

What Would Happen If We Stopped Vaccinating

With Dr. Christina Lord

Clay (00:00):

I have a question. What would happen to the world around us if there were no more vaccinations? In today's episode, we discuss the societal, physical, and economic repercussions if we were to choose to stop vaccinating.

Diane (00:23):

Welcome back to Vax Matters. In this episode, we have an interesting topic of discussion, how would our lives change if vaccinations ceased to exist? From measles and polio to productivity decline and global shutdowns, we will cover it all. To join us in this conversation, we welcome Dr. Christina Lord, regional medical director for the Louisiana Office of Public Health. Welcome to our show today, Doctor.

Dr. Lord (00:56):

Hello to all of you out there and thank you very much for the privilege of being invited to this program today. Um, I look forward to, uh, talking about this very interesting topic that really affects all of us throughout society.

Diane (01:14):

You know, I think a lot of people have not really considered what would happen, you know, actually, everything, the, the snowball effect of what would happen if we stop vaccinating. So, let's just start from the beginning. What would be some of the first things to happen if we were to stop vaccinations and vaccinating?

Dr. Lord (01:36):

You know, I... This, uh, question makes me cringe right off the bat, um, because I think of it in a way that if one of my patients asked me, "You know, what would happen if we all stopped washing our hands?" Um, and I mean, like, everyone stopped washing their hands period-

Diane (02:03):

Mm-hmm.

Dr. Lord (02:04):

... um, no more handwashing after going to the toilet, no more handwashing after blowing our noses, um, no more handwashing before we fix our family food, um, no more handwashing before a doctor operates on a patient-

Diane (02:20):

Oh gosh.

Dr. Lord (02:20):

... um, no more handwashing when we go to the restaurant to eat after church on Sunday. And, and I think y'all are getting the point. If we stopped washing our hands, the reason that we use that safety measure of washing our hands and teaching our children to wash our hands is so that we can limit and prevent the spread of diseases. And when, um, we think about that question about no longer using vaccines, we use vaccines the exact same way, um, that we do handwashing in society, which is to prevent the spread of disease and infection.

Dr. Lord (03:04):

So, one thing that I'd like to ask from y'all today, you know, I'm an old country doc. I practiced as an OB/GYN for 20 years in Vernon Parish before I joined the Office of Public Health. And I like to break things down very simply. Um, when patients ask me questions, I like to think of some analogies. And, yes, I wanna go and do some, uh, uh, deeper dives into statistics. But if y'all will bear with me during this, uh, podcast, I'll have some other examples like that. Is that okay with y'all?

Diane (03:38):

Absolutely.

Clay (03:39):

Yeah. And so, and, you know, we wanna let our, our listeners know that the doc is, is, is playing hurt today. She's dealing with, uh, with a voice issue and is contributing to us, uh, through all of that, and we do appreciate it. It is a stark example (laughs) when you talk about people not washing their hands and, and what that means in terms of like passing around all kinds-

Diane (03:59):

Mm-hmm.

Clay (03:59):

... of things that I don't even wanna think about. But let's drill down on a couple of examples of what would happen. If we say didn't have a vaccine for polio or the measles, what would happen?

Dr. Lord (04:13):

Well, eh, obviously, we would see more people start to get those infections.

Clay (04:18):

Sure.

Dr. Lord (04:19):

And when we think about how much of our population becomes infected, there are a few kind concepts to consider. Um, one would be the type of infection and how contagious is it.

Clay (04:35):

Mm-hmm.

Dr. Lord (04:36):

And what we mean by that is how quickly does it spread throughout the population. And one good example of a very contagious type of infection is measles. It tends to spread very quickly. Um, and even when that person has passed through a room, we... that, that, uh, infection can linger in the air. And people, several hours later, can become infected.

Dr. Lord (05:02):

So, obviously, if the majority of our population is not vaccinated against that particular, uh, type of infection, we will see more people with it. And one of the, um, questions I get often about measles especially even just in the last few months about measles because we had a few cases here in Louisiana and it became the topic of conversation within some of our lunch conversations is people my age, I'm 50 years old, um, and people my age and younger are saying, "Well, what's the big deal about measles?" because when we all got measles when we were kids, it wasn't a big deal. You know, some of us got a little sick, and some of us didn't really have any sickness.

