

A Special Interview with Barbara Loe Fisher

By Dr. Mercola

DM: Dr. Joseph Mercola
BF: Barbara Loe Fisher

Introduction:

DM: Welcome everyone. This is Dr. Mercola. Today, I am joined with Barbara Loe Fisher who is the co-founder and president of the National Vaccine Information Center. She served as a pioneer for the last 30 years in vaccine safety and informed consent.

Today, we are here to discuss the recently released Institute of Medicine's report on eight vaccines currently being used for children and adults. Welcome Barbara.

BF: Thank you.

DM: Before you start can you tell us the description of the Institute of Medicine for those who are not familiar with it.

BF: The Institute of Medicine is part of the National Academy of Sciences. They have been around for over a hundred years. What they do is they issue analyses of health policies and scientific issues usually to advise the government. They are funded by not only the government but also by pharmaceutical companies, by independent philanthropic organizations and individuals. They are a very prestigious scientific body in the world.

They have in the last three decades taken a look several times at the issue of vaccine safety. They came out with their first reports in 1991 and 1994. They have done some reports on the last decade but this recent report that they issued in August of 2011 is a very significant report that I don't think a lot of people understand really what's in there.

DM: Most of us weren't even aware that the report was released let alone have the time to review 600 pages. Can you summarize the highlights of this report for us and its significance and its impact and implications?

BF: First of all there were eight vaccines that this special physician committee that was put in place by the Institute of Medicine took a look at. They took three years to look at over a thousand studies. They did not include studies that were funded by the pharmaceutical industry interestingly. Some of the studies were funded by government agencies independently.

The eight vaccines that they took a look at were hepatitis A-hepatitis B; diphtheria, tetanus and acellular pertussis which is known as DTaP or Tdap vaccines; measles, mumps and rubella vaccine; Varicella zoster which is also known as chickenpox

vaccine; meningococcal vaccine; pneumococcal vaccine; HPV vaccine and influenza vaccine. So eight vaccines.

What the committee did was they looked at not just epidemiological research which is large studies comparing different groups of people against each other. They also looked at the bench science, the biological mechanism work where you look at the cells and the molecules. You get out your microscope and you actually try to ascertain what's happening in the body when vaccines are given.

This is very important because a lot of the studies that the CDC relies on as evidence that vaccines don't cause any problems are epidemiological studies. This report is important because they looked at both kinds of science.

The most shocking conclusion of this report is that for more than a hundred bad health outcomes that have been reported after these eight vaccines have been given to people, they could not come to a conclusion whether or not those vaccines did or did not cause those adverse events.

We're talking about very serious health problems; multiple sclerosis, rheumatoid arthritis, lupus, autism, encephalitis also known as brain inflammation, encephalopathy involving permanent brain damage. There are so many. There is a huge list of really serious health outcomes that they could not make a determination either way.

The reason they couldn't is either there were no studies in the literature, there were too few studies or the studies that were there were methodologically unsound or they were conflicting. In other words there was evidence for and evidence against.

What I call this category is the 'we don't know' category. When you think about it these vaccines are mandated for children and yet in most instances the scientific evidence is so poor they don't know.

DM: I would just like to emphasize that the Institute of Medicine as you mentioned is one of the most prestigious scientific bodies in the world funded by the United States government and even the pharmaceutical companies. The conclusion of these prestigious researchers when they objectively analyzed the evidence is they don't know. This is August 2011. The most current update findings on these vaccines.

BF: Yes. When the report came out there were a lot of organizations like the American Academy of Pediatrics that came forth and said, "They didn't find causation that the vaccines caused very many health problems. So vaccines are safe." That's not what that report said at all. I think people need to understand the significance of it.

I think in this instance the Institute of Medicine was intellectually honest. I would argue with some of the conclusions. I think there was evidence in some instances to conclude that there is a causal relationship. But the category of 'we don't know' is a very important category as I said.

The other thing that I think is important about this report and I'll quote from the report. They talked about individual susceptibility. That is that some people are more susceptible for biological reasons and genetic reasons to having an adverse event after a vaccination. What they said is both epidemiologic and mechanistic research suggests that most individuals who experience an adverse reaction to vaccines have a preexisting susceptibility. But you know what they said after that?

DM: No.

BF: That in most cases they don't know what those individual susceptibilities are.

