Why Vaccination Is Not the Solution to Ebola:
A Special Interview with Barbara Loe-Fisher

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola
BF: Barbara Loe-Fisher

DM: As we record this, we are in the middle of an Ebola concern. As a result of that, this is a marvelous opportunity to investigate and to look at the basics. This is Dr. Mercola, and I’m here, helping you take control of your health. I’m joined today by Barbara Loe-Fisher, who is the co-founder of the National Vaccine Information Center (NVIC), which is a non-profit organization designed to help educate people about both sides of the vaccine issue.

It’s interesting with Ebola that there’s one patient… It was diagnosed in one person who came from Africa, who died two weeks ago I think exactly as we’re filming this or recording this. He was able to transfer it to two nurses. And actually as we’re recording this, the nurses have actually been announced to be clear of the infection. No one else in the US currently has the infection of Ebola even though they had potential concerns about this spreading. But it doesn’t seem like anyone was infected or, well, that anyone contracted the full-blown disease in the US other than the person who imported it from Africa. That’s a good thing.

But the concern here is that this is going to be an opportunity for these multinational companies to say, “Listen, we have a concern here. There’s a fear. We can’t let these dangerous diseases go on. We don’t have a drug for it.” They’re going to develop vaccines for a number of reasons: largely because it’s more profitable from the perspective of developing it. But then also once it’s deployed and actually being used… When you develop a regular drug, there is a possibility that you’re going to kill people, and the people who die are going to sue you for damages. That’s certainly a liability.

But with the vaccine, that’s not the case. They can’t sue you. It’s impossible. It’s against the law. They’re indemnified by the government due to a legislation that was passed almost 30 years ago now. That’s an incentive for them to target these vaccines as an alternative to drugs. There’s this tremendous pressure to produce all these vaccines in the pipeline. And we’ve got them coming in spades – one for Ebola, human immunodeficiency virus (HIV), respiratory syncytial virus (RSV), enterovirus, West Nile, dengue, cholera, and multiple types of influenza.

There’s no better person alive who I believe is better qualified to address these concerns than Barbara Loe-Fisher. Welcome and thank you for joining us.

BF: Thank you.

DM: Can you comment on these vaccines in the pipeline?

BF: Well, I think before we look at the vaccines that are being developed, I’d like to look at – as you said, this is a teachable moment – the information that we have about how viruses and bacteria actually contribute to the healthy functioning of our bodies, which a lot of people don’t realize. We have a hundred trillion cells from microbes, viruses, and fungi that are in our body.
DM: There are a hundred trillion bacteria. But we’re just finding out that there are these bacteriophages or these viral components, and that for every bacteria, there are 10 of these. There are over a quadrillion, which is a thousand trillion.

BF: Right. They make up the microbiome. I think that a lot of people, because they don’t sit around studying viruses and the immune system, they don’t realize that viruses are different from bacteria. These live attenuated viral vaccines (LAV) that are using live viruses to try to, in essence, fool our immune systems into believing that we’ve come into contact with a real virus, so that we stimulate the antibody response that theoretically will protect us.

I don’t think they understand that these live viral vaccines actually when we get them, we shed live virus in our body fluids. Just like when we get a viral infection, we shed live virus. That’s how viral infections are transmitted. Because viruses, unlike bacteria, need a living host – a human, animal, or other living host – in order to multiply. What these viruses do is they try to disable the immune system and evade immune responses that we mounted.

Ebola is a perfect example. Ebola is a very efficient disabler of the innate (cellular) immune system as well as the humoral (learned) immune system. That’s why it’s such an efficient killer. There’s a 50 to 70 percent mortality rate right now with Ebola in Africa. Now, the several Americans, who contracted Ebola here after the man came from Liberia with Ebola, and came to Texas and infected people who tried to take care of him… The Americans who are being treated in hospitals with the ZMapp drug are doing well and have not died. But the people in Africa…

DM: They were just announced to be free of the viral infection actually. They’re serologically free.

BF: Yeah. It’s kind of interesting because Ebola virus has been detected up to 40 days post-symptoms. I think it’s safe to say that they’re saying they’re so quickly virus-free when that may not be completely true.