Dr. Lord (05:52):

Well, I found that very interesting because people 50 years and younger really shouldn't have had measles because we didn't have measles. We had chickenpox. And we saw vaccines for measles start to come out in the '60s and '70s. And so, by the time people my age and younger were in elementary school, we didn't have measles. We had chickenpox. So, I found this interesting because groups of people talking about what's the big deal about measles-

Clay (06:22):

Mm-hmm.

Dr. Lord (06:22):

... are getting confused with the illnesses. They're thinking measles is the same as chickenpox, two different viruses, two different levels of infectiousness, and two different clinical syndromes. So, when we look at measles, measles back before vaccines, like, before 1963, we would have three to four million cases and about 400, 500 deaths. About 48,000 people go into the hospital, and about a thousand cases of what we, docs, call encephalitis.

Clay (07:01):

Hmm.

Dr. Lord (07:01):

And that means swelling of the brain. And, of course, none of us wants our brains to swell because bad things come from (laughs) that.

Diane (07:09):

Right.

Dr. Lord (07:10):

And so we, we really, um, don't wanna see measles reemerge within the United States, and that would be one of the risks that would happen. Not a risk, we know it will happen.

Diane (07:20):

Mm-hmm.

Dr. Lord (07:21):

It's not a risk. We know that will happen if we stop vaccinating our population against measles.

Diane (07:27):

I think you made a- an excellent, obvious. I know you made an excellent point, Doctor, because there is no background to some of these... for some of these diseases or, as you said, the population of 50 and younger is kind of like there is very nonchalant. Oh, it's no big deal. It's no big deal. So if we don't vaccinate, it's not... nothing's gonna happen because they don't know what could happen. They haven't lived through this, like, possibly their parents or grandparents, obviously.

Dr. Lord (07:53):

That's right. The other concept I'm gonna throw out there really, really quickly, if y'all bear with me, is the other thing is people go, "Well, you know, my kids are healthy. I don't need to, I don't need to get them vaccinated. Let, let their immune systems take over," right? But let me kind of draw your attention to car seats. Um, and, and seat belts when I was in elementary school, that was the, the first time I really heard my own family talk about seat belts. And I remember the older people in the, the living room talking about cars were gonna start to be manufactured with seat belts. And there was much discussion about whether we, as a family, would use the seat belts (laughs) or not-

Diane (08:41):

Hmm.

Dr. Lord (08:41):

... use the seat belts.

Diane (08:41):

(laughs)

Dr. Lord (08:42):

Um, and then a little bit later in time, there were conversations about the mandation of seat belts. Everyone in the car has to be buckled up, and that slogan of, you know, seat belt saves lives or buckle up for safety, those were kind of some of those, um, um, first liners out there in the community. And we know now decades later that seat belts do save lives, and they save children's lives. And we have so much data and statistics that show not only do our kids need to be buckled up, but they need to be in certain seats depending on their age and their weights.

Clay (09:19):

Mm-hmm.

Dr. Lord (09:19):

And they need to be in certain locations within our cars in the back seats. Some kiddos turned around where their heads are facing towards the, the back of the seat. And we know that from data and statistics, and we know that saves lives. Vaccines are the same. We know they save lives, and we know that particular vaccines given at certain ages and those protocols save the lives of our kids and really save the lives throughout our broader community. So, we know that if we stopped vaccinating our kiddos, we would see far more deaths. And, and from a society's perspective we would see a much broader impact that's negative for all of us.

Clay (10:07):

It's such a brilliant analogy because I remember the, the... when the transition with seat belts happened really starting in the late '80s when there was... there were more media campaigns to encourage people to buckle up. And now, it's a no-brainer.

Dr. Lord (10:24):

Sure. Yeah.

Clay (10:25):

In fact, I can't even... I don't remember buckling my seat belt when I get into a vehicle now. It's just a natural thing that you do. That is such a brilliant analogy. And, you know, I, I... It, it just makes me think about the resistance to anything habitual that's in your best interest, right? Like, you know, children belong in seat belts the way the doctor just described, we wear seat belts. And the same... It goes with your health. It's like these vaccinations are things you don't even think about. When, when the COVID vaccines came out, it was no real question for me. (laughs) It's like I'm doing it because-

Dr. Lord (10:58):

Yup.

