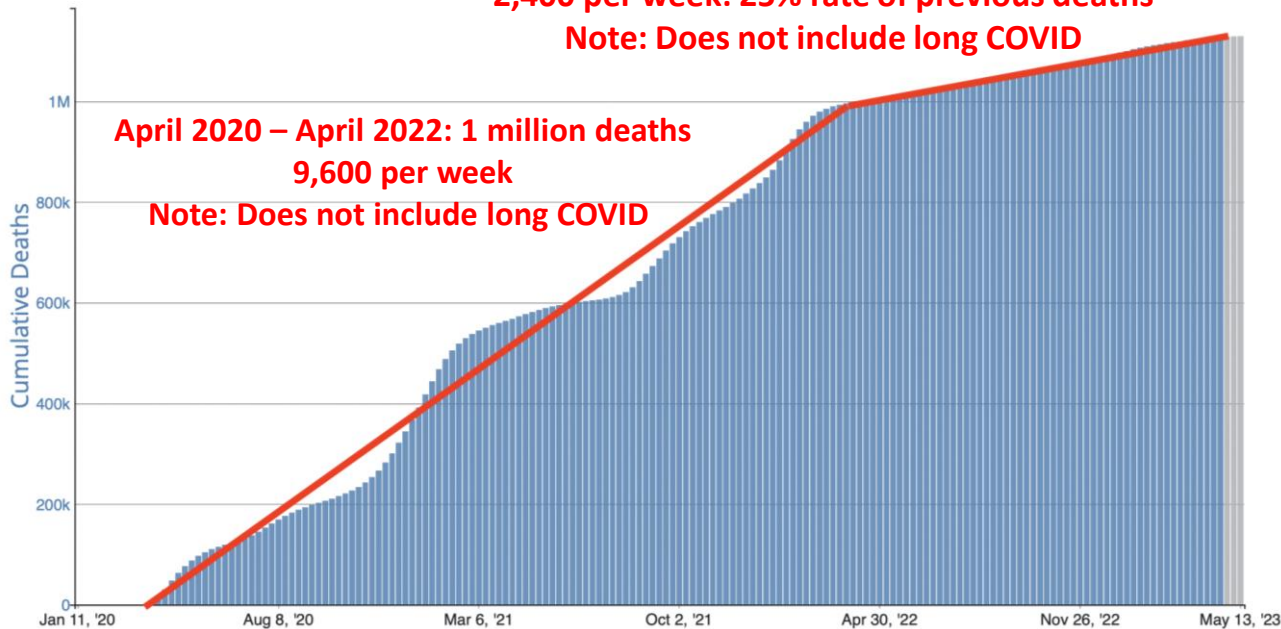
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Inflammatory language

False claim. The pandemic is not at “an end” in terms of infection, disease, and its harms. CDC reported deaths are continuing to increase ([CDC COVID Data Tracker: Trends by Geographic Area](#)).

**April 2022 – April 2023: 125 thousand deaths
2,400 per week: 25% rate of previous deaths
Note: Does not include long COVID**

**April 2020 – April 2022: 1 million deaths
9,600 per week
Note: Does not include long COVID**



Also note the subhead (p. 1), “helped end the public health emergency,” is not the same as “helped bring an end to the ... public health threat” (right). The article does not correctly distinguish between the Public Health Emergency — a political/legal designation — and the public health threat, i.e., the disease and its harms that are still ongoing.

No information is provided to indicate why this is now a different phase. The above data shows this is not an appropriate statement because many people are dying.

WASHINGTON — The Biden administration will end most federal Covid-19 vaccine requirements next week, rolling back a vast assertion of government power that helped bring an end to the worst public health threat in 100 years but roiled American politics in the process.

The White House announced the shift in policy on Monday, roughly three years after the start of a pandemic that eventually prompted the United States and nations around the world to require hundreds of millions of people to be vaccinated against the fast-moving and rapidly changing coronavirus.

But on May 11, those requirements will end for federal workers, international travelers, contractors, Head Start employees and health care workers at many hospitals.

“While vaccination remains one of the most important tools in advancing the health and safety of employees and promoting the efficiency of workplaces,” the White House said, “we are now in a different phase of our response when these measures are no longer necessary.”

Counter to the narrative of conflict “between Republicans and Democrats,” multiple Republican Congressmen have spoken in favor of vaccination, undermining the narrative of political conflict (see [“Not all Republicans are embracing McConnell’s vaccine push. Read what some had to say this week”](#)).