DM: Yeah. They took them out of isolation.

BF: Yeah. I know. But it’s been detected in semen for 40 days after. It’s one of the ways that they think that Ebola is transmitted. But the other thing that people don’t realize is that you can have a viral infection, and you can show no symptoms or only a few symptoms and you can still transmit the virus. There are so many things about viral infections and about these live attenuated viral vaccines that actually medical science has yet to understand fully. And it’s true also for the bacterial vaccines but very true for these live virus vaccines.

The very first vaccine, small pox vaccine, the vaccine that Dr. Edward Jenner developed, which is actually the variola virus… Jenner created a new virus. He created a hybrid cow-human virus when he created the small pox vaccine. Small pox is transmitted through your body fluids. If you come in contact with a skin of a person who has small pox, you can get small pox. The same thing when you get the small pox vaccine, a live attenuated small pox vaccine. You can come down with vaccinia virus (VACV or VV) strain infection and transmit it to other people. The same is true for polio and the live polio vaccine.

In the days before the vaccines in this country, almost many, many people got poliovirus infection. Most people didn’t show any symptom or only mild symptoms. Their bodies dealt with it and they were immune. During that time, they had an infection, whether they were symptomatic or asymptomatic, they could transmit it. There were a very tiny number of people, who went on to have complications from poliovirus infections, and of course, they became paralyzed or they died. But the majority of people got polio, went through the disease, became immune, and did not suffer from an injury.
The live polio vaccine, the Sabin vaccine, which followed the inactivated Salk vaccine, that was given orally in this country – and still is given around the world – contains live attenuated polioviruses. Those polioviruses, when you take that vaccine, you shed them in your body fluids. And I’m talking saliva, urine, and stool. Vaccine-stained viruses like disease viruses or infections can be found also sometimes in tears and vomits.

This is true for Ebola as well, the Ebola virus. Whether you have the viral infection or you get the live attenuated vaccine, you shed the virus in your body fluids and you are able to transmit the virus to other people who come in contact with your body fluids. I think this is a very important thing for people to understand.

The special report that I put together, which has almost I think about 250 references and which we’re releasing this week, talks about virus shedding and vaccine virus shedding; and raises questions about whether or not these scientists, public health officials, vaccine companies, these corporations that are producing vaccines worldwide, particularly live attenuated viral vaccines and using virus as vaccine vectors, whether they truly understand the impact that they are going to have on our genetic integrity, on the evolution of viruses, and that these viruses we’re being vaccinated are spread into the environment as well.

I mean, you look at Africa. Polio vaccines – vaccine campaigns with live oral polio vaccine has basically contaminated the water supply and the sewers with this live poliovirus. One of the reasons they’re having such a hard time eradicating polio with the use of live poliovirus is you have a circulation and sometimes a co-circulation of both wild-type polioviruses as well as vaccine-strain polioviruses. Viruses constantly mutate. We’re shedding viruses in the environment, and they’re mutating and recombining with each other.

If we’re going to continue to use live virus vaccines, and genetically engineer these viruses and use them as vectors, do we really understand the potential long-term price on human health and animal health. Do we understand it fully? I don’t think that we do. I think that the public needs to be aware that they need to become more educated and more involved in the kinds of policies that are being set and the kind of science that’s being done in our society and in societies around the world. Because the people who are making vaccines, who are creating vaccines, who are producing them, and who are profiting from them are not, in my opinion, doing a good enough job with the science and making sure that what they’re creating is not going to cause long-term health problems for humans.

DM: That really is a whole concern with vaccines to begin with. They give nothing more than lip service to safety. They do some in-house studies that are not relegated to independent, objective, third-parties that don’t have this massive conflict of interest. There’s really no aggressive effort to monitor for side effects. They’ve set up this Vaccine Adverse Event Reporting System (VAERS). But for every person who reports an adverse effect, there’s, what is it, a hundred that go unreported.