Clay (10:58):

... you saw what the other side of it was.

Diane (10:59):

Mm-hmm.

Clay (11:00):

Have there been examples where people just stopped cold turkey taking vaccines? And if that happened to be the case, what was the outcome?

Dr. Lord (11:10):

In the United States like we just talked about, um, there have been periodic measles outbreaks. And most notably in 2019, we, we did experience, um, what we consider to be a large measles outbreak. Um, and I think that year, there were about 1,200 cases across 31 states. Um, when we think about the broader picture of a reemerging type of infection, we also have to remember that when we are sick kind of like I'm sick now, you know-

Clay (11:47):

(laughs)

Dr. Lord (11:47):

... I had to stay home a few days. Well, I don't wanna stay home a few days. I wanna get out and go to work. Um, but if I have an infection that I can spread to other people, it's important for me to isolate and stay home and try not to give other people my illness. Um, if I've got children at home or my entire family of... I don't have five children, but let's say I had five children. Let's say all of us became sick, but that illness, that one illness in my family was... um, took about three or four weeks for it to make its round throughout every individual of my family, that means that perhaps me as an adult had to stay home many, many times within that five weeks. The kids needed to stay home from home. Even if I was feeling better, someone's got to take care of them.

Dr. Lord (12:41):

Maybe, I don't want it to be the grandparents because I don't wanna get them sick. And so, it becomes a much more magnified situation across our communities that my staying home or, or other people in my family staying home for an extended period of time negatively impacts w... how much work we get done at the office.

Dr. Lord (13:01):

Um, more importantly, children tend to be the people in our families that we take to the doctor. As soon as they start running a high fever or they're crying a lot or they're not eating or they're getting dehydrated, we take them to the doctor. So, we've got a lot more doctor visits. And then if they're not getting well, they end up in the hospital, and we have hospitalizations. So just a few extra people in my family getting sick for an extended period of time increases all of those scenarios.

Dr. Lord (13:33):

And then you magnify that hundreds of times across our community, you can see how our hospital systems would become overwhelmed with sick people. And we could see how, like in COVID when we all had to stay home because of an infectious disease, there wasn't a lot of pre- productivity across our communities. And that negatively impacts our entire world.

Diane (13:56):

There are so many things as we said earlier the, uh, the snowball effect. One thing leads to another, leads to another. If we could back up for just a second, when you were talking about that a measles outbreak in 2019 prior to COVID, why did that happen? Do you... Uh, what contributed to that outbreak? And wh- when you talk about an outbreak, how do you define a- an outbreak?

Dr. Lord (14:20):

You know, that's a good question. And I'm, I'm an OB/GYN, and I don't know that data off the top of my head. (laughs)

Diane (14:25):

Okay.

Dr. Lord (14:25):

Um, and, and I don't know from outbreak in 2019 that was before I entered the- this world of public health, I don't have the information regarding that outbreak.

Diane (14:36):

Mm-hmm.

Dr. Lord (14:37):

Um, and, and if, if one of you has a, has a, a lead on that, I'm all ears-

Diane (14:43):

(laughs)

Dr. Lord (14:43):

... to listen.

Clay (14:43):

(laughs)

Diane (14:43):

Oh, no.

Dr. Lord (14:44):

Um- (laughs)

Diane (14:44):

We ha... We have none.

Clay (14:45):

No. None of.

Diane (14:48):

I ju... I was just kinda curious when you said that. And I thought, "What in the world led to that?" And it's, well, I'm glad, I'm glad that was just the one time in 2019. Hopefully, it would be the only time in, in our lifetime.

Dr. Lord (14:59):

Well... And, and when we looked at, you know, some of the information regarding, um, the cases that we experienced this year, um, what we know is that as different groups of people across the globe move around, um, in countries where-

Diane (15:21):

Mm-hmm.