They have taken a look and listed some that they believe are important. They think things like genetic variation and that is that we're not all the same genetically. It doesn't mean that we're defective genetically if we have a reaction after a vaccine but we just have different kinds of genes from other people that make us more susceptible – the age that a person is when they get vaccinated, babies potentially reacting differently or children than adults.

DM: Typically more likely to have an adverse reaction because of their immature immune system.

BF: For example febrile seizures. They did find that there was an association between febrile seizures and MMR vaccine and it was the age of the child because children are more susceptible to febrile convulsions. So age, genetic variation, coinciding illness, in other words other illnesses that somebody may have at the time of vaccination may be important. They also suggested environmental factors. That was a big category.

But what they admitted which I think was so important and intellectually honest of them is that they do not know all of the factors, the high risk biological and genetic factors that placed some people at higher risk than others for having a vaccine reaction. This is a very important statement by a scientific body.

DM: Interesting. Earlier this year I interviewed a Russian neurologist by the name of Dr. Natasha Campbell-McBride who had a son who was born with autism. She was trained in Russia and actually has a practice now in the United Kingdom where she exclusively treats autistic children.

Obviously, she was highly motivated to find a solution for her child. Her research led her to the conclusion that there was a risk factor to one of these environmental variables that might have contributed to autism and predisposed, you know, basically had her child at a higher risk of having an adverse reaction from the vaccine of the gut flora.

It was her theory that women who are given birth control pills or given antibiotics or have high amounts of sugar have this imbalance in their gut flora and actually transfer

this imbalance to their child when they are born. They have a dysfunctional or dysbiosis that puts them at a relatively high risk.

The interesting component of this is that you can actually screen for this. You can identify these children before they get a vaccine. It's not only a screenable risk factor but it's one that modifiable unlike genetics of course and biochemistry which really for the most part are not going to change.

It's an interesting component that parents who maybe sensitive to this issue that we're discussing may want to search and find that there is something that they can do proactively, preventively to lower their risk that is clearly acknowledged in the Institute of Medicine report but yet not defined.

BF: Right. I look at my own son – when I was reading this report I thought about my own son and the risk factors he had. He had just come off a round of antibiotics before he got that fourth shot. He still had traces of diarrhea. Now whether that was because three weeks earlier he had a bout with the flu like a 48 hour bout with a flu – they gave the antibiotics for everything back in the...

DM: In some states they still do.

BF: Was he having a little bit of diarrhea because he hadn't completely recovered from the viral or bacterial illness?

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Or was the antibiotic involved in the diarrhea? But my son also had had a very severe local reaction to his third DPT shot, a hard red hot lump that came up that stayed there for weeks. That wasn't recognized as a potential hypersensitive reaction that he had that might make it more dangerous for him to get more pertussis vaccine.

In fact in Britain in 1980, a very large hard lump at the site of the injection was a contraindication for the pertussis vaccine but not in this country. So that was ignored. The fact he still had traces of diarrhea was ignored. The fact that he came from a family with a history of autoimmunity and allergy was ignored. He had a severe milk allergy.

So he had risk factors that day that were not taken into account and they went ahead and gave him the fourth DPT, within four hours a convulsion, collapse, shock and state of unconsciousness and a brain inflammation within four hours of his fourth DPT shot. I was really very happy to see this acknowledgment in this Institute of Medicine report. They even talked about a previous vaccine reaction potentially putting someone at a higher risk.

They talked about the issue re-challenge which is you give something to somebody whether it's a medication or a vaccine. You have a reaction, you give it again, you have the same reaction or a worse reaction. That is evidence for a causal association in that

person. Certainly when we look at the compensation program, the 1986 National Childhood Vaccine Injury Act that setup a compensation program injured children if you look at those cases that have been awarded, often you have reactions that have occurred prior to the reaction that actually hurt the child permanently.

DM: Like even the staunchest proponents of vaccines would not deny that in some cases people are injured from these vaccines. In fact there is the VAERS database – the Vaccine Adverse...

BF: Vaccine Adverse Event Reporting System.

DM: Vaccine Adverse Events Reporting System that is freely accessible. Actually, you have an interface on your site NVIC.org where you can do that. There is a documented objective evidence for individuals suffering, sometimes pretty severely or fatally, from an adverse reaction to a vaccine.

So it's really surprising from this report even though they acknowledged these environmental factors. There is no effort being invested in identifying these predisposing risk factors so that vaccines could be administered more safely which is the really the bulk of your organization. It's vaccine safety. So why aren't they doing this? What is the reason that they wouldn't invest time, effort, and energy to save children's lives rather than throwing them on a bus for the better good of society as they would position it?

