Sawbones 545: MAHA Mess

Published June 17th, 2025
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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: Hey, I want to say something up front, 'cause I always forget to do this. On Thursday, we're gonna be in Columbus with My Brother, My Brother, and Me.

Sydnee: That's right.

Justin: A new, up and coming act. We're gonna be supporting 'em. [laughs] If you go to bit.ly/mcelroytours, you are going to be able to see a ticket link there where you can buy tickets to see that show. It's on June 19th at seven PM. Come on out. It's gonna be fun.

Sydnee: It's gonna be a great time.

Justin: Yes. Now, Sydnee promised that when there was—we—if you remember the news from a couple weeks ago, there was a real thorough purging of one of the nation's big councils on advising, uh, our sort of health policy in the nation. And they sort of wiped the—wiped the slate clean with a lot of people who are pretty darn smart about vaccines. And we said that when we replace 'em with a new crew of, I'm sure... qualified—

Sydnee: Real winners.

Justin: Qualified superstars in the healthcare world. That we would be back to... I mean, sing their praises, and throw, you know, throw them a ticker tape parade. Sydnee, I can't wait to hear about—I had just saw the headline that they replaced all those people so quickly. And that's what was really exciting to me. I was surprised that almost as quickly as they had found a reason to get rid of all the other people, they had found new people to replace 'em!

Sydnee: Yeah.

Justin: Must have been a very thorough search, I guess, beforehand.

Sydnee: It was not a typical search, I will say. We're gonna get—I want to walk through the history—

Justin: In that it was a TikTok search? [laughs]

Sydnee: [laughs] They just asked ChatGPT to fill in the panel, and that was who they got.

Justin: "Hey ChatGPT, who's the worst?"

Sydnee: So, we are gonna talk about the Advisory Committee on Immunization Practices. Who are the new members? I want to give you some background on it. We'll go through some history of why do we have it, and why is it important?

I did—I called this episode in my notes—we got an email from one of our listeners that was titled MAHA mess. As in, Make America Healthy Again, MAHA, mess.

And I just—I appreciated that, Christine. And so I used that as the title of this episode.

Justin: [simultaneously] Yeah. MAHA mess.

Sydnee: This isn't the entire MAHA mess, but this is, I would say, a big piece of it. And I think that... in the email that Christine wrote, there was a really great question about RFK Jr. that I think is important to understand, as we talk about these new—these changes to the way government looks at health and science.

Justin: Right.

Sydnee: And that's that one of the things that he has recently stated support for is removing direct-to-consumer advertising of pharmaceuticals. Which... we...

Justin: Yeah...

Sydnee: ... we here at Sawbones agree with.

Justin: Yeah, I know.

Sydnee: Right? We've talked about that it doesn't make sense that we do that in this country. Most of the world doesn't. It is extremely difficult to tell from a commercial whether or not you need the medication. They're incentivized to convince you you do. It's a commercial. It's an ad.

So it really doesn't make much sense to advertise a prescription medication directly to a—I mean, a consumer in that model. But you can't just consume it, you have to have it prescribed. So, you know, it doesn't make sense.

So, like, that's something that I would agree with. Yeah, we shouldn't do that. Now, we are coming at it from different perspectives. I think that—I don't think that Big Pharma has an agenda to keep you sick in order to sell you things to make money. I think that it's a company, so it is designed to profit.

Justin: Yes.

Sydnee: I think tying insidious motives, when the motives... I mean, they're pretty clear. Like, profit-making, businesses want to make profit. We should

take profit-making out of medical care. But I think from RFK's perspective, it's part of some grander conspiracy. Everything is, right?

Justin: Yeah, right. It's a whole thing.

Sydnee: But that sort of grain of truth of a good idea within a lot of misinformation is exactly why he is dangerous, and why the MAHA movement is dangerous. Is that if you read the entire report, which I don't—I mean, unless you're having trouble going to bed... although then you might have nightmares, so maybe don't.

The idea that we need to eat, you know, more vegetables, is probably true. I mean, you know, we should. And, like, there are good things in there, in terms of, like, we should all be active. It's good for you. It feels good to move your body as much as you can. You know, it's good to eat a wide variety of foods. It's—I don't know, drink water.

Like, those are sort of standard things that, yeah, I mean, that's not bad advice. But then to tie that to the root of all disease, and to insist that those are cures in a way that medicine isn't...

Justin: Yes.