Dr. Lord (15:21):

... they don't have the same types of vaccination protocols that we have here in the United States, we see that the... some of the infections we don't see in the United States because of our vaccinated population. We do... Um, we can be reintroduced to those infections because of global travel. And so when people travel from the United States out into other parts of the, the world, they can bring back those infections if they happen to not have gotten themselves or their children vaccinated, or they can be in their rural town in Vernon Parish, and someone who's traveling to visit family from another country ends up bringing an infection along with them. And those kids in our communities that are not vaccinated end up getting sick. And that can be how an ou- outbreak starts.

Diane (16:15):

And I believe it was in the news, not too terribly long ago-

Clay (16:18):

Mm-hmm.

Diane (16:18):

... Clay, maybe, a year or two about someone who came into our country brought a, a measles. And it was in one of, like, my... the Atlanta airport. I mean, they, they tracked it down. And it's like, "Well, who was there that day?" I mean, that's-

Clay (16:30):

Right.

Diane (16:31):

... that's real (laughs) scary.

Clay (16:32):

Well, you know-

Diane (16:32):

Yeah.

Clay (16:33):

... it's... And, and by the way, we do have a, a previous episode on measles, mumps and, and rubella that you can check out, uh, on the with the Vax Matters Podcast. And to Di's point, you know, I fly a lot.

Diane (16:44):

Mm-hmm.

Clay (16:45):

And I think about that-

Diane (16:46):

Yes, you do.

Clay (16:46):

... all the time-

Diane (16:46):

Yeah.

Clay (16:48):

... 'cause you never know who you're on this sealed th- thing with. And, and when people cough...
Now, after 2020, anybody who coughs has-

Diane (16:55):

Yeah.

Clay (16:55):

... the full attention of everyone on the plane- (laughs)

Diane (16:57):

Exactly. Yeah.

Clay (16:58):

... you know. I'm there struggling not to cough-

Diane (17:00):

Mm-hmm.

Clay (17:00):

... or sneeze-

Diane (17:01):

Mm-hmm.

Clay (17:01):

... because everybody's looking at you.

Diane (17:02):

And then you say, "I'm okay really.

Clay (17:03):

(laughs)

Diane (17:04):
Really, I'm okay," you know.

Clay (17:04):
That's exactly right.

Diane (17:05):
Yes. Yeah.

Clay (17:06):
Um, you know, it's, it's so interesting that... Go... Well go ahead, Di.

Diane (17:08):
No.

Clay (17:09):
It's so interesting to think about, um, the, uh, the world without vaccines because just listening to you talk about it, it just isn't a reality that I've dwell on really ever, right? And-

Diane (17:22):
I don't wanna think about it, you know. I don't even wanna go there. Yeah.

Clay (17:24):
What, what would be... If, if you're talking about the diseases that would be the most dangerous or devastating to humankind, what would be at the top of your list if we w... if we had no vaccination?

Dr. Lord (17:38):
Great question. And, you know, depending on who you are and, and maybe from the doc's perspective what type of, um, doc or, or disease processes you treat, um, you may get a different answer from some of us. But, um, (laughs) as an OB/GYN, one of the, um, illnesses I really like to, uh, focus on, uh, with that question is rubella.

Clay (18:03):
Hmm.

Dr. Lord (18:05):
Um, if I asked you in the room, um, and maybe you all are, are more informed than the average person in, in my community, but if I asked the, the average person, "You know, are you worried about rubella?", um, most of the pa... the people are not gonna even know what rubella is.

Dr. Lord (18:27):

And the reason is because we really haven't seen rubella in the United States in about 20 years. I've been practicing for about 20 years. As an OB/GYN in the United States, I've never ever seen a pregnant mom with rubella.

Diane (18:42):
What a blessing.

Dr. Lord (18:42):
Thank God.

Clay (18:43):
Wow. Yeah. Yeah.

Diane (18:43):
What a blessing. Yeah. Mm-hmm.

Dr. Lord (18:45):
And that's because of vaccines.

Diane (18:46):
Yeah.

Dr. Lord (18:47):
Women got their vaccines. And therefore, we did not see this disease in two decades. So, if we, all of a sudden, don't have moms ge... having gotten their, um, rubella vaccines, then we're gonna start to see some of the problems that happen. And a lot of people don't realize that when women are carrying their babies and they get an infection like a virus, like le... rubella is a virus, that baby, while the baby's in her womb, can become infected with that same virus.