Inflammatory language throughout this piece leverages rhetoric that reinforces a response of anger and divisiveness, suggesting violence is warranted in response to the conflict, i.e., the “vitriolic battle.” While conflict occurred in response to vaccine mandates, these word choices unnecessarily promote that conflict.

Certifying deaths due to post-acute sequelae of COVID-19

In the acute phase, clinical manifestations and complications of COVID-19 of varying degrees have been documented, including death. However, patients who recover from the acute phase of the infection can still suffer long-term effects (8). Post-acute sequelae of COVID-19 (PASC), commonly referred to as “long COVID,” refers to the long-term symptoms, signs, and complications experienced by some patients who have recovered from the acute phase of COVID-19 (8–10). Emerging evidence suggests that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, can have lasting effects on nearly every organ and organ system of the body weeks, months, and potentially years after infection (11,12). Documented serious post-COVID-19 conditions include cardiovascular, pulmonary, neurological, renal, endocrine, hematological, and gastrointestinal complications (8), as well as death (13).

Does not provide data or source in support of this claim. See above data where deaths have been reduced by 75 percent. This does not include deaths from organ damage and long COVID. See [Vital Statistics Reference Guidance Number 03, February, 2023 \(cdc.gov\)](#).

Unsubstantiated claim of expert consensus

The short, four-paragraph statement closes **one of the most contentious chapters** in recent American history, in which vaccine mandates became a centerpiece for a **vitriolic battle** between Republicans and Democrats across the country.

That battle was stoked by former President Donald J. Trump, who initially championed the creation of the Covid vaccines, and his supporters, **many of whom recoiled** against the idea that the government was telling them what to do.

Starting on May 11, the government will no longer do so. Officials said that since January 2021 — around the time that the vaccines started becoming available — Covid-19 deaths in the United States had declined by 95 percent, and hospitalizations were down almost 91 percent.

That mirrors the trend around the world, where deaths from the virus are at their lowest levels since the beginning of the pandemic, according to the White House.

Medical experts, many of whom were **fierce** advocates of government vaccine mandates throughout the pandemic, largely agree that the need for such requirements has diminished as the threat from the virus has faded.

Quoting a single “expert’s” opinion does not prove others agree.

Many states have vaccination laws. See [School Vaccination Requirements and Exemptions, CDC](#), [State School Immunization Requirements and Vaccine Exemption Laws \(cdc.gov\)](#), [CDC - Vaccination Laws - Publications by Topic - Public Health Law](#). Dr. Auwaerter’s statement that “The decision about whether to be vaccinated will once again be largely between a doctor and patient” is inconsistent with the fact that vaccinations are required by law in many states. This shows a bias in opinion undermining his credibility and the credibility of the authors of this article.

This is a misassignment of expertise. Infectious disease experts “are involved in diagnosing, investigating and treating patients with infections. They deal with infectious microorganisms such as bacteria, viruses, protozoa and fungi” ([The Complete Guide To Becoming An Infectious Disease Doctor, BMJ Careers](#)) including bloodstream infections and complex or rare conditions caused by emerging infectious diseases and multidrug-resistant microbes ([Infectious Diseases - Overview - Mayo Clinic](#)). There is nothing here about risk assessment and social behavior any more than there is qualification to deal with risk assessment in drunk driving.

Dr. Paul G. Auwaerter, the clinical director in the infectious diseases division at the Johns Hopkins University School of Medicine, said the Biden administration’s move on Monday drew it closer to current international strategies to contend with the virus.

The vaccines still help in reducing the chances of hospitalization and death, he said, but are no longer effective at preventing transmission of the virus. The decision about whether to be vaccinated will once again be largely between a doctor and patient, not the government, Dr. Auwaerter said.

“People have developed their own sense of risk assessment and need for immunizations,” he said.

Other Covid vaccine mandates have already been relaxed by colleges, local and state governments, and private companies. But the end of federal vaccine requirements will have an immediate impact on tens of thousands of Americans, as well as foreigners who travel to the United States.

All of this is speculation — and distraction. The discussion immediately precedes the primary factual information the article conveys about the impact of ending the PHE.

