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My husband had a stroke after his COVID vaccine. We gave our kid his shot anyway

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COVID vaccines are saving lives and helping communities to reopen.

Chandan Khanna/AFP / Getty Images

A few days after receiving his second COVID vaccination, my husband woke up seeing double. He’d been feeling unwell, but this new symptom seemed odd.

Should we come in to urgent care, we asked our doctor. No, the emergency room, we were told. Twelve hours later, a brain MRI showed a tiny white spot. My otherwise healthy 45-year-old husband had had a small stroke.

Even after what one doctor called “a million-dollar workup,” no one can figure out what happened. The hunt for some underlying condition turned up nothing. The vaccine he got hasn’t been associated with stroke.

Maybe we should report it to the Vaccine Adverse Event Reporting System, the database that tracks events possibly related to vaccines, I said. The hospital care team shifted uncomfortably.

As a health policy professor who works on vaccination issues, I knew why: Anti-vaccination groups are combing those reports looking for tidbits to support their claims that the vaccines are unsafe. They’re wildly misconstruing the data, leaping to unfounded conclusions about causality — and the Tucker Carlsons of the world are helping them.

Still, I worship in the church of data. The report went in.

A harder decision lay ahead. The same day my husband checked into the hospital, the vaccine was recommended for my son’s age group — and he was eager to get it.

A year of Zoom school, canceled vacations, and staring at his aquarium instead of playing with friends had made him uncharacteristically excited at the prospect of a needle jab.

But even though I’m a vaccine proponent, the thought of putting this thin, pale boy at the front of the line was unnerving.

The scientist in me knew I should be hesitant to surrender to my hesitancy. I had just finished teaching a class on biases in risk assessment, discussing research on how humans tend to err in sizing up risks and making decisions. People give too much weight to rare risks that happen to be top of mind because we’ve just heard a news story about them or we know someone they happened to.

We’re also prone to omission bias, or higher tolerance for risks arising from inaction than for those arising from affirmative acts. And then there’s hindsight bias — the tendency to see things differently from the rearview mirror, believing past events were more predictable than they really were. My husband pushed the mirror aside and said he’d still make the same decision if he had to do it over. For me, it was hard to look away.
I also knew estimates of vaccine risks represent average risks in the population. What if our family wasn’t average?

A vaccine expert and two other doctors told me they couldn’t imagine how our genes might elevate risk for our son. It would be reasonable to go ahead, they said. But it would also be reasonable to wait. More data on teens would be coming as the first wave of them got vaccinated. But as far as we know, the doctors said, the risk your son faces from COVID is higher than the risk from the vaccine.

That did it.

A decision not to vaccinate isn’t a mere omission; it’s an affirmative choice not to protect my son
against the thing that’s more likely to hurt him.

As my husband recovered at home, my son stuck his arm out a car window and got his jab. I slept on the ground beside him for the next two nights, letting the embers of my maternal worry burn out.

His arm was sore. My back was sore. That was it.

A month later, he just had his first indoor playdate, and I’m reveling in the special sweetness of not having to say no to my child. Now it’s yes to friends, yes to sports, yes to our beloved science museum.

We’ll probably never know why my husband had a stroke. We can only make the best decisions we can with the information we have. That means focusing our worrying where it can do the most good and giving our children their ticket out of the pandemic.

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