Dr. Lord (19:24):
And when they're in the womb, that virus can go ahead and start causing bad illnesses in the baby. So, when we talk about congenital rubella syndrome, everybody's like, "What is that?"

Diane (19:38):
Mm-hmm.

Dr. Lord (19:39):
Well, I've never seen it either, but that's because of the moms having had their vaccines. And so those babies can be born blind. They can be born deaf, deaf. They can have cataracts. They, uh, can have long-term illnesses, um, autism, diabetes, thyroid problems. Um, and that's if they survive. And when we look at statistics of rubella if, um... You know, before 1969, we would have about 11,000 fetal deaths. So that's mamas who lost their babies while they were pregnant.

Dr. Lord (20:17):

So that's 11,000 a year. That's far more worse than when we talk about maternal mortality and i-infant statistics now. That's... That- that's pretty terrible. We would have about 2,000 newborns who would be born with having that infection, but then they die shortly after they're, they're born. And then we would have about 20,000 cases of that congenital rubella syndrome where the babies have cataracts, or they're deaf, or other long-term illnesses from having gotten that infection while they were still in their mother's wombs. So that's that type of, um, scenario that I think, again, we've all forgotten about.

Diane (21:00):

You know, Dr. Lord, I think that when you were, when you were just saying all of these things that could happen, i... this is hard to listen to.

Clay (21:07):

Hmm.

Diane (21:08):

It is very hard for us to listen to for our listeners of this podcast. But it is critical coming from you to know exactly what could happen. That's where we want people to know. This hasn't happened. It doesn't have to happen, but this is what could happen when-

Clay (21:26):

But I was gonna say, to your point, but in, in the case of people who's completely shunned-

Diane (21:32):

Right.

Clay (21:32):

... vaccines, this can be-

Diane (21:35):

[inaudible 00:21:36]. Yes.

Clay (21:35):

... their reality.

Diane (21:35):

Yes.

Clay (21:35):

This may not be-

Diane (21:36):

Mm-hmm.

Clay (21:36):

... maybe not on a mass scale, but on, on an individual endemic level, this could be something that people deal with if they say, "I'm not taking any vaccines."

Diane (21:45):

Yes. And what we were saying if vaccines just went away-

Clay (21:48):

Right.

Diane (21:48):

... they totally went away. You know, you've been giving us a lot of great statistics. Are there others that you would like to share with us about the... some of these other diseases, the, uh, measles, pertussis, mumps, o- other diseases that we need to hone in on for people to understand the gravity of this if there were no vaccines?

Dr. Lord (22:08):

You know, one other disease, and, and I know a lot of docs will talk about polio.

Diane (22:11):

Hmm.

Dr. Lord (22:12):

A lot of docs will talk about measles. Um, I don't hear a lot of conversations regarding mumps. Um, and we... You know, pre-1967, we would have about 186 cases of mumps a year. Um, in 2023, we had about 436 cases reported.

Diane (22:32):

Big difference. (laughs)

Dr. Lord (22:32):

But-

Diane (22:32):

Huge difference. Wow.

Clay (22:32):

Yeah.

Dr. Lord (22:33):

... the reason, the reason I wanted to talk just a second about mumps, uh, uh, clearly, that's not a huge number of cases. Um, but one question I would get asked a lot during COVID as an OB/GYN is did the COVID vaccine or is the COVID vaccine gonna cause infertility?

Diane (22:54):

Mm-hmm.

Dr. Lord (22:54):

Um, and no, it does not cause infertility. Um, but... And I never was worried about it causing infertility. Um, but when we think about, um, infections that can cause, um, sterilization, mumps is one of those that would cause sterilization especially among men, young men. And so we don't have a lot of people having these conversations, but that's an example of a viral infection that wasn't too terribly bad. Um, but the long-term effect was sterilization among men. Um, so that again is one of those very preventable scenarios that we don't see anymore because everyone's gotten their vaccines.

Diane (23:42):

Would you like to talk just a little bit about polio-

Clay (23:44):

Yeah. Yeah.

Diane (23:45):

... 'cause we don't hear, obviously, polio is not a part of our lives anymore.