Sydnee: ... based on no evidence whatsoever, that's where it gets dangerous.

Justin: It's like a recognition of the correct problems with, like, the absolute worst possible solutions.

Sydnee: Exactly. So, I think that's—I think it's an important point to make. There are going to be things that he says, or that doctors or people that he employ says, that are true.

Justin: Right. It's that grain of truth that makes it dangerous.

Sydnee: Yes. Uh, and you know, it should be funny. There was a recent article that he may believe in miasma theory. We covered—

Justin: Oh, wow!

Sydnee: Yeah. We've covered miasma theory.

Justin: Classic!

Sydnee: It would be funny if it wasn't so... terrifying.

Justin: Our country [wheezes] that we live in. Yeah.

Sydnee: Yeah. Um, but he may well believe in miasma theory. Although I also don't know that he knows what miasma theory is. Um... I found the, uh... the article where he talks about it. And he kind of—so, the way that he describes miasma theory, in a book he wrote four years ago called [holding back laughter] The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health, which I'm just sure is...

Justin: A really very accurate, good, heavy book.

Sydnee: Yeah. Uh-huh. He writes, "Miasma theory emphasizes preventing disease by fortifying the immune system through nutrition and reducing exposures to environmental toxins and stresses."

Justin: Hmm... no.

Sydnee: That's not what miasma theory was.

Justin: That's not what miasma theory—miasma theory is, if I may, uh, bad air make you sick.

Sydnee: Yeah.

Justin: Bad air make you sick!

Sydnee: Yeah. Disease is a sort of a floating cloud that you can contract. That is—was not true. And what he is saying is not true. So... and that should—I mean, I guess there is a world where maybe these things are funny.

[pause]

It's not this one. So, let's talk about the Advisory Committee on Immunization Practices, or ACIP. So, um, what is it? This is a federal advisory committee, okay?

Justin: Okay.

Sydnee: And its job is to provide expert advice to the CDC, to the Secretary of the HHS, on—specifically on, like, biologics, vaccines. What vaccines should we use, and who should get them, and how strongly should we recommend them? And there's a lot of other consequences that come with the recommendations that come from ACIP, but that is what its primary function is. It is how we get the vaccine schedules that you see posted in your, you know, primary care provider's office.

So, why do we have an ACIP? So, this goes back to really the history of vaccines in this country. Back in the ‘40s and the ‘50s, any time we would have something like a vaccine or some other sort of biologic that we might want to use widespread in—in the country. We would have to put together, like, an ad hoc committee, basically. Like, the question is, we have this thing. We think we should give it to people. But we really need a consensus opinion. We need to put a bunch of experts together in a room. They need to look at all the science that's available, all the data and risk-benefit, come up with a solid recommendation as to what the United States should do with this vaccine. Okay?

And this really came into play the first time with the polio vaccine, the Salk vaccine in 1955. They had to put together a huge committee of people to sit down in a room together and say, "What should we do with this? Yeah, we should give it to everybody 'cause it's great, and it's fantastic, and... "

Justin: "We love it."

Sydnee: "... we're all gonna cry. 'Cause it's so amazing." And as we entered sort of the vaccine era at that point, we had to convene more and more ad hoc committees to talk about, you know, the inactivated polio vaccine that

came next, and then we had to to talk about the measles vaccines. And it became apparent by the early ‘60s, we really just need a standing committee. We need a group of people whose job it is to come together several times a year, three times a year, look at all the available data on all the different vaccines that are out there, and give us recommendations. Right?

Justin: Right.

Sydnee: And we want some continuity in that. We want some people who understand the process, because they've already been part of it, to continue to be part of it, as opposed to having to, like, assemble the Avengers.

Justin: An apolitical continuity of care that continues across, yeah.

Sydnee: Mm-hmm. And then at the time, they would provide regular recommendations to the CDC, and actually to the Surgeon General initially. And that brings us to 1964, when they decided, the Surgeon General of the United States Preventive Health Services decided to go ahead and establish the first ACIP. There was a proposal. It took 'em two years to put together the first committee. And the first ACIP meeting was held on May 25th and 6th of 1964.

So, my point with that two year lag is that... from when they decided to do it to when they convened their first meeting, it took 'em two years to find all the right people for the job. They really wanted to vet people! They really wanted to make sure that the people that they had in that room would be the best qualified.