BF: Well, there’s gross underreporting of vaccine reactions, injuries, and deaths in this country to the Vaccine Adverse Event Reporting System, which is operated by the federal government, even though it’s a matter of law as of 1986, a federal law. Anyone who gives the vaccine is supposed to be monitoring people or the person they vaccinated and reporting to the federal government when an injury, death, or hospitalization occurs.

What’s happening is a lot of the providers of vaccines, the doctors, are determining that when something bad happens after vaccination in someone they vaccinated, it’s not the fault of the vaccine and that it’s
just a coincidence. You have less than 10 percent or perhaps less than one percent of all vaccine providers actually reporting to the Vaccine Adverse Event Reporting System.

**DM:** Yeah. There are no enforcements or penalties for failure to comply with that law.

**BF:** That’s right. The law is on the book. But when Congress passed that law – and actually it was parents, it was my organization and other parents who persuaded Congress to insert vaccine safety provisions in that law, that law that gave partial liability and protection to companies and to anyone who gives vaccines.

Those safety provisions where the doctors are supposed to give you vaccine benefit and written information before you’re vaccinated, not when you’re walking out of the office. They’re supposed to be writing down in the permanent medical record that any kind of adverse effects that occurred and also reporting it to the government. They’re supposed to be keeping a permanent record of every vaccine given, the manufacturer’s name, and lot number. You should have access to all this information if you get vaccinated.

But in many cases, I don’t believe doctors truly understand the risk associated with some of these vaccines. I don’t think they understand. They’re not taught in medical school about it, and therefore when a parent presents a child whose health has deteriorated after vaccination, they simply don’t know how to deal with it. They say, “Well, it couldn’t have been the vaccine.”

**DM:** And it’s not so much of them not being taught; it’s the exact converse that’s being promoted – that these vaccines are safe; they’re the best things since sliced bread; they’re the core of preventive medicine in the United States; it’s the reason we’re not sick; and we need more of them. The last thing in the world they’re going to consider is a harmful side effect from one of these vaccines.

**BF:** That’s right. I think how many people really understand that the live virus vaccines that we use – that include measles, mumps, rubella, chicken pox (varicella zoster), live virus flu vaccine, nasal spray vaccines, shingles vaccine, and the rotavirus vaccine that’s given to infants for diarrhea. They don’t really understand that when their children get a live virus attenuated vaccine or they do, that they can shed vaccine strain virus in their body fluids and that sometimes this virus can be transmitted to other people and cause very serious complications. I think that the doctors, many doctors are not aware of this either.

**DM:** Yeah. That’s really one of the primary purposes of your organization – to inform people of the potential side effects, so that they are truly informed like they were designed to be. But for the most part, that’s not happening unless they’ve aggressively taken active interest in seeking out or finding out the full story, which typically isn’t presented to them.

**BF:** Well, you know, there’s been such a demonization of parents who ask doctors questions about vaccine side effects or about the effectiveness of vaccines. We’ve seen so much media particularly this past year trying to marginalize, trying to isolate, and really disenfranchise and disseminate against people who want to make vaccine choices and who are asking very logical questions from doctors and public health officials.

[There’s] an attempt to sensor this conversation that needs to take place in our society and really around the world about all these vaccines that we’re using and the hundreds of vaccines in the research pipeline – including live virus vaccines and viral vector vaccines like Ebola and HIV – whether we’re paying a much-higher price than we originally were told we have to be paying in order to try to prevent all infectious diseases with enough use of vaccines.

This is a really serious issue. It’s I think the biggest public health issue of our time. I think that we’re going to see… As more and more people become more aware, we’re going to hopefully see more people
standing up, going into the states, talking to their elected officials, and demanding the right to make choices about vaccination.

Because these vaccines not only carry a risk of injury or death from a reaction but they also can cause, as I said, vaccine strain viral infection and they also can fail to protect. A product that cannot be guaranteed to be effective and cannot be guaranteed to be safe for everyone is not a product that should be mandated. It’s not a product that should be liability-free and have nobody accountable in the civil court of law.