BF: We've been begging them for 30 years to do the studies to identify high risk children so that they can be screened out. For those who want to vaccinate that they could be screened out of the program because this is not a very – I don't think an ethical policy. When you know there is individual susceptibility and you're not doing everything you can to identify those individuals.

I'll just point out one vaccine. I'll look at acellular pertussis vaccine. This is the less reactive vaccine. It is less reactive than the whole cell pertussis vaccine but let's take a look at the 'don't know' category. We don't know.

Encephalitis encephalopathy, I think that category should actually be causation because there had been a number of awards in the Federal Vaccine Injury Compensation program for acellular pertussis vaccine induced encephalopathy because the pertussis toxin is still in that vaccine although it's less bioactive. Pertussis toxin is one of the most lethal toxins known. It has been implicated in encephalopathic reactions to DPT and DTap vaccine.

What do we have here? We have acute disseminated encephalomyelitis. I don't know. That is a severe form of encephalomyelitis that causes brain inflammation. You have transverse myelitis, again brain inflammation. Infantile spasms, a very serious type of seizure disorder that has catastrophic mental retardation associated with it. You have

seizures. Guess what's here? Autism. The jury is still out on autism and acellular DTaP vaccine or Tdap vaccine.

DM: The safer form of pertussis.

BF: Right.

DM: Do they even give the whole cell vaccine?

BF: Not in the United States anymore. We do not give DPT which is the whole cell pertussis vaccine but in other parts of the world they still do.

Look at the sudden infant death syndrome. The jury is still out on sudden infant death syndrome and DTaP. Guillain-Barre syndrome, Bell's palsy, onset or relapse of multiple sclerosis in adults, relapse of multiple sclerosis in children, immune thrombocytopenia purpura which is a bleeding disorder – you can actually bleed to death from this ITP – fibromyalgia, myocarditis, serum sickness. I can go on and on in the category of 'we don't know.'

I think another thing that was really interesting with this report is they have a section on evaluation biological mechanisms of adverse events and they talked about autism. What they say is there is a growing literature describing inflammatory changes in the autopsied brains in at least a portion of patients with autistic disorders. The etiology of most cases of autism spectrum disorders is still not understood.

That is a major admission that science still does not understand totally what trigger autism. Clearly, there are genetic factors. Some children appear to be displaying autism from birth. There are children who have never been vaccinated who have autism. But many, many children display a regressive autism. They develop normally and then they start to regress into autism. Many parents are saying that my child was healthy, got vaccinated, and then regressed into autism.

When they autopsied the brains of autistic individuals that they show inflammatory changes in the autopsied brain we know vaccines can cause inflammation of the brain. The Institute of Medicine in 1994 acknowledged that the whole cell DPT vaccine can cause a neurologic illness, an inflammation of the brain, an encephalopathy within seven days of vaccination in previously healthy children. They confirmed that.

So why is it so impossible to suggest that vaccines that can cause brain inflammation? And most vaccines can starting with smallpox vaccine and rabies vaccine. They were notorious for causing brain inflammation in some people. Why is this so impossible to think that if you can cause brain inflammation with a pharmaceutical product like a vaccine that one of the outcomes would not be in some people autistic behaviors? I think it's illogical to suggest that it would never occur.

I think that this is very important that autism is still on the table with regard to vaccination. They are not saying it causes it. They are saying we still need to look.

DM: Even if it isn't autism there are certainly enough other conditions and serious adverse effects that one should be concerned. It's really surprising – but maybe not so surprising. I think it's important to let people know that it's really the way that many will position this report. As you mentioned earlier, they are positioning – especially the American Academy of Pediatrics is positioning this report as conclusive scientific proof that there is no cause when nothing could be further from the truth. It's actually a deception, a manipulation of the report.

BF: It absolutely is a spin and a manipulation of this very important report. This report is I think a landmark report by the Institute of Medicine. I think it's a wake up call to science and to physicians who give vaccines.

Every physician who gives a vaccine should read this 600-page report. That it is their responsibility to do that because this is the latest report on the science of vaccination, what's in the published literature. When they read the section on individual susceptibility and they read what the scientists don't yet know about causation was so many serious events; everything from lupus to myocarditis, serum sickness – I mean there is so much here – multiple sclerosis.