Clay (23:50):

Right.

Diane (23:50):

Thank goodness. Are there any other things that you would like to mention as far as polio and the stats that would be related to that disease, Doctor?

Dr. Lord (23:59):

When I think about polio, it may be something similar that comes up in your brains. I remember looking through the encyclopedias and seeing the kiddos on those big, um, lungs-

Diane (24:11):

Iron lungs. Yes.

Clay (24:12):

Mm-hmm. Mm-hmm.

Diane (24:12):

Yes.

Dr. Lord (24:12):

Those iron lungs.

Diane (24:14):

Yeah.

Clay (24:14):

Yup.

Dr. Lord (24:14):

And when I was small, I knew of a few older people in our community. Again, I grew up in Vernon Parish, so I grew up in a very rural community. And my grandmother and some of her sisters would talk about the different families who the kids became infected with polio.

Diane (24:32):

Mm-hmm.

Dr. Lord (24:33):

They were all terrified. Um, I knew of at least one person who had a shortened leg, one leg because of his polio infection as a child. And I remember thinking, "Gosh, that would have been just horrible." Um, and the parents really did not want their children leaving their homes during those, um, uh, times of those polio outbreaks. And, you know, for all of us, it's still a terrifying thought for us to think about one of us coming down with a, a virus that would end up causing, um, paralysis and, and potentially paralysis that would stop us from breathing.

Dr. Lord (25:17):

And when we think about during COVID how many people ended up on ventilators, uh, and when I say ventilators, I mean, breathing machines kind of like those iron lungs, but just the modern-day iron lung, we had a lot of people in our ICUs on ventilators from the COVID infections. And that same type of scenario would happen if we had a reemergence of polio. So, we're very lucky to have, um, you know, polio vaccines.

Dr. Lord (25:47):

We're very lucky that our children have been spared those, um, circumstances. And, um, it is one of those types of infections that the, the broader population doesn't really think about. And I don't even know if people in their 20s look at those pictures like we did- (laughs)

Clay (26:06):

Right. Mm-hmm.

Dr. Lord (26:06):

... when we were in our 20s.

Clay (26:07):

Yeah.

Dr. Lord (26:08):

But it's, it's impressive when you do.

Clay (26:10):

You know, obviously, there would be an impact on the elderly population and babies if there were no vaccines. But can you explain? Paint the picture of what that would be like for our youngest and most seasoned citizens, uh, here?

Dr. Lord (26:28):

Yes, because when we think about again the, the original question, if we stop vaccinating all of a sudden-

Clay (26:39):

Mm-hmm.

Dr. Lord (26:40):

... those of us, uh, like myself who've gotten every recommended vaccine for a person up until the age of 50, my entire life, I've been on those, those regimens. And, and to my knowledge, we never deviated from the kids in my family getting their vaccinations.

Diane (26:56):

Right. Right.

Dr. Lord (26:57):

Um, but if, if, if we stopped vaccinations, those of us who already had our vaccines would go forward in time with some continued immune benefit from those vaccines. Um, and those younger generations who don't get their vaccines would, um, start to become the more vulnerable pop... vulnerable population. But even if they're healthy and they do fine, the other problem becomes they will get infections, become sick or not, but then still have that ability to pass it on to other people in our society including those that are mol... more vulnerable.

Dr. Lord (27:44):

So those, um, kiddos with other illnesses like cancers or immune problems or our family members who are much older who, yes, those older people got vaccines but maybe that their immunity is, way... waxing and waning as well. And they become more susceptible to pneumonias. Those younger age groups that bring home those infections also start to become the source in our community for this rapidly emerging type of infectious problem. Um, again similar to what we saw during COVID too.

Dr. Lord (28:19):

So, um, it's, it's terrifying to think about that. Um, and sometimes, we really describe that as kind of a herd immunity. But in, in that-

Diane (28:31):

Right. We've heard so much about that. Yes. Yeah.

Dr. Lord (28:34):

Yes, ma'am.

Diane (28:34):

Mm-hmm.

