

Dr. Jay Bhattacharya on COVID, Myocarditis, and Vaccines

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SUMMARY

The discussion centers on the evaluation of COVID-19 vaccines, particularly for children, and the broader implications of vaccination. The speaker argues that the benefits of COVID vaccines for young people are minimal compared to the risks, such as myocarditis, and emphasizes the importance of informed decision-making based on individual circumstances.

- The mortality risk from COVID-19 for children is very low, making the benefit of vaccination minimal.*
- Concerns about myocarditis risk in young men from the COVID vaccine are significant, potentially outweighing the benefits.*
- Older populations have a higher risk of severe outcomes from COVID, making vaccination more beneficial for them.*
- The discussion highlights the need for open dialogue about vaccine risks and benefits, especially when contrasting views exist.*
- The MMR vaccine has been studied extensively, and large-scale studies show no correlation with autism.*
- Ethical concerns prevent randomized trials comparing vaccinated and unvaccinated children directly.*
- Herd immunity plays a critical role in the effectiveness of vaccines, as individual choices can impact community health.*
- Live attenuated vaccines may provide additional health benefits beyond their targeted diseases, unlike inactivated vaccines.*

how should I think as an American about vaccines and whether they are good or not because there's crack pots and cranks everywhere including at the heights of the medical establishment it appears that's a tough question right so just let's just stick for right now with the covid vaccines right so that uh that if there had been an open discussion allowed around it uh that it would have been very clear I think to most doctors and most parents that the benefit of the

vaccine for the covid vaccine for young people especially especially children uh was very very small why because the mortality risk of dying from covid for children was very very small so it's the the the you reduce a small mortality risk to an even smaller mortality risk you're not getting very much benefit that is enough to say that any possibility of side effects in that group would lead you to say don't use that product in that group in fact

Martin Korf and I wrote an oped in the Hill I think in April 2021 recommending against younger people taking the vaccine for that with exactly that reasoning uh there were evidence coming out already around then that young men especially got high rates of myocarditis in heart inflammation when they took the vaccine with the

covid vaccine and so the question then is what what benefit is there to the to to to my child from taking it uh that's the first question like if

it's if it's potentially large then you want to consider it if it's not potentially large uh then you want you want to be more careful about it uh the flip side of the old for the older population there's a much higher risk of dying and you're reducing the risk of D of of getting sick with the the disease you're probably going to you have a much wider range of like how much benefit that could be and you're going to be

willing to allow there to be I I should speak for myself personally if I'm going to G gain a lot of benefit and expectation and I'm going to be willing to take some risk I'm going to allow there to be some har potential harms if they're especially if they're low risk um low probability and I'll still take the thing because I expect to have more benefit than harm right so that's the that's the base of the recommendation

for older people to take the vaccine uh if somebody tells you that there's a uniform risk and you know there's not a uniform risk if somebody exaggerates to you the nature of the risk on either side you know the taking the vaccine or not taking the vaccine and you can you can get a sense of like are they alarmist are they are they are they are they reasonable are they balanced are they are they accounting for uh other

people disagreeing with them what do they have to say about the people that disagree with them then you should be very careful about believing them about that the nature of the risk that they're trying to evaluate For You Second I don't think that you as a parent um I mean I do think that there's some some there's it's very difficult right so uh like the the let's just now let's leave covid vaccines aside let's move to

the childhood vaccine schedule I do want to I do want to ask one follow-up question before we expand on the other you know mmrs and all the rest so there's death but then there's other stuff right that's not death but um is in the middle so taking the vaccine appears to have increased myoy iio carditis risk with young men like my son was of age of that age in that Target at the time when the co magines were really getting

pushed but what did we know about what if you got covid like so if my son got covid survived just fine did did that also Elevate myocarditis did it elevate myocarditis risks higher than if he had taken the vacine so the myocarditis is is the the calculus around myocarditis is really interesting uh so yes covid can cause Mar carditis it had did cause Mar carditis in in in in people absolutely it did um the the uh the

question though isn't the relative risk of Martis for covid versus the vaccine the question is if I take the vaccine what's the marginal impact on my likelihood of getting covid and what's the marginal impact of on the likelihood of getting marz if I get covid right so marginal meaning if I take it versus if I don't what's the change in the life likelihood of getting covid it turns out that it prevents you from getting infected symptomatic

infection for two months but it that declines very sharply after just two or three months right so you it doesn't really prevent you from getting covid you're very likely to get covid afterwards I got the shot the fiser shot I've

I've had covid twice since as an example personally yep I mean I got the I got two fiser shot in April 2021 and in August 2021 I got Co I you know it's so the marginal

impact of on the likelihood of getting covid and therefore the Mario carditis associated with the covid is still basically the same the marginal impact of the vaccine on because you still get so you take the shot and then you still get covid anyway so whatever Co was going to do to you it's still going to do to you yeah it's like two draws on the Mario carditis uh you know slot slot machine right so I mean Co isn't it's a

it's a terrible thing right it's not like it's nice to have Co I wish we didn't have it around but that doesn't bias anything right right um okay so uh the the the there's that I I have to say I think for young men the risk of myocarditis from the vaccine is higher than the risk of mar marcitis from from covid uh for older people it's less really so it really was the case that if you gave your if you gave your teenage

son the shot you were putting you were perhaps putting them at higher risk of myocarditis than just letting them go play basketball and get covid from their buddies sweating on each other yeah I mean there's a lot of arguments in the literature about this but somewhere between 1 and 2,000 and one and 10,000 of young men who got the vaccine covid vaccine got Martis I mean that's too many especially since the benefit from the vaccine for