And we are talking about, uh, experts in the creation of vaccines, experts in healthcare, whether they be infectious disease specialists or pediatricians, obstetricians, family practice doctors, internal medicine doctors, all kinds of different areas of medicine, plus the scientists who make the vaccines, who understand immunization and understand—and then epidemiologists, people who would know how best to control the spread of disease.

So you want all the best people in the room to do that. And at that first meeting they sort of sat down and said, "Okay. What is gonna be our job?"

And they laid out sort of the boundaries of what the ACIP was. So, they are going to, uh, deal with bacterial, rickettsial, and viral agents—toxoids, as well. So these are all the different things we make vaccines for, basically.

Justin: Okay.

Sydnee: So they kind of laid out the bounds of, this is what this committee deals with. They also deal with immune globulins.

Justin: Ah, yes.

Sydnee: So, sometimes when you've been exposed to something, we might give you an infusion of a bunch of antibodies against it. That happens. So, they are also in charge of that. Um, they'll come up with the immunization schedules. They set the dosages. They set the routes of administration. I mean, we're getting to the nitty-gritty. Like, a vaccine that you would receive, you know, for the most part we get them in our muscle.

Justin: Yeah.

Sydnee: But, you know, if for some reason we needed to do it subcutaneously, they would decide that, like in the subcutaneous tissue. So they set all this stuff out. Um, and then also, like, the priorities of who should get them. So, first of all, are there any groups in the public that shouldn't get the vaccines because of some contraindication? You know, is it not good for a pregnant person, or something like that? Or is it a live vaccine, and we wouldn't want somebody who is immunosuppressed at that moment to get it?

So they set those guidelines. And then they also set guidelines on, you know, this one we should recommend only for people 65 and older. This one we really need to get before you turn two, because that's when you're most vulnerable to these diseases. This one we should give to everybody every year, because of whatever.

You know, I mean, they set all of those kinds of guidelines. And again, all of this was established back in 1964. And really, that hasn't changed much in terms of what they are supposed to be doing since them.

Um, a little bit changed in that they, uh, initially would have the Director of the CDC as the chair of the committee, and that isn't true anymore. It was initially only eight members. It has obviously expanded to 17 currently, so it got bigger over time, primarily because there were a lot more vaccines to consider.

Justin: Mm-hmm.

Sydnee: You know, the number of vaccines that people were receiving grew through the years, because, you know, we got really good at making 'em, and we made a lot more of 'em.

Justin: [simultaneously] A lot to keep track of.

Sydnee: Yeah. And so we needed more area of expertise to bring in to the conversation. Um, and to bring in people who understand sort of the, um, logistics piece of it to. That was something that was added over time. Like, population health experts. So not just, like, what is the vaccine and the science and the medicine, but like, how can we get this out to people? Right?

Justin: Okay, right.

Sydnee: So we added people through the years with different areas of expertise. There are also ex officio members who represent other government bodies like the National Institute of Health, the FDA, the Department of Defense.

Justin: This group sounds so impressive, Sydnee.

Sydnee: Yeah!

Justin: So impressive.

Sydnee: It is!

Justin: It's nice they put this much work into such a serious thing.

Sydnee: It is an incredibly—it's an incredibly important—well, it is important for so many reasons. One, because vaccines are... if not the greatest public health achievement in history, one of the greatest public health achievements in history. I mean, hand washing is a big one, too. But—

Justin: Hand washing is so cool.

Sydnee: Also, fluoride's really great, again. Sorry.

Justin: Love fluoride.

Sydnee: RFK. But it is. But, uh, I mean, it—because they're so important, it's not only important that we get it right and that we get them out there to people, but that people know that the vaccines they're getting were vetted. That they need them. Because the experts all got together and worked their butts off to make sure they were giving them the best information possible. That's why it's taken so seriously.

And by the way, that has worked well. Contrary to what RFK would have you believe, the vast majority of Americans, over 80%, still believe vaccines are safe and effective, and are in support of vaccines. So this idea that it's this huge, controversial issue and that, you know, there's two sides, and half and half, and half the country isn't sure about vaccines and the other half really loves them—that's a myth. That's not true. The majority of people... go get vaccines.

Justin: Have we talked about the new folks, though? Because I'm sure they're gonna do just as good of a job. Right?

Sydnee: I did want to mention one other, um, thing that ACIP was put in charge of. So, there was a concern, back in the early 90's—there was a big measles outbreak in this country. And I believe around 250 people died during this measles outbreak. And what they found is that a lot of people who succumbed to measles were not able to access the vaccine because of costs or insurance coverage.

