August 26, 202

Few are more pro-vaccine than I, not just words, but actions. I have presented written arguments supporting mandates on international ethical grounds to the public, UH Maui, as well as to the Pono Coalition. I am not and have never been anti-vaccine. Not only am I and my family vaccinated but I have overseen the administration of tens of thousands of shots on Maui.

I entered into the Pono Coalition as “co-founder”, yes. To clarify, it was created so that 2 sides could have a public forum for conversation. My side represented medical science and informed consent (for getting a vaccine, testing, other interventions) and the other side of the group represented by Dr Travis, a spectrum of concerns and arguments. We agreed to listen to each other in a civil way, asking those with more inflammatory conduct to take a back seat. Then other doctors from Maui and the mainland participated.

I am now criticized about my perceived position on ivermectin, some saying that it was anti-vaccine and dangerous. Let me be clear:

Standard therapies (in this case, oxygen, steroids, monoclonal antibodies) should be used for COVID. Ivermectin and hydroxychloroquine are medications approved for other diseases. There are clinical trials evaluating the use of these medications for COVID. I agree with the FDA that Hydroxychloroquine or Ivermectin could of course prove harmful.

As vaccine breakthroughs occur we need to be prepared to treat early and late stages of illness. I don’t see how early treatment alternatives affect vaccine acceptance rates, when one has to at least pass through a rapid, sensitive diagnostic tests to get to early treatment. I mentioned this in the Pono Coalition webinar. I also made valuable contributions to our public discussions, listened to the vaccine-hesitant arguments and explained why those arguments might at first seem correct, but were wrong. For example:

1. The media has been misleading to report so many vaccine breakthroughs without pointing out why this does not equate with a loss of vaccine efficacy. I convinced the group that this conclusion is wrong. And how to quantitatively calculate efficacy beyond rates of breakthroughs. Others might simply say that the vaccine is still good enough but at the same time talk about preparing for boosters. This important methods to actually calculate efficacy is important with the following points as well.

2. When only severe patients are studied, we might see harmful effects of immunity (steroids might be considered here). This does not detract from the value of vaccines in preventing the vast majority from even getting to a serious stage at all.

3. Some analysis of the vaccine might appear to be harmful, but we need to adjust by age and comorbidities which have their own impact on death by COVID.

4. For now vaccines are 90% effective even against Delta to prevent severe illness and death.

5. I have advocated repeatedly to update informed consent, at the very least, in light of variants, long-Covid, breakthroughs and what we now know of side effects. This has to be a joint effort, and delay means vaccine hesitancy, and lack of information and confidence in action. Preferably written updated information, but if not, at least be able to answer oral questions from the public.

In good faith, I have tried to educate all parties to the above points where the data might at first seem against vaccinations. These types of issues raised in any public format are not frivolous, but deserve to be taken as real concerns. There is a new report of a very bad variant emerging from Vietnam with very high viral levels in breakthroughs cases. I have already given a written response to the PONO Coalition to assess the data along the points outlined above.

Maybe new concerns will be raised by the public as we slog through this pandemic – others should step up to explain, not just dictate, why some policies should be followed.

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