We Want Them Infected. How the Failed Quest for Herd Immunity Led Doctors to Embrace the Anti-Vaccine Movement and Blinded Americans to the Threat of COVID
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‘NATURAL INFECTION’
This book, by a US-trained medical doctor, argues that epidemiologists and other doctors who announced, early in the pandemic, that COVID-19 infection was a good thing (because it would build up herd immunity in the population) are in part responsible for the emergence of anti-vax positions among prominent doctors, and this in turn is causing untold harm as more and more people choose to go unvaccinated.

The book takes its title from a statement made in June 2020 by Paul E Alexander, a professor of epidemiology who worked in the US Department of Health and Human Services. Professor Alexander was talking about children and teenagers. Received wisdom at the time (many months before vaccines became available), was that the younger the patient infected with SARS-CoV-2, the milder the disease and the lower the risk of complications. Hence, a key strategy for protecting the older and vulnerable, he reasoned, could be to ensure that all or most healthy children and young people encountered COVID-19 as a natural infection.

HERD IMMUNITY
The herd immunity hypothesis enjoyed a brief period of credibility among mainstream scientists, including the UK’s Chief Scientific Adviser (Sir Patrick Vallance), in early 2020 but was quickly shown to be untenable, for several reasons. Contrary to initial hopes, COVID-19 does not produce sterilising immunity (that is, catching it doesn’t completely stop someone subsequently being reinfected and transmitting the virus to others). In the pre-vaccine era, encouraging infection to spread through the population (‘let it rip’) would inevitably produce some casualties, especially among clinically vulnerable people, leading critics to brand this a ‘eugenics’ strategy. Even if an acute COVID-19 illness is mild, and especially if it is not, its sequelae may be prolonged and life-changing. Very occasionally, children have died or become disabled from COVID-19. Vaccines produce high levels of immunity in most people with few or no side effects, making them safer by orders of magnitude than natural infection in an unvaccinated individual.

For all these reasons, most scientists and doctors came to reject the herd immunity hypothesis by late 2020 or early 2021. They supported public health advice for people to try to avoid catching and transmitting COVID-19 (by masking, testing, contact-tracing, and quarantining) and to get vaccinated unless they had contraindications. But a handful of doctors, some of whom were affiliated with leading universities, read the scientific evidence through what might be called a libertarian prism. They continued to view herd immunity by natural infection as a credible scientific strategy, and they were unconvinced by the evidence base on public health protections.

Issues that have implications for our rights and freedoms tend to cause polarisation among scientists, since the latter are not immune to their own personal beliefs and values. The body of evidence around public health measures for stopping a pandemic in its tracks is ambiguous and contested. That some medical scientists depict such measures as ‘restrictions’ (of people’s freedom) rather than ‘protections’ (against viral transmission) is hardly surprising. That these doctors quickly found themselves in demand as ‘advisers’ to libertarian politicians is even less surprising.

But being on one pole of a restrictions-versus-protections continuum is a long way from swallowing undiluted anti-vax Kool-Aid, isn’t it? COVID-19 vaccines were quickly shown in randomised controlled trials to be effective and safe in people without explicit contraindications; serious and extremely rare side effects were outweighed by the more serious and commoner effects of the disease itself. Surely, being lukewarm on masking doesn’t mean you’re going to deny the evidence on vaccines?

IVORY-TOWER ACADEMICS
In this book, Jonathan Howard shows that for some (though mercifully, not all) libertarian-lean doctors, this is precisely the elision that occurred. Professor Alexander himself, once a leading adviser to government, came to express increasingly extreme anti-vax views, describing mRNA vaccines as ‘bioweapons’ and leading a movement for patients to ‘demand vaccine-free blood’ if they ever needed a transfusion. He also, according to Howard, asked people to send him money for his ‘COVID-19 research’.

Howard exhaustively documents statements made in the mainstream media and academic Journals by a handful of other doctors (‘the Disinformation Dozen’), many of whom became household names in the media. These individuals, he argues, shockingly minimised the benefits and overplayed the risks of COVID-19 vaccines, especially in children. He believes that some of these doctors undertook or supported scientifically questionable research, and alludes to financial conflicts of interest – particularly paid consultancies – that may

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have influenced their judgement. Howard is particularly critical of certain ivory-tower academics who, while medically qualified, undertook little empirical research and rarely saw patients but spent their time doing systematic reviews and meta-analyses of research done by others. One or two of these evidence-based medicine ‘gurus’, he points out, made spectacularly inaccurate predictions (for example, that COVID-19 was a cold-like illness that would quickly burn itself out). Howard suggests that what led them to underestimate the deadly potential of this disease by orders of magnitude (and hence downplay the need for vaccines) was their absence from the clinical frontline.

‘CONSPIRACY ENTREPRENEURS’

I didn’t read every word of this 600-page book, most of which relates to the claims of US medical scientists and their entanglements with right-wing politicians up to and including President Donald Trump. While I enjoyed the book and broadly share the author’s position on many key points (for example, that doctors who should have known better misread the evidence and contributed to a delay in vaccinating children and adolescents that risked precious young lives), I found it over-long, rambling in places, and under-theorised (that is, it lists some alleged bad things that happened but doesn’t venture a scholarly explanation of why they happened). Do we need theory to explain why doctors occasionally join crazy social movements? Absolutely we do, if we want to convert our outrage to generalisable insights about how to deal with (and prevent) this phenomenon. Try this succinct chapter by Hungarian sociologist Lili Turza.3


REFERENCES


THE EIGHT-STAGE KILLING TIMELINE

1. ‘A history of control or stalking’, not necessarily a criminal history, but a mindset, a tendency to dominate earlier partners.

2. The commitment whirlwind, everything from the first meeting moves at an unhealthy, breakneck pace.

3. ‘Living with control’, because their partner aims to control everything about them, the victim adapts their behaviours.

4. ‘Trigger’, something (for example, a potential split, pregnancy, or illness) threatens to break the circuit of control.

5. ‘Escalation’, the controlling behaviour intensifies.

6. ‘A change in thinking’, something switches, the coercion may appear to lessen, or the perpetrator changes tack.

7. ‘Planning’ (such as preparing a ‘murder kit’).

8. ‘Homicide and/or suicide’, either murder or, because of prolonged and relentless coercion and control, the victim commits suicide.

By breaking down the domestic homicide timeline into these eight distinct phases, Monckton-Smith has shown us what to look out for in controlling and coercive relationships and, just as importantly, what to target to arrest the progression, to save a life.

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