

Andy Lazris: Hi, it's Sunday morning, Andy and Alan here from Return to Healing, and we're gonna talk about some healthcare, issues that, are both timely, because some articles that just came out, and also just things that we should talk about. And, you know, one of the, one of the big things,

Andy Lazris: One day we'll talk about how, Alan, how we both got through COVID. It was a long time ago, but it was,

Andy Lazris: very impactful for both of us. But, but just the idea of...

Andy Lazris: Of vaccines, being politicized.

Andy Lazris: In the recent past, and this was big during COVID. You were either a pro-vaxxer or anti-vaxxer. There was a binary where you just... there was just one right answer. And we got to the point where it just became, if you criticized even a single vaccine, or the idea of getting multiple vaccines all at once,

Andy Lazris: You got put in that bad camp.

Andy Lazris: And so, you know, sometimes you have to put some science and common sense into the conversation, which is very difficult when something's politicized, but...

Andy Lazris: What do you... what's your take on that? Well...

Alan Roth: I don't even think we've overly discussed this too much, but it brings up one thing. We should definitely do an episode on COVID, so good morning, everybody, and our experiences, because, it was the worst.

Alan Roth: couple of years of my life, and our country's response, you know, we'll talk about it separately, because if we get started, we'll never get to the topic, but

Alan Roth: You know, the topic came up because, you know, I got a New England Journal article on the uselessness of Paxlovid, and then I've been bombarded with patients asking questions. Part of it is the TV commercials with the pneumonia vaccine and the shingles vaccine and stuff.

Alan Roth: Of people coming in and asking for vaccines, and I just want to start by saying, you know, I'm a family doc, so I treat kids, too. I am not an anti-vaxxer.

Alan Roth: In fact, I vaccinate all of my children in my practice for all the recommended vaccines, and in adults, like, I don't tell someone, like, you're crazy if you want a pneumococcal vaccine. I just ask them why they want a pneumococcal vaccine, and, you know, did they really look at the evidence for some of this stuff? So, you know, we're gonna dig into that a little bit today, and...

Alan Roth: again, you know, I kinda...

Alan Roth: I'm gonna tell people, it's... these things are your choice, you know, what you want to do, and, you know, you need to make the decisions of what you want to do, but go ahead, Andy.

Andy Lazris: Yeah, I mean, and that's the whole point, is... it is... there should be some choice here. That's been a lot of the debate, is whether we should give people choice, because obviously during COVID, we did not have... there was no choice. And there are other issues... there are other circumstances where choice becomes,

Andy Lazris: You know, if your doctor calls you an idiot for not getting it or for getting it, that puts you in a bad position. But, you know, talk about the pneumococcal vaccine, that's a vaccine against... people call it the pneumonia shot, but it's not a pneumonia shot. It's for a particular bacteria called.

Alan Roth: One. One kind of pneumonia.

Andy Lazris: one got a pneumonia, or whatever, sinusitis, it just causes some stuff. But the, you know, the thing is that there's an old vaccine, the pneumococcus vaccine, that's been out for 50, 60, 70 years, and the big studies on it show that

Andy Lazris: Maybe 1 out of a thousand people will prevent a serious complication, from that vaccine.

Andy Lazris: Most people who get it have the same chance of getting pneumonia as people don't. And then they started coming up with new vaccine, new pneumonia, pneumococcal vaccine. Same, to the same organism, by the way. And, you know, you have to get both. So they did one study, Alan.

Andy Lazris: On the original... on the new pneumococcal vaccine.

Andy Lazris: But they did it in the Netherlands, so they could only do it... because Netherlands does not use any pneumococcal vaccines by their national health insurance. So no one there

had the original one. So, they did this study. It didn't show any real benefit. You know, there are a couple few cases of

Andy Lazris: pneumonia, but no reduction in hospitalization, no reduction in death, no reduction in severe pneumonia. And then they came out by recommending you get both vaccines.

Andy Lazris: So I actually called the CDC back then, and I talked to someone in their vaccine division. I said, you didn't study both vaccines together. They said, well, in the lab, it seems to work. I said, but you know the world's not the lab.

Andy Lazris: completely change when they get out in the world. Well, this is our recommendation, because we think it would be good. And I'm like, why didn't you study it in people with the original vaccine? Well, that's not how the study was done. But this is what we're up against, Alan. Nothing's studied.