And so what we have in 1993 is a new role that ACIP takes on called the Vaccines for Children program. And so, this is an entitlement to provide free

vaccines. Children zero to 18 years of age who are uninsured, Medicaid-eligible, part of certain populations like American Indian, Alaskan Natives, uh, under-insured who receive vaccines at FQHCs, rural health clinics. Like, half of kids are eligible for this program.

So, this was a huge advancement in health equity, because now, if ACIP convenes and says "This vaccine is necessary for children," they now have the authority to provide that vaccine for free for children. Does that make sense?

Justin: Yeah man, for sure.

Sydnee: So the recommendation is tied to coverage now. So it's not just...

Justin: They have the ability to provide the vaccines for free to a bunch of kids.

Sydnee: Yes.

Justin: Great.

Sydnee: And then this was reinforced later with the Affordable Care Act when health insurers were required to cover any ACIP-recommended vaccine. So now, all the sudden we have all this policy around these recommendations. So, those recommendations carry monetary benefit, in that now you can afford these vaccines. And it also means that because they will be taken up by so many people, because affordability won't be a problem, insura—or, the vaccine manufacturers are incentivized to make them.

All of—I'm trying to set up the dominoes. Do you see how all this works?

Justin: Right, right.

Sydnee: If you're on ACIP, you make a recommendation, that means that vaccine is gonna be covered. Which means that if you're the vaccine-maker you want to make more of it, because you know you're gonna get paid for 'em. You know you're not gonna end up with a bunch of product that nobody

can afford, because now the government has ensured that people can afford it.

So if you start working that backwards... if you're a vaccine manufacturer and you don't know if people are gonna be able to afford your vaccine, maybe you don't want to make as much of it, 'cause you don't want to create a bunch of product you can't move.

Justin: Mm-hmm.

Sydnee: I hate to talk about medicine this way, but this is the way it works.

Justin: This is the way, yeah.

Sydnee: And so you make less of it. And so maybe they're not quite as accessible. And then also, all these people who could afford it before maybe can't afford it anymore because it's no longer covered by the Vaccines for Children program, because it's no longer recommended by ACIP.

And so all the sudden, our vaccination rates drop precipitously. These are the fears when we start talking about changes to the fundamental makeup of our ACIP.

Justin: It's kind of like if you had a college bookstore that offered a discount on approved textbooks. So you had a teacher that always, you know, used this great textbook for their class, then the students would go to buy it, because they'd get a big discount on it. And then the book manufacturers would make more of the book.

But they hired a new crummy teacher that's just pretending to be a teacher 'cause his roommate is a teacher, and he got his mail accidentally, and he always wanted to be a teacher, but he's a failed musician, but he needs a job, so he goes in, pretending to be a teacher. And he says, "Hey! We don't need these books anymore. Let's just learn with music." You know?

Sydnee: Yeah.

Justin: And then all of a sudden, that's great. Except, wait. Now they're not doing the discounted textbooks anymore. So they're not make the textbooks. They're only making... guitar CDs, or whatever—you know, whatever he's—like, Van Halen CDs. Whatever the teacher's recommending.

Sydnee: Sure, yeah.

Justin: But they're not making the good textbooks anymore! That's kind of what it's like.

Sydnee: That—Justin, that's exactly it. You've got it.

Justin: [muffled snort] That's pretty much what it's like.

Sydnee: That's pretty much what it's like. So, that takes us—I wanted to outline, who are ACIP, why do we have them, how did they come to be? And now that all 17 highly qualified members have been fired, who are the new—only eight have been named so far. Who are the new eight that have been named to this panel, and what does this mean for the future of vaccines? We're gonna tell you after the billing department.

Justin: Oh, great. Well, let's go.

[theme music plays]

[ad break]

Justin: Okay, Syd. [hums upbeat song] Y'all ready for this? I can't wait to meet these new superstars of medicine.

Sydnee: Okay.

Justin: [hums upbeat song]

Sydnee: So, uh, it was only, like, two days after he fired... 17, that he named eight new ones. And I want to highlight, again, that it usually is a year—several-year-long process. It's usually something that we take very

seriously, and it takes a lot of time to name new members. So, this is already concerning.

Uh, so who do we have? Let's start with Vicki Pebsworth.