Dr. Lord (28:35):

But when we think about herd immunity kind of like when we talked about it during COVID, it sometimes takes a large number of people to become incredibly ill or a large number of people to die before our herd immunity, um, takes over and, and offers a level of protection. And that's really where, you know, vaccine give us that huge advantage, um, with modern day science and technology so that we don't have to wait for that community... herd immunity to develop before so many people die.

Diane (29:11):

So, to this point, we've been talking, Dr. Lord, mainly about, obviously, about the health risk, what the ramifications if we stop vaccinating another. I, I think that sometimes people don't consider. That would be the major economic impact-

Clay (29:30):

Yeah. Yeah.

Diane (29:30):

... from disease outbreaks, and we saw some of this during COVID.

Clay (29:34):

During COVID. That's right.

Diane (29:35):

And so let... Would you mind talking a little bit about that because that's right, (laughs) that's right up at the top too-

Clay (29:41):

Great question.

Diane (29:42):

... of the illness and what would happen to our, you know, to our society.

Clay (29:47):

Mm-hmm.

Dr. Lord (29:48):

It i... It... Yes. And, um, like, like I kind of alluded to earlier, there are so many families now who if within that household there are, are, um, two adults, um, many families have two adults out in the workforce. And so again when people at the house, at the home i... within the home get sick, someone has to stay home with them. Um, so, um, if my, uh, partner gets sick, then, um, I will stay home with him because he's sick, right? If we have kiddos that get sick, then somebody's got to stay home with them. And so that snowball effect, like you mentioned earlier, starts to, um, o- occur. And, um, just like in COVID, we may see with rapidly emerging very contagious illnesses, the desire from... even from public health standpoint to try to control those illnesses because we haven't vaccinated our folks.

Dr. Lord (30:57):

And so, the control of those illnesses sometimes means that we have to start shutting down very large public spaces. And we don't want to do that, you know. Um, but schools and, and lots of us missed gathering, um, across our communities during COVID, but we couldn't gather because we had this emerging communicable, um, new virus with, with no medicines. And so, um, that snowball effect just starts to happen. And, and that happened with COVID. And everyone hates to talk about COVID right now. Like no one wants (laughs) to talk about COVID.

Dr. Lord (31:34):

But the take-home message today is that, that exact same scenario can happen with other viruses or other illnesses that we haven't had to worry about for decades, but that could potentially happen in other scenarios depending on the virus and depending on how contagious it could be. And so again, if we don't wanna be in that scenario and we have the ability to prevent it with vaccines, then it's just a no-brainer. We should-

Clay (32:01):

Yeah.

Dr. Lord (32:01):

... prevent it with vaccines.

Diane (32:03):

Mm-hmm. And, you know, there are so many things that we get just because we get them, and it happens in our lives, in our physical makeup, our bodies or, you know, our, our family history. But if there's something that we can do to prevent an illness to keep us-

Clay (32:19):

Mm-hmm.

Diane (32:19):

... safe, to keep us healthy, let's do it. So many other things out there, Doctor, just happen. But if we have the ability to be healthy, to be safe, to be a good community member, you know, because this is about other people too, we need to do this for ourselves and for our families and communities.

Clay (32:36):

You're right. And, you know, with, with COVID, COVID was one thing. But there are multiple other things that we are vacci... uh, getting vaccinated for at one time. And, you know, my esteemed colleague here for many years helped people prepare for what was going to happen in their day the day before doing weather.

Diane (32:55):

Mm-hmm.

Clay (32:55):

And people tuned in because you wanted to know it's similar-

Diane (32:59):

Yeah.

Clay (32:59):

... with your own personal health. If someone is forecasting what could happen to you-

Diane (33:02):

Exactly.

Clay (33:04):

... if you don't-

Diane (33:04):

Oh, good analogy.

Clay (33:04):

... then, you, you take the precautions to do so.

Diane (33:05):

Mm-hmm.

Clay (33:05):

So obviously, if there were no vaccinations, the life expectancy of humans would drop. But how drastically would that dr... Uh, how drastic, rather, would that drop be?