Alan Roth: studied, so let me talk a little bit about the pneumococcal, because that's the one, honestly, of these, I've done the most research recently, because, I literally get a call from the ID doc at my hospital,

Alan Roth: and wants me to remove the pneumococcal 20, which is what's called Prevnarc20, and change it to CAPVAXI21, a different manufacturer.

Alan Roth: And he was, like, very passionate about it. And, you know, I was like, alright, how many dinners does this guy go to, or is he on the speakers list for the drug company? So I did a deep dive, and number one.

Alan Roth: What people need to understand, as Andy said, this only is about pneumococcal pneumonia, and when they're talking about the different numbers, it's the strains.

Alan Roth: And there's literally hundreds of strains, and just like with the flu, that the flu vaccine changes every year. In the pneumonia vaccine, the strains are different in different parts of the country, in different age groups, so...

Alan Roth: The reason I did the research was, one, that call, and two, he said, you gotta put it into the faculty practices as well as the clinics. So...

Alan Roth: I went and looked at the costs of the vaccines.

Alan Roth: Number one, there is no recommendation of if you got one of these or one of these, like, there's literally four out there. It went from pneumococcal to Prevnar 7, to Prevnar 13 to Prevnar 20. Now it's... we add this cap-fax vaccine.

Alan Roth: There's no guideline from anywhere, like, if you got this one and this one, should you get this one?

Alan Roth: And what Andy said is the most true. So I did one of the deepest dives in the literature I could get. I got every article that's been produced.

Alan Roth: And there is no real article out there, zero, there is zero evidence that this vaccine is cost-effective in any way.

Alan Roth: So the cost of the vaccine to a practice, I call it a practice like CVS Minute Clinic, where they buy literally 3 billion of them, they get the cheapest rate.

Alan Roth: Hospitals who give Medicaid get the cheapest rate. Small practices, small private practices, small faculty practices, have to pay the highest wholesale rate

Alan Roth: And often lose money by giving vaccines to their patients. So I often tell the patients, if you really think you want this, go to the pharmacy and get it, because otherwise we have to stock, like, you know, hundreds of thousands of dollars worth of vaccine in your fridge and freezer.

Alan Roth: But the ultimate end game was there is no real study, and there are, like, machine learning type of data, experiential learning, that says, like, if everybody got vaccinated, you could save a thousand or two lives. You could, but there's no evidence of that.

Andy Lazris: Yeah, that's a big leap to say you could save any lives, to be perfectly honest. And we don't know, and I said this to the CDC guy when I talked to him, and I said, we don't know if you cover more strains, whether the actual coverage for each individual strain will be less. I said, we just don't know

Andy Lazris: how combining these things together. My own experience, Alan, from another CDC misaligned statement.

Andy Lazris: that I... that I... that I asked them about, was that over the last two years, they wanted older people to get all these vaccines at the same time.

Andy Lazris: So you get flu, COVID, they even came in with shingles, the new Pneumovax, and RSV. They came in with all these vaccines. I was shocked to see how much they cost.

Alan Roth: And the thing is with that, just sorry to interrupt, the thing is, they have not studied the vaccines together, but they say there's no evidence that it's a problem.

Andy Lazris: That's exactly what they said. They said, we have never studied these together. But that doesn't matter, because our expert panel believes that this is okay. I said, well, wouldn't you want to study them together in older people? Because here's the deal, and Alan and I know this, older people have crappy immune systems, and...

Andy Lazris: Honestly, think about the flu shot, which we've been giving for a long time. When you come in for a flu shot, they say, have you had a cold recently? Are you sick? Do you have a fever? Why? Because if you're sick, and you get this flu shot, you're not going to make immunity to the flu, because your immune system's too busy

Andy Lazris: taking care of the cold you have right now. That's an older immune system. It's not very... it's not very robust. So you give all these vaccines at the same time.

Andy Lazris: These people don't have an immune system. You know, that is common sense. They can't make antibody. And the COVID shot, which is an mRNA shot, stays in the system for months. So anything you get after that, forget about. You're not going to make immunity to it. What I saw, Alan, it was... I wish I was a scientist instead of a doctor.