Justin: Okay.

Sydnee: She is a regional director for the National Association of Catholic Nurses, and she is a board member and director for the National Vaccine Information Center.

Justin: Sounds very official, Sydnee!

Sydnee: I know, Justin! Now, this is—again, some of this stuff is so insidious. The National Vaccine Information Center sounds like a great place to get information about vaccines, nationally. Doesn't it?

Justin: Yeah, Sydnee. I mean, I'm in—I'm in.

Sydnee: Unfortunately, if you go to the National Vaccine Information Center, um, which I would not advise you to do if you're looking for helpful information, what you immediately find out are about the risks and complications of infectious diseases, *and* vaccines. Uh, "Take a stand to protect vaccine choices," donate to them. They have a lot of educational materials about the dangers of vaccines. "Protect religious exemptions to vaccines. Keep the federal government out of state public health."

It's disinformation. This is anti-vax... yes. So, already we've got somebody who is known for spreading misinformation about vaccines for undermining public trust in vaccines on the committee to advise about vaccines. [laughs quietly]

Justin: They're bad people.

Sydnee: Dr. Robert Malone is another member. Now, you... that name... we may have mentioned it. I'm pretty sure we did, during the COVID episodes. That's really where Dr. Malone made a name for himself. Um, he was an

mRNA researcher at one point, and basically is very against any mRNA vaccines.

So, during the COVID-19 pandemic, he was opposed to vaccines. He offered alternative treatments. He downplayed the deaths from the measles outbreak that happened. Recently he had suggested that it is possible for some COVID-19 vaccines to cause AIDS... or a form of AIDS. He has suggested that people got the vaccine 'cause they were hypnotized. He was a proponent of hydroxychloroquine and ivermectin. I think he was banned from Twitter during the COVID pandemic for spreading COVID misinformation?

Justin: So we're up to two quacks so far. Right?

Sydnee: He runs a wellness institute. Which is...

Justin: Oh yeah.

Sydnee: Yeah.

Justin: Love that.

Sydnee: The word "wellness..." I'm not sitting here saying that the word "wellness" could never be tied to something that is evidence-based and good. I'm certain that it is, in some cases. But man, if you are doing evidence-based something...

Justin: It's a bad—that word isn't—

Sydnee: ... don't use the word "wellness."

Justin: That word is a Brownfield site, and it may eventually be reclaimed by future generation, but it—the land is—is scorched.

Sydnee: When I hear "wellness," it's just red flags. Red flags everywhere. Okay. Dr. Martin Kulldorff is a biostatistician and epidemiologist. I know we mentioned this name, because you remember our episode on the Great Barrington Declaration?

Justin: Yup!

Sydnee: This was during COVID. This was a document that, um, multiple physicians, scientists got together to basically say that the shutdowns will do more harm than good, and we should let the... let the virus run rampant, basically.

Justin: Yeah. We have a whole episode about it. Go enjoy that, if you would like to know more about Dr. Martin Kulldorff.

Sydnee: Dr. James Hibbeln was the head of the NIH group on nutritional neurosciences. He did a study at one point on, um, if mercury consumption while you're pregnant could cause autism. This was kind of in the wake of the fake mercury vaccine autism claims. His study, I will say, did not say that. He said that they could find a link.

And then he was a huge proponent of eating seafood while you were pregnant. So. Um, I don't have a lot of—some of these people, it's just there's not a ton else out there about.

Um, there's Dr.—or there's a professor Retsef Levi, um, who again, uh... [laughs quietly] was a COVID vaccine criticizer. He is mainly involved in, like, logistics and supply chain stuff for healthcare companies? But again, has gone on the record questioning the safety of vaccines.

Um, who else do we have? We've got Dr. James Pagano, who's an ER physician from LA. The only things I could find are that he's written two fiction books, fictional books about healthcare, about medicine. I don't know if they're—

Justin: Hm, okay.

Sydnee: I don't know anything about them. But... [laughs quietly] but there are those books out there! Um, I couldn't really find any information one way or the other about his stances on vaccines. He's worked at several ERs, and I think he was... possibly has, like, had some public criticism of the

Affordable Care Act in the past, but I don't really have any vaccine information.

Um, Dr. Micheal Ross, who's an obstetrician and gynecologist who I really can't find much else about, other than that he is a "serial CEO and physician leader," is how he has described himself. So... I am not sure what that means. Um...