They really need to take it seriously because if a patient that they vaccinate whether it's an adult or a child

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has a deterioration in health after a vaccination they gave that person and develops a chronic disability or immune system disorder or brain disorder, they need to not blow that off and say that's just a coincidence. They need to take it seriously and they need to make a report to the Vaccine Adverse Event Reporting System not to the manufacturer who we know doesn't give the CDC and FDA the proper information for them to follow up.

You need to report to the government. And you need to not give that person another vaccination unless you know for sure that that health problem was not caused by the vaccine. And guess what? Science says in all these categories they don't know. So the precautionary principle of first do no harm, that has got to be responsibility of every physician giving a vaccine.

DM: I couldn't agree more. The practical reality however is that most physicians like many of us of course are overwhelmed and are not going to have time to read a 600-page report. So it's unlikely. Even though it's a great recommendation that any physician who is administering a vaccine should if they are seeking to fulfill or discharge their responsibilities professionally should review this report prior to administering the vaccine so they could come to a professional conclusion.

What I have noticed that there are certainly physicians who disagree with the conventional recommendations for vaccinations. It's been my experience that most of these physicians, myself included reached their position – I would encourage because everyone watching, most people watching this are not physicians or healthcare professionals but there are people who are actively seeking these individuals as consultants.

So most of the physicians who have taken the counter position actually got there through one of their patients who they believe and trust – respect I think might be the best term – continually encourage them to evaluate this. To look at this issue more carefully and they did. When they looked at it objectively they were surprised that their conclusions were counter to what the conventional thinking on this was.

I think that is something that I would encourage anyone watching this – and many can do. If you're in a relationship with a physician, a pediatrician, or a family physician who is administering vaccines to encourage them kindly because if they have a number of individuals in their practice who would encourage them they may actually read the report. That's a step in the right direction.

Additionally, what you can do as a concerned parent if you read the report or read the other information that's freely available on our site or on your site or examine the VAERS database and you believe that this is something that at least for the specific set of vaccines or vaccine that you don't want for yourself or your child...

So if you do your independent analysis and you reached a conclusion, you are convinced that the vaccines are not something appropriate for you or your children then the practical option that's available for most people is really the religious exemption which is a non-medical exemption because medical exemptions are really hard. We had discussed this aspect in a previous interview.

I would encourage anyone who is compelled to exercise their freedom of choice in this area to really listen to that video and watch it very carefully. I've never heard a better description of how to engage in the process and successfully come out on the other side with a valid exemption that would stand up to all but the most severe scrutiny. It most likely would have to be overturned by some legal actions. That's a practical recommendation because I always like to keep it practical.

This is great and we can theorize and point fingers and say why are they doing this? But ultimately, we want to engage people in behaviors that's going to really maximize their ability to take control of their health rather than feel helpless. If they are convinced that these vaccines are something they don't want for their family or themselves then we would like to provide them with tools so they can exercise that freedom of choice.

BF: And 18 states have the personal philosophical or conscientious belief exemption and my organization, the National Vaccine Information Center believes that the

conscientious belief exemption should be in every single state. So that the states have a medical, a religious and a conscientious belief exemption that can be exercised freely so that doctors are able in their own professional opinion to write a medical exemption without being hammered by a public health official or somebody else telling them...

DM: Or their medical board.

BF: Or the medical board telling you can't give that exemption because it does not conform strictly to the very narrow CDC and American Academy of Pediatrics guidelines for what constitutes a medical contraindication. I think this is very important.

I think if we had in our laws the wider medical, a religious and conscientious belief exemption that could not be questioned by anyone that we would have the closest we could come to informed consent to vaccination in our country.

DM: Of course this is something clearly the vaccine lobbyists and pro vaccine groups are opposed to because it would violate one of their basic tenets which is this herd immunity. In an effort to achieve herd immunity their goal is immunize virtually everyone. We'll talk about that in a different video or we do talk about it.

I'm wondering if you could just comment briefly and then you can go into the other one of your organization's efforts to facilitate the conscientious belief exemption in other states because there is 18 currently. Are there efforts underway to pass this legislation to other states or do you believe that the vaccine lobbyists are so powerful that it's going to prevent that from being...

BF: They are very powerful. The medical-pharma lobby is extremely powerful and public health lobby. But in the states through our vaccine advocacy portal that you can go on to NVIC.org and immediately access and become a user.