Andy Lazris: what I saw in all the long-term care facilities that did not listen to me, and what I said is split the shots. Flu... flu first.

Andy Lazris: COVID two weeks later, if you want to get RSV, and again, there's very little debt on RSV, get it after, after those two.

Alan Roth: Yeah!

Andy Lazris: The place that listened to me did not get any influenza the last two years. The places that got them all, the shots all at once, got tons of influenza in their facilities. You don't have to be a physicist to realize...

Alan Roth: Absolutely, and again, the only way to really study this stuff is to do immunity testing on people for each shot they got after they got one, or two, or three, or 7.

Alan Roth: And I guarantee you'll see the differences, but they're not going to study that. We have the ability to study it. They're not going to study it, because pharmaceuticals don't want to put in money to prove themselves wrong in a study. They're just not going to do it. And last year, I actually hospitalized one patient who

Alan Roth: Went to one of the pharmacies again, and did what I said, as I agree with Andy 100%. I never give more than one vaccination at a time, unless there's absolutely no choice for some medical reason.

Alan Roth: Or sometimes it's travel, and people want it, and I still say they're nuts for doing it, but they do it. And I had a lady go to the local pharmacy, get the pneumonia shot, the flu shot at the same time. Again, never really studied. Came to me with 104 fever. I had no idea what was going on. She looked like crap. I had to put her in the hospital.

Andy Lazris: And this is what we're seeing. We're seeing people... everyone...

Andy Lazris: in my facilities, who has COVID now and flu now, have gotten the shots, and they got them together. And it's really insane that we can make... and it's not just, you know, when the CDC makes a policy like this, they're adamant about it. You know, and the doctors just listen, and just do.

Andy Lazris: And I'm like, where's the evidence? And I was a little pissed during COVID about many things, but one thing was, our country decided it wasn't going to study anything.

Andy Lazris: It didn't study any aspect of the declarations it was spitting out about what we're supposed to do. There were studies done in other countries, and that's what we often had to rely on. But why didn't we decide, okay, let's study this vaccine? Maybe for the kids, it's not a great vaccine. Maybe in adults.

Andy Lazris: Maybe in very old people, we have to use a different dose. You know, let's figure it out. We have all this time, but they didn't. They just...

Andy Lazris: just kept making boosters. And you're right, if they study it, and it has a negative result, that's gonna hurt their bottom line, because right now, doctors are just doing what... what they're told. And by the way, it's not doctors this time.

Andy Lazris: you go to a pharmacy to pick up your drug, and they start pushing vaccines on you. They'll give you 4 vaccines at that moment, if you say so. A funny story, Alan, I was in a,

Andy Lazris: long-term care facility, when they... when the pharmacy was in there giving vaccines, and I was doing my notes in the back, and some lady comes in and says... and the pharmacist says, so do you want the R... your insurance will cover the RSV and COVID and flu all.

Andy Lazris: It turns out the RSV is, like, \$800, if it's not covered, but,

Andy Lazris: She said, well, my doctor said, I shouldn't get all three at once. And the pharmacist said, well, your doctor doesn't know what he's talking about, because the CDC says you can, so it's perfectly safe. You could... I'm... rest assured. So I walked out! I was the doctor!

Alan Roth: And this is what people are being told. It's such hubba-baloo. And the other thing is, you know.

Alan Roth: We talk about everything in medicine now, every article you read about shared decision-making, and patient-centered, and, you know, we shouldn't be forcing things on people, we should have a conversation. What is their risk of getting something? What is their benefits of getting the vaccine? So I really do that, especially with the, with the, the

Alan Roth: Ingalls vaccine, which is one of the biggest thorns in my side, for a lot of reasons, but I actually gave it to one of my patients in the past, and it honestly killed them. So, you know, I'll go through that.

Alan Roth: For the folks that, you know, don't quite understand, all viral vaccines, which, you know, the big ones we give are flu and the shingles and the RSV, what Andy just talked about, the respiratory syncytial vaccine.

Alan Roth: All of those antiviral vaccines have a small incidence, but not...

Alan Roth: unheard-of incidence of something called Guillain-Barre syndrome, and if you haven't heard of Guillain-Barre syndrome, it's a demyelinating kind of autoimmune response that happens to the body's immune system that goes crazy after getting the virus or getting a vaccine.