them was minuscule there is this question though about what to do more broadly with with our kids and with vaccination and I in general maybe it's just because my dad's a doct traditional MD I have usually been like I ask my dad what should I get he says get the standard kind of thing and I go do it without much reservation when we had our son my wife was more skeptical and so I you know going all the way back

my son's 19 you know I looked into this thing of well do do vaccines cause autism which was a claim I was even in my doctor's office because we had sort of a crunch a little bit of a crunchy granola doc which my wife picked and he was telling a patient vaccines cause autism do vaccines cause autism okay so first of all let me unpack that question right so there's multiple

vaccines many of them uh and the question is not do vaccines as a class cause autism but the do the particular vaccines that are recommended to be given to Children cause autism like measles monster rebella and and such right you got to you answer the question one at a time now the allegation the idea that that that the the VES cause autism actually came out of uh the first time I heard of it was a study in the Lancet uh which is

a very famous British medical journal a small tiny study with I think inadequate kind of uh kind of kind of methodology that found that there was some correlation it's a study that it's the kind of study that would normally be published in some like some Journal no one's heard of and then there would be there have to be much larger and larger in investigations before he was studied but it was published in a very top medical journal and it caused a lot of

people to think that the MMR vaccine me meel m rebella vaccine causes autism now work that has been done subsequent to that not randomized work but like large scale population epidemiological studies of the sort that I deem as credible in the Netherlands by groups that are not conflicted have found no correlation of the MMR vaccine and subsequent autism in using population scale data so I don't believe the MMR vaccine causes autism

now it's not randomized so you know I've tell I've tell my friends who who are much more skeptical of vaccines than I am that this and they're like well it's not randomized and my answer is yeah right I don't I know I yes you're right it's not randomized I wish we had a randomized study that concluded that but it's hard to conclude a negative from a randomized study sometimes and so it we don't have that it's also hard to

convince doctors to run a study for an intervention like the MMR vaccine that almost every doctor believes is worthwhile to do and then say okay I'm going to randomize some kid to not get it right so so I understand this to continue because the listener who's skeptical who's made it to this point and is like okay now we're getting into the stuff I'm worried about for my newborn um if most doctors believe MMR will prevent measles and Ms and rebell

but measles is pretty like these not good things they they they can be quite harmful not giving kids the the shot feels like it might be almost child abuse if you believe as a doctor that this will prevent kids from getting harmful diseases and it works and it's well established so to to do the right isn't that right so to do the control trial you'd have to intentionally follow kids that go

unvaccinated and see how many of them get measles moms rebella versus the the vaccinated said is that right that's that's exactly right and no one very few have been willing to do that or nobody's has anybody been willing to do that I mean what would happen is you'd go to a if if you were if I were to propose such a study I I wouldn't because i' work on other things but like if I were to go to

a a try to propose such a study if I could get funding for the study I would have to show it to a human subjects review board which whose job it is to protect the subjects of the study and they tell me that it's an unethical control arm that I'm not to run the study H um okay so that's that but so the next best thing are these large scale population wide careful carefully controlled epidemiological databases where you

match people that are very similar to each other at similar ages uh some I mean just in reality some people don't get the vaccine and you track them retrospective persp perspective and see what happens to them I didn't tell them not to get the vaccine they just happen not get it I have they I capture them in my database and I go go forward and ask are the people the kids that were vaccinated more likely to get

autism diagnoses later on than the kids that are not and large scale studies in like in Denmark found in like a 2000 in the year 2000 no the answer is no they're equally likely to get an Autism diagnosis um there's some there more complications here than this so uh let me just tell you the couple the complications uh so one misil mumps and rebella are very bad if kids get it it's bad for kids to get

it right it uh it can cause death in the kids but it's very uncommon in part because of the success of the vaccination programs so the marginal benefit in a population that's largely vaccinated to any particular child getting vaccinated is actually is actually small but if everyone were to choose to do that then meel M reell would come back and you would have the marginal benefit get higher so what you have is I can choose not to

get the MMR and go and my my my risks are low because I'm free riding on a herd immunity that because most people get it exactly the other aspect of it is there's a very talented epidemiologist in Denmark her name is Christine stable Ben she has done some really interesting work asking whether vaccines uh that are live attenuated vaccines what impact do they have on on

things that are not targeted by the vaccine in terms of the health of the child and it turns out that live attend in her work live attended vaccines reduce the risk of mortality from other diseases not just related to the thing that you're supposed to protect like so for instance the oral polio vaccine which is not the version that's given in the US is given in Africa in her work in Africa finds that it red reduces all CA

mortality for children in randomized studies that get the oral polio vaccine versus who don't other vaccines that are not live attenuated vaccines do not have that that do not have that result what does that mean live you mean like the virus is alive instead of dead yes right the virus the virus uh replicates inside of you uh so there's like two kinds of vaccines one kind of vaccine you give them you give a pathogen that's similar

to the thing you want to prevent that's still alive you get a you know mild version of the sickness and then you're better uh and then you're now protected against if you were to get you know if you're if you're subject to polio then you're not going to get it because you've already had that that attenuated version of it um the other version of the vaccines are essentially dead parts of it that's what Co the covid vaccine

is an example of this it's not supposed to it's just producing the spike protein it's not producing live virus that can replicate inside of you and it TR your body to react to that part that's it's exposed not to the entire live virus right if you like this clip we've got so much more where that came from so be sure to hit that like button subscribe to the channel and ring the bell so you won't miss our new videos as they come

out each week