Dr. Lord (33:18):

Goodness, none of us, 50 and up, wanna think about that, right? (laughing)

Diane (33:22):

Thank you for saying that. I appreciate it. Yes. (laughs)

Dr. Lord (33:29):

Um, um, that, you know, that really hits home because during my lifetime, we have had... We have been fortunate to have a, a, a community that really respected vaccinations, um, older people, um, in my family making sure we all went and got our vaccines. And only now can I really understand that they were in... they were protecting themselves too by making sure everybody got vaccinated under them. So, you're right, the introduction of vaccines has been a major contributing factor to the increase in life expectancy today by preventing thousands of deaths from preventable diseases every year. So, it is reasonable to assume that we would see an eventual decline in life expectancy. The CDC does estimate that the average life expectancy in the US is about 77 years of age-

Clay (34:27):

Mm-hmm.

Dr. Lord (34:28):

... as of 2022. Um, in the early 1900s, when we, uh, looked at, um, estimated life expectancy, it was between 50 and 54. So, you know, I should be like starting to dig my grave, right? (laughs)

Diane (34:44):

(laughs) Oh, we don't wanna go there.

Dr. Lord (34:45):

But-

Diane (34:45):

No, no, no, no. (laughs)

Dr. Lord (34:48):

(laughs) But, you know, in 1918, during the influenza, um, outbreak, um, that life expectancy dropped down to 39 years of age.

Diane (34:57):

Oh, my gosh.

Clay (34:57):

Wow.

Diane (34:57):

Oh.

Dr. Lord (34:58):

And that's, uh, incredible. And, and so those of us who's stu... I, I studied microbiology down at LSU and spent quite a few classes in, in the virology realm. And so when COVID was emerging, that was the reason that many of us were awfully concerned about in general, our population and our older population and how many people was that gonna take out because of the data we had from that 1918, um, influenza pandemic. So can be quite, quite alarming when you think about that.

Diane (35:34):

Dr. Lord, we have had an amazing 30, 35 minutes today.

Clay (35:38):

Absolutely.

Diane (35:39):

We so appreciate your insight. Before we wrap up this episode of our podcast, off the top of your head, is there anything that we did not cover that you think is critical to leave as kind of a parting note for our listeners today? We just wanna give you this last opportunity if there's something that we didn't cover, and there could be. But you're the expert. You let us know if there's something that, that you would, uh, that you would like to, to mention before we close out today.

Dr. Lord (36:09):

Thank you. And yes, I actually would. As an OB/GYN, I would be remiss in not, uh, talking about we've spent a great deal of, of time talking about vaccinations against viruses which are germs that cause, uh, infection, contagious infection. Um, we have vir... We have, uh, vaccines to treat some bacterial types of infections, but we understand now also how some viruses can cause cancers. And we now have some vaccines that can prevent certain kind of cancers. And I'm really talking about a virus called the human papillomavirus that causes mouth and throat cancers in men and women, but also, uh, cancers of our genitals in men and women.

Dr. Lord (36:59):

And so, if we are ever in a circumstance where other cancers could preve... be prevented with vaccines, then people would likely take that vaccine to try to prevent cancer. And so, I am extremely happy to be living in modern day, um, America where we have vaccines like the ones against HPV that can truly prevent cancers in our next generations. And I'm hoping people will, uh, trust the science and trust doctors and trust, trust our public health communities that are really trying to point out that we're here to save lives just like, like seat belts. And we're here to prevent infections just like washing our hands. And so, if there's anything I can do to help, you all reach out, and I'll be glad to come o... back on board anytime.

Clay (37:52):

Just amazing information, (laughs) but it really is like a, a science fiction-

Diane (37:57):

Mm-hmm.

Clay (37:57):

... kind of movie reality to think what if there were no vaccinations-

Diane (38:00):

Oh my gosh.

Clay (38:00):

... everything from the rampant sicknesses to the shortened life expectancy of people. I, I just... Listen, uh, le... Here's hoping we never ever have (laughs) to experience that reality.

Diane (38:12):

Amen to that, Clay. Wow.

Clay (38:13):

Well, Doc, we really appreciate the time. It's been quite informative and very eye-opening to chat with you. Uh, we wanna thank all of our listeners as well for joining us. And we hope you learned some beneficial information. I (laughs) certainly did. For more great conversations, listen to Vax Matters wherever you get your podcasts, or visit immunizations.la.gov.