Alan Roth: Okay? And if you get it, it could be a killer. So, there is a small incident, and I've done this research as well.

Alan Roth: The vaccines increase the incidence of Guillain-Barre by 3 to 6 times the amount.

Alan Roth: of people who are getting this vaccine. And we're talking about Several...

Alan Roth: like, 6, 10 people in a million. Think about how many people are going to the pharmacy today and getting vaccines. People are getting Guillain-Barre.

Alan Roth: Guillain-Barre has a 5-10% mortality rate, and another 25% rate of making you totally disabled, and one of my patients died after getting it. But the real thorn in my side is...

Alan Roth: 90%, I'm sure I'm wrong, I'm sure it's 99% of people that get shingles, you know, the painful rash that takes over your body and eats your face away by the commercial.

Alan Roth: 99% get an itchy and sometimes painful rash that lasts 1 week.

Alan Roth: And it goes away, and they don't have another problem.

Alan Roth: It's the people who are immunosuppressed, whether they're getting chemotherapy for cancer, or they have lupus, or some autoimmune disease, because we know it's a screw-up in the autoimmune system that makes people get such horrible shingles to begin with.

Alan Roth: So we're taking people with no risk and giving them something that could kill them.

Alan Roth: And now when patients ask, and then they say to me, did you get the shingles vaccine? And I say, well, no, and why? I tell them.

Alan Roth: I tell them, I don't hide it anymore.

Andy Lazris: Yeah, and that is exactly what shared decision making is, is the idea that there's no right answer, and there's no free ride for any of this stuff. Every intervention we make as doctors carries with it both risks and benefits, and

Andy Lazris: each person has a different risk and benefit than the next person. So, like you say, Alan, if someone's immunocompromised, they might have a more of a benefit profile to getting this vaccine. I have been...

Andy Lazris: quite... in my... in the last 25 years of my practice, because when people get shingles, we often give them a virus, an antiviral medicine that does quiet it down. It works in this case, unlike Paxlovid. I've never... I haven't seen this post-herpetic neuralgia in the last 25 years.

Andy Lazris: Because people either have very limited cases, or we give them this...

Andy Lazris: this antiviral, and they don't get post-hepatic neuralgia. So, that's the main thing with this shingles vaccine to protect, and I actually did have a patient who developed, after the vaccine, a very atypical form of shingles.

Andy Lazris: Where they... they were... they had knives going into their body all over the place. And by the way, this never went away, and they ended up dying of a cerebral hemorrhage.

Alan Roth: disseminated.

Andy Lazris: Shingles. You know, so, ironically, the family, like, years later, I heard a rumor that they thought I...

Andy Lazris: I killed her because I refused to give her the vaccine. Because if she had had the vaccine, this wouldn't have happened. This is the irony, because she actually got the vaccine, and that's what caused it, but rare, rare, but happened.

Alan Roth: I've had 2 patients in my 40 years of practice with post-traumatic neuralgia. One was... got herpi... the shingles when she was hospitalized getting chemotherapy.

Andy Lazris: Okay.

Alan Roth: And that's when she got it. And the other lady, it's a bad case, she's still in my practice now, she does have severe pain.

Alan Roth: She had, or she has rheumatoid arthritis severely, and is on several immunomodulating biologic agents for it. And that's the patient that could be a setup. And, this patient had the Shingles vaccine.

Andy Lazris: Oh, they had it.

Andy Lazris: There you go. And that's the other problem, you know, the people who are... who would benefit the most from it, the immunocompromised, don't necessarily make immunity when you give them a vaccine, so it's...

Alan Roth: Exactly!

Andy Lazris: It's like the old people do, they don't necessarily make amusement.

Alan Roth: Well, if you give someone a vaccine, and they're on 40 milligrams of prednisone, the prednisone is suppressing the immune system, how do you expect them to develop it, you know?

Andy Lazris: Exactly. It's a great irony. The people who need it the most don't often benefit from it. Yeah, and just jumping a little bit.