The disease begins as a respiratory infection but is [a vascular disease](#) that affects all organs, in part by injuring endothelial cells everywhere, not just in the lungs. So it is not accurate simply to call it a “respiratory disease”; how a virus enters the body does not necessarily characterize where it impacts the body. An example of other infections that damage systems outside the one in which they are introduced is [Epstein-Barr virus](#) (EBV, a.k.a., mononucleosis or mono), a type of herpes virus that is transmitted via saliva but is not a saliva disease. Just as SARS-CoV-2 harms endothelial cells, EBV can damage the body’s nerve cells causing a condition called multiple sclerosis ([Study identifies how Epstein-Barr virus triggers multiple sclerosis | News Center | Stanford Medicine](#)).

The actual impact of ending the PHE — namely, that certain services and support will no longer be available — is presented only at the end of the article, which is not often read by readers. (See [How people read online: Why you won’t finish this article. \(slate.com\)](#))

Among them is likely to be Novak Djokovic, the Serbian professional tennis player who is currently ranked No. 1 in the world in men’s singles but who has been banned from coming to play in the United States because he will not confirm that he is vaccinated.

The lifting of the vaccine requirement for international travelers will most likely mean Mr. Djokovic will be able to play in the U.S. Open, which is scheduled to take place in New York in August and September.

The vaccine requirements will be eliminated on the same day that the Biden administration ends the Covid-19 public health emergency, which was declared by the Trump administration on Jan. 31, 2020, shortly after the initial discovery of the respiratory disease in China.

On May 11, a [separate set of Covid-19 policies](#) will begin to unwind as well, marking an unofficial end to the most intense phase of the federal government’s pandemic response.

Americans with private health insurance and Medicare plans will no longer be eligible for eight free at-home coronavirus tests each month.

More impact of ending the PHE

Carlson's full quote from [Tucker Carlson Tonight \(Jan. 21, 2022\)](#) is "I mean, after watching what the Imperial Japanese Army and the Nazis did in their medical experiments, I thought that American physicians agreed that compulsory medical care was unethical, it was immoral, and it could never be imposed on anyone." So Carlson and the authors of this article suggest "Nazi experiments" are "unethical" because they were *compulsory*, but — as neither Carlson nor the authors address — they were importantly without anesthesia and classified as torture resulting in [disfigurement and mutilation, physical and psychiatric trauma, severe disability, and death](#). Carlson and the authors thus misrepresent the essential ethics of these historical actions by focusing on consent. While consent *is* important in medicine, the ethical concern with regard to vaccination is *public safety* (see p. 4), which is in the category of laws against drunk driving, smoking in public places, etc.

Medicare recipients might also face some cost-sharing for virus tests administered at health providers, while those with private plans might face the same for [P.C.R. tests](#). Some people with private plans may also pay for costs tied to out-of-network Covid-19 vaccinations.

Hospitals will also no longer receive higher Medicare payment rates for treating Covid patients. And the Department of Health and Human Services will no longer be able to require that labs report Covid-19 data.

Representative Thomas Massie, Republican of Kentucky, called the mandates "absolutely unconstitutional." Tucker Carlson, [who was recently dismissed by Fox News](#), compared the mandates to "Nazi experiments" and called them immoral and unethical policies of the Biden administration. Mr. Trump railed against the mandates after he left office.

"I have to tell you, you can't mandate it," the former president said. "You can't force it. And I don't think it's going to be necessary because this thing is going to eventually go away."

Conclusions:

The writers of this article do not fact-check the White House's claims about the pandemic, some of which are unsupported by CDC data. The writers' single "expert" from the medical community implies wider agreement on ending COVID vaccine mandates and ignores other existing mandates. Use of inflammatory language unnecessarily promotes conflict around public health law and confounds the ethical concerns. These choices in reporting promote public complacency in the face of ongoing harm from disease.

"We've been patient," Mr. Biden said. "But our patience is wearing thin. And your refusal has cost all of us."

But for **all of the fierce debate that consumed American politics** for years, the end of the administration's vaccine mandate was delivered with little fanfare, and with none of the drama that surrounded its initial announcement.

Mr. Biden did not give a public address, choosing instead to rely on the short statement from his staff to defend both the initial decision to impose the requirements and the move to end them.

"Our Covid-19 vaccine requirements bolstered vaccination across the nation, and our broader vaccination campaign has saved millions of lives," the White House's statement said. "We have successfully marshaled a response to make historic investments in broadly accessible vaccines, tests and treatments to help us combat Covid-19."

But, the statement added simply: "These measures are no longer necessary."