What we're trying to do in a number of states is work with legislators who want to initiate conscientious belief exemption legislation that will protect their religious exemption. It's difficult because depending upon the state, you have for example a state like New Jersey, a big pharma influence in New Jersey. It's difficult. But we have been trying for 20 years, we have been holding the line on the religious and trying to get a conscientious belief exemption.

It took basically over a hundred years to get to the situation that we are in this country where we have very few choices when it comes to vaccination. The medical-pharma lobby has become so influential in politics that you have these laws being passed for vaccine mandates at the state level.

Citizens are just going to have to rise up, get involved, make democracy work and take back their freedom to make these very important vaccination decisions because in the 21st century the reality is there is no liability in the civil courts for vaccine injuries and

deaths on the part of the pharmaceutical industry or anybody giving a vaccine in this country.

We are the ones that are left with the consequences when a vaccine goes wrong for ourselves or our children. No one else is liable or accountable. So we have got to take back the right to make vaccine choices because it's the only leverage we have on the system for doctors to truly adhere to the informed consent ethic, for vaccine manufacturers to make vaccines safer and more effective.

Because to me vaccines should fault free in the marketplace like any other product. Those products that the people want that they believe are safe, necessary and effective, they will buy and use but when you have government forcing people to use a product that carries a risk of injury or death and nobody has any accountability in terms of informing you of what those risks are or finding out what those risks are and what makes you potentially at higher risk than another person for having a vaccine reaction that could lead to your injury or death.

This is not the way that we should be practicing medicine or making public health policy. The people have the ability with the leverage they can exercise by using exemptions if they believe that they are at risk but if we can't have the exemptions we're not free.

DM: Agree. Ideally it's a free market scenario but it clearly isn't in this case even when there isn't a forced compulsory component like in many cases flu vaccines. When you examine what the public is doing, we have only one out of three people who are freely choosing and some of those aren't because they are mandated under his or her health professionals and they are required to receive that immunization as a result of their occupation or working for a hospital or such. But only one out of three. Two out of three are choosing not to have the vaccine because they know in their personal experience that it's not been proven or they have had it and they have had adverse reactions or it has not worked. That would be the ideal case and that's something we are working toward but it's a big challenge to overcome this political lobby efforts that they (indiscernible 29:43).

BF: It's a very big challenge. It's going to take a lot of work to insert this conscientious belief exemption in every state and to protect it in the states that it's being threatened. In California, I am very worried. They have a personal belief exemption, a medical exemption and no religious exemption.

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If that personal belief exemption is taken away in California, you'll only have medical and medical is almost impossible to get. California better wake up.

DM: It goes from one of the best states in the country at least from a vaccine freedom perspective to one of the worst, maybe the worst.

BF: Washington State has had a conscientious belief exemption for many, many years. We were unable to beat back. Last year the pharma-medical lobby and what they did was they made the physicians and vaccine providers the gatekeeper for the religious exemption and personal belief exemption.

Now in Washington State, you have to get the signature of a doctor or a designated healthcare provider in order to get a religious or personal belief exemption. That is the first time that has ever been done. We only found out about the bill like around three or four weeks before.

The train had already moved down the track but we are trying to get people in every state, citizen activists if you will to keep an eye on the legislation that is moving through the states so that we'll have an advanced notice and we can immediately go in and try to educate the legislators of why it's a bad idea to make physicians the gatekeepers for a non-medical exemption.

DM: That makes no sense. It makes absolutely no sense. Other than the sense from the perspective from the drug companies it is a great way to limit the people's ability to exercise their freedom of choice.

BF: That's right. It's kind of pathetic really that little non-profit organizations like NVIC have got to be the ones to try to come up against this huge corporate government sort of alliance that is steamrolling through state legislatures and taking away the freedom of the people to make informed voluntary decisions about vaccination.

DM: It's a saddening sickening incestuous collusion between government and industry that has resulted in this state of affairs that we have now. You have developed this vaccine advocacy portal so if someone feels compelled or motivated to participate in the process of maintaining their health liberties and freedoms in this area, can you describe the process of how they would participate through your vaccine portal.

BF: It's an interactive online portal that allows you to go in and become in your state a part of a network of people in your state that are trying to protect vaccine exemptions. What you'll get is action alerts real time. If legislations come in to your state that's threatening your exemptions, with one click of a mouse or on your iPhone, you can be in touch with your personal state legislator and register your complaint or your concern about this legislation whether you are supporting...

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