Andy Lazris: to Tamiflu and Paxlovid. These are medicines that are being marketed as, as, you know, if you get a flu, you take Tamiflu. If you get COVID, take Paxlovid. You know, it rhymes, so it's kind of nice. But it is,

Andy Lazris: there's no... there are no articles that support their use. Tamiflu, there's a whole story that's in our book about how the CDC actually, was bought off

Andy Lazris: by, pharmaceutical companies to create reports and to bury studies that proved it didn't work, and it was Cochrane over in Europe that revealed all this, and

Andy Lazris: They pulled out the unpublished studies, they showed it didn't work, and the CDC refused to look at them. And so, to this day, if you get flu, you get Tamiflu. You go to urgent care, Tamiflu. I'm required to give it on long-term care if even two people have flu, even though we know it could get older people sick.

Andy Lazris: Paxlovid, every study has shown no benefit. I argued with an infectious disease doctor early on, because there was this crazy Israeli study that was observational that he relied on. But just this week in the New England Journal, two new studies came out that show Paxlovid clearly doesn't work. But Alan.

Andy Lazris: 2000... I looked this up, 2024, \$5 billion of sales. 2025, \$2.5 billion of sales on Paxlovid. And by the way, COVID in 2025, it was a cold. It was not a bad illness.

Alan Roth: Still look cold.

Andy Lazris: They're giving out...

Andy Lazris: a medicine that doesn't work for a cold. And it's just this programming, right? I don't know if it was the TV commercials or the idea that everyone said you should be on this, but, you know, look at the data. It doesn't work.

Alan Roth: There's fear in this country. COVID, fear was used, you know, that's why people rushed and got the vaccine.

Alan Roth: you know, I unfortunately got two of them, because I couldn't go to work, and I still need to feed my family, and have a kid in medical school, and I have bills to pay, and I knew it was a mandate in New York, if I didn't get the vaccine, I couldn't work in the hospital, so I got the first two.

Alan Roth: And I am convinced that it is the second shot that I got literally 4 weeks after COVID that just screwed up my immune system and gave me long COVID. I have a couple of long COVID symptoms, you know, I have body aches all the time, I'm tired all the time.

Alan Roth: And and and I can't name things! It doesn't... my hat!

Andy Lazris: There you go. And...

Alan Roth: And, you know, people say, you know, it's the stress you went over, you know, we'll talk about it, but I ran a COVID ward for almost 8 months in my hospital. It wasn't that. You know, I grew up in the AIDS epidemic. I dealt with the same thing back then, where every patient in front of me died. Every patient died. And I worked in an inner-city hospital, I worked at Coney Island Hospital at the time. Everybody had AIDS, and everybody was dying.

Alan Roth: And it wasn't PTSD, and it wasn't anything else, it was just...

Alan Roth: getting that vaccine to me a few weeks after I had COVID, when my body was already trying to build some immunity, it just screwed me up.

Andy Lazris: Yeah, and it was a... the mandate also, you know, I had a good friend,

Andy Lazris: who came and said, look, I had bad COVID, I have very high titers, look at the titers, why do I need a vaccine?

Alan Roth: funny, too.

Andy Lazris: You still need it.

Alan Roth: Everybody was asking for titers.

Andy Lazris: Yeah, everyone wanted titers, but this guy had, like, off the wall, and it was, and he says, why do I still need a vaccine when I clearly have made my natural immunity? And they said, it's a requirement. There was no thinking involved, you know, and that's often the case with vaccines because it's become political.

Andy Lazris: You know, either you're pro or anti-vaccine, and just from us having this conversation, we will be deemed anti-vaccine, even if we give them.

Alan Roth: And getting back to Paxlovid, you know.

Alan Roth: If people want to extrapolate it and give this drug to people who, you know, COVID was likely to kill, and you're giving them something, at least you could say, scientifically, I'm taking a long shot or something like that. But to give it to young, healthy people, you know, and like Andy said, the commercials say, if you have Paxlovid, get

Alan Roth: get... if you have COVID, get Paxlovid. And the early data clearly showed it should only be given to very high, high-risk people who they're gonna die and give them something. But we know that, besides the fact that it didn't work, and it's now been proven that it didn't work, number one, people will continue to prescribe it, because they want to say they're doing something for it, so people still come into the office.

Alan Roth: But about half the people stop it for the GI side effects, that they can't tolerate it.

Alan Roth: And another third of people get what's called rebound COVID. So, they get better, and then, like, two weeks later, they get COVID again, but worse this time. It's just utterly ridiculous.