Justin: "James Pagano was born in San Francisco and now resides in Los Angeles, where he earns his living as an ER doctor. Over the course of his medical career, he has worked in a number of emergency departments in the greater LA area, including major trauma centers as well as smaller community hospitals." Bouncing around a lot, always a good sign.

"He has been the medical director of one ER or another for many years." Ooh, I—sounds good so far, Jim.

"The Drain is a work of fiction about the busi—" The—the name of the book: The Drain.

Sydnee: Mm-hmm.

Justin: "The Drain is a work of fiction about the business of hospital-based medicine. Though none of the characters are real, their personalities and situations in which they find themselves have been drawn from experience. The... " [wheezes] "The somewhat dark humor that permeates the book derives from the practice of emergency medicine, and from the author's own wry sense of what exactly is funny."

[wheeze-laughs] That's such a good, helpful bit of context that I feel like I never get before I'm reading book, is "Wait a minute! Is the wry humor derived from what the author thinks is funny?"

Sydnee: [laughs quietly]

Justin: And I think that that's cool that this guy has the guts to answer that. "This takes up about a year after the end of his first novel, The Bleed. Many of the core characters return, with the addition of a few new and interesting

ones. In addition to practicing medicine and writing novels, the author is also an accomplished musician. He's recorded two CDs of acoustic—" the CD has an unnecessary possessive apostrophe. "CDs of acoustic guitar instrumentals. PS1 by Pagano, and Saslow, and Hopeless Roma—" No, sorry. Pagano and Saslow, that's one. The other one is Hopeless Romantic by Jim Pagano. "He has also composed and recorded music for motion pictures."

Sydnee: I mean—I mean—

Justin: [laughs]

Sydnee: Sort of a Renaissance...

Justin: [strained] Kind of a Renaissance man...

Sydnee: ... physician, there.

Justin: [wheeze-laughs]

Sydnee: I knew I was—I was looking for this other information on the other doctor, Michael Ross. He, um... I thought this was weird. He's listed as having been faculty at George Washington University and Virginia Commonwealth University. A spokesperson for George Washington said he has not been on faculty since 2017. And then Virginia Commonwealth University said that he was an affiliate faculty member through a regional campus at another hospital system, whose partnership with them ended in 2021. So I think they're having trouble—they've also found him listed as both an obstetrics and gynecology professor and a pediatrics professor.

This just isn't—I think what I'm driving at here, um... and just to round it out, there's also Cody Meissner, who probably—so, he is a pediatric infectious disease expert who does have—he previously has been on ACIP, and does have sort of the technical know-how and expertise that one would expect to sit on this committee, and has sat on this committee before. He was, um, opposed—I believe he voiced some opposition to masking during COVID. So, I don't know what that means for...

Justin: But it also doesn't—it shouldn't be surprising that they're gonna have a few more temperate people on there. I mean, 'cause they want the appearance of... you know, propriety.

Sydnee: Yes. And, I mean, here's the thing. The reason that—The reason I said earlier that public, uh... public—I don't want to say belief—uh, confidence in vaccines is so high, is that it undermines RFK's entire argument for doing this. What he said is that ACIP has been so infiltrated by Big Pharma, Big Vaccine, by all these monetary interests. Which, by the way, is—there's no evidence for this. These statements are completely without any basis that anyone can find.

But he made this claim that the public no longer has any faith in vaccines, and so we need to scrap it all, start from square one, brand new people, fresh faces, fresh ideas, a new take, and then we can rebuild public confidence in vaccines by making sure that, one, we're using the ones that he thinks we should—which, I don't know if that's any—and two, that the people behind it, we trust.

Um, the entire basis for that is false. Uh, there was no evidence that ACIP had these... these conflicts to begin with, that any of these members did. The public, by and large, does have faith in vaccines and the recommendations from ACIP. They are one of the most stringent and transparent of federal committees.

A JAMA article that was just released, um, Advisory Committee on Immunization Practices is at a Crossroads, goes through a lot of this history that I have talked about, and sort of where we are now. And that's the thing about ACIP. It usually takes, like, two years for you to name somebody to it, because they have to be so transparent with any possible conflicts, with any issues, with anything that would cause them to lose credibility, because it is so vitally important that ACIP maintains credibility, which means therefore the CDC recommendations maintain credibility, which means our immunization guidelines maintain credibility, so that people making decisions about their healthcare know that they're getting the best information possible.