Andy Lazris: And, you know, again, ironically, I remember both President Biden and Anthony Fauci got rebound COVID from it, and they... but they still kept endorsing it, even though they kept getting COVID over and over and over again, and it has a lot of drug interactions, and so older people who are on medicines, they could literally kill you.

Andy Lazris: So, it's not a safe drug, and it doesn't work, but let's keep prescribing.

Alan Roth: Yeah!

Andy Lazris: for a cold. So, so it just... everything just makes complete sense.

Alan Roth: Well, they have good commercials, that's a reason to prescribe it.

Andy Lazris: It just shows you what... data... data just gets trumped by commercials every time. So, data's meaningless. The fact that two articles in the New England Journal, which is, by the way, a heavily pharmaceutically advertised journal.

Andy Lazris: that they don't like it should close the door on this drug, and I guarantee you, I'll check the sales in 2026, they're gonna be up in the billions, I guarantee you.

Andy Lazris: That's, that's... Cuss.

Alan Roth: because... The doctors don't have common sense, you know? You know...

Alan Roth: I don't even know what to say. You know, we give things to people, like, you know, some of the other vaccines, which we haven't had a chance to discuss yet, like, that I have patients coming from the pharmacy, adults, and like, they've been given hepatitis A and B, and I'm like.

Alan Roth: What? Like, why did they give that to you?

Andy Lazris: Right.

Alan Roth: you know, hepatitis B is from, you know, blood and body fluids, so, you know, sexual contact, IV drug abuse, and they're giving it to these 70-year-old people who probably haven't having sex anymore, and are certainly not shooting drugs, like... and half of them probably have immunity anyway. It's just unbelievable, because we vaccinated our children. I was vaccinated for hepatitis B, so...

Alan Roth: It's, again, another mandate for working in the hospital.

Alan Roth: And it happened to my son. My son's a non-converter. So I had to give him 2 shots, two series of hepatitis V vaccines, and when you go and work in a hospital or a nursing home, they want to see your titers, and if your titers are not there, they make you get more vaccines.

Andy Lazris: Oh, jeez.

Andy Lazris: It is... that's the point. The point is not... it's not a pro-anti-vaccine stance. Point is, we should be doing more research on these things.

Andy Lazris: And we should give patients choice, and we have to realize we don't know a lot. We just don't know whether a combination of vaccines is dangerous, or ineffective, or...

Andy Lazris: how you should give them, or whether... which patients benefit the most. It's almost like over 65 you have to get this vaccine, but over 65... people over 65 are a heterogeneous group of people.

Andy Lazris: Some might benefit, some may not.

Alan Roth: You know, and our oath is do no harm, so if there's two choices to make, give something that we don't know for sure is gonna help, or don't give it, because they'll probably be fine. Well, don't give it, so they'll probably be fine. And that is really the way you should practice medicine, in my opinion, until something's proven.

Alan Roth: And then when something gets proven, like, you know, let's see how much airtime... I haven't seen any, you know, eyewitness news reports on, hey, the Paxlova doesn't work at all. New England Journal of Medicine, considered one of the most respected journals in the world, if not the respected journal.

Alan Roth: you know, along with Lancet and BMJ and JAMA and stuff, those are considered the top few.

Alan Roth: And here it is, this article is saying, drug doesn't work. I guarantee you, people who are reading the article are still prescribing it. But the thing is, most doctors don't read the New England Journal, don't see that it doesn't work, and continue to prescribe it.

Alan Roth: And the commercials are not gonna stop after this study has come out. You're gonna still see, if you have COVID, get Paxlovid.

Andy Lazris: Exactly, and, you know, doctors will listen to the commercials. So, anyway, so we'll spend more time on COVID, because it really was,

Andy Lazris: Tough. And for the whole country, and for us in particular.

Andy Lazris: But, okay.

Alan Roth: And I do know for a fact that when Andy had 5 minutes, when he wasn't caring for patients, he was doing COVID research, so I know that for a fact.

Andy Lazris: He can give you every number.

Alan Roth: But, yeah, I just want to say one thing before I start about both... for our... both of our state medical boards, me and Andy are not anti-vaxxers. We believe in appropriate use of vaccinations for the appropriate people after a shared patient-centered decision-making conversation. Have a great week, everybody.

Andy Lazris: Take care, and we do give out a lot of vaccines.