We already had that. We already had that with ACIP. So RFK Jr.'s entire argument for doing this is based on false information, which leads you to wonder what his agenda is.

Aside from... I mean, they could just stop recommending some of these vaccines. They could just do that. Which would mean they wouldn't get paid for as easily. Perhaps vaccine manufacturers make less of them. They would be harder to obtain. All of the negative consequences of that.

Justin: And it would reinforce this idea that, like, they are dangerous. Like, it is—the greatest, I think... legacy of this is going to be adding to vaccine hesitance, which was already a problem when it was the fringe, not the policy of the American government.

Sydnee: You are exactly right. I think that is going to make a—that is going to make a big difference. That's gonna be a problem. And I think, again, when we get back to that core idea of sometimes that grain of truth is what makes these lies so difficult to fight… One thing, as I was reading articles from different physicians about what could be the consequences—one thing that they could do, which would sound very reasonable, just like the, um—we talked about—they would do placebo-controlled studies for vaccines. How that might sound reasonable, but it's not. Is they might change the recommendations for vaccines from what we call a routine recommendation, meaning we think you should get this vaccine, to a vaccine that you should get with shared clinical decision making. That's the wording that you need to look out for.

What that means—this sounds fairly reasonable, right? Instead of me saying "I recommend to you, my patient, you get this vaccine." I would say, "The recommendation is that we engage in a conversation—a shared clinical decision about what's best for your health."

Now, the problem with that is that if it's not your area of expertise, it's really hard to know if it's in your best interest. It's the same—there are tons of things that I don't go make decisions about because I don't really understand. I don't know how computers work. I trust that if I go to get my computer fixed, if the person fixing it asks me how best—"How do you want me to fix this?"

I don't know. And I'm not gonna be able to decide in a 15 minute appointment, right? So that's gonna be dangerous. But the other part of that is that if a, uh... if a vaccine is a routine recommendation, it has to be covered under all these different funding sources we talked about.

Justin: Right.

Sydnee: If it is a shared clinical decision-making one, it doesn't. So that will reduce the vaccine stock. And this is going to hit rural areas the hardest. It's really challenging. Because again, vaccines are not a big moneymaker for anyone involved, so it is really challenging for smaller clinics, and especially rural clinics, to keep stocked on vaccines. Usually the only ones that they can maintain a good supply of are the routine recommendations. The more you change to that quote-unquote "shared clinical decision making" category, the harder it's gonna be for rural areas to vaccinate people.

Justin: Mm-hmm.

Sydnee: So it's gonna hit some of the most challenging areas to deliver healthcare. It's gonna hit those areas the hardest.

I do want to say this. There are a lot of articles out there right now which will tell you, if you want the best information—and I know this doesn't fix the funding piece or the supply piece, but if you want the information piece, you can go to the American Academy of Pediatrics. The AAP has always been a strong source of evidence-based vaccine information.

You can go to the American College of Obstetricians and Gynecologists. They're usually the first ones out there fighting this kind of disinformation. There's the National Foundation for Infectious Diseases. All of these are easy places to find online. The Vaccine Information Center, where you can get up-to-date, credible, evidence-based information on what vaccines you should get, that is not gonna be influenced by any sort of political agenda, or at least shouldn't be, for the time being.

Justin: Well, there you have it, folks. Sober—sobering report. But you know what? There's nine more slots, and I'm holding out hope that those next

nine are gonna be some staunch vaccine supporters, and we'll a nice, like, fair and balanced thing going there.

Sydnee: But you're armed with this information. You are all armed with this information now, and you can arm yourselves with more by going to those websites, learning about this stuff. Again, this JAMA article that I referenced lays it out really easily. Um, and I was able to access it without a subscription to JAMA. But the Advisory Committee on Immunization Practices at a Crossroads, it really lays out how solid of a federal advisory committee ACIP already was, why this change was not necessary, and the potential harms that may result. Um, which you can share with vaccine hesitant friends, or guardians, or parents, if this begins to create more doubt in their minds.

Justin: Uh, that's gonna do it for us. Reminder, bit.ly/mcelroytours. We're coming to Columbus on Thursday night at seven PM, so be there or be square.

That's gonna do it for us, until next time—oh, thanks to The Taxpayers for the use of their song, Medicines, as the intro and outro of our program. Thanks to you... for listening. That's gonna do it for us. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head.

[theme music plays]

[chord]