**DM:** That makes perfect sense. I’ve always found it quite odd when the media addresses this and identifies the groups, the subgroups of population, that are most concerned. It’s the college educated, sophisticated, and affluent people, who really have the intelligence and the training to more confidently assess the dangers, that are concerned about this. It’s not the people who really don’t have advanced training. It’s just… You’d think they’d get a clue that there’s something going on here, that the bulk of these people are concerned, and there may be something real.

**BF:** Well, right. It’s coming down to an argument among educated people, the educated people in the society who disagree with the evidence. In other words, there are those who want to just go along with what the government says and what the doctor says, and there are those who have taken a critical look at the information and who are coming up with an entirely different conclusion. It is educated people who argue with each other.

[----- 20:00 -----]

I always get very amused at those with titles written after their names – the MDs and PhDs – who say, “Well, you’re an uneducated person. You don’t have an MD or PhD written after your name. You can’t talk about this. You don’t have any right to have an opinion or to look at the evidence and come to a conclusion that’s different from ours, because you didn’t go to medical school or because you’re not a scientist.”

That’s an extremely elitist position to take, and it’s not going to apply in this society where we have more college educated people than we ever have before. It’s just not going to… It’s not going to hold any water. We now have the Internet. The library of medicine is on the Internet. It’s a great day because we can go in and take a look at the information, the same information that they looked at in medical school. And if we come up with a different conclusion, we need to talk about it.

**DM:** I agree. Let’s look at the level of risk associated with exposure if someone is vaccinated with a live attenuated vaccine as opposed to someone that is unknown, and compare that risk and how it can vary depending on certain other variables.

**BF:** Well, I think what I found very interesting in the last 30 years is there has been a narrowing of the medical exemption. Almost everyone now in America is a candidate for vaccination, whether you’re immune-compromised or not. There are almost no medical exemptions written anymore for people because almost nothing medically qualifies as a reason not to vaccinate, to withhold vaccine, or to delay vaccine.

What’s interesting is the immune-compromised are very sufficient secretors of either virus or viral infections or vaccine strain viral infections. The more immune-compromised you are, the more efficiently and the longer you shed virus in your body fluids. It’s a real puzzlement to me why the no-exemptions policy is also applying to the immune-compromised. Because they actually can shed the virus – either the regular virus or vaccine strain virus for longer periods of time. They also can have serious complications from either the viral infection or live virus vaccines.
We have people on chemotherapy. As soon as they’re finished with chemotherapy and they’ve almost died from cancer, they get the vaccine. Sometimes severely immune-compromised gets the vaccine regardless.

Really, what you need to do is you need to take a look at the product manufacturer insert of vaccines—we’re talking live virus vaccine especially. You need to take a look at them, read them, and find out if you are in the category that potentially makes your risk much higher than other people’s risks because we’re not all the same. Genetically we don’t live in the same kinds of environments. We’re not exposed to the same kinds of environmental toxins. We don’t eat the same food.

I mean, you certainly have spoken eloquently for many years about how we need to take care of our immune systems naturally through diet, exercise, and lifestyle changes. We don’t all live the same way, we don’t always use the same things, and we don’t all have the same medical history. We really need to pay attention to who we are individually and have a greater understanding of our risk with infections and our risk with vaccines.

DM: Yeah. The science is emerging. Because I’ve been speaking about this for a while, but the new science continues to support it. It’s showing that 80 percent, 80 percent of our immune system is in our gut, in our microbiome. That obviously helps us understand that we need to maximize that.

What’s the most dangerous thing that you can do to your gut? Eat sugar, because your gut has a limited amount of real estate. If you eat sugar, you actually kill these beneficial bacteria and they’re replaced with these pathogenic disease-causing microbes, viruses, fungi, yeasts, and anaerobic bacteria that can cause disease. You got to have to eat clean, stay away from sugar, and then get your sun exposure or oral vitamin D in the winter, because vitamin D is another important part. If you’re doing that, that’s going to be far more protection for most everyone, the vast majority of people, than it is getting any vaccine.

There’s just no comparison because you’re activating your body’s own intrinsic immune system, the same immune response that had those two nurses who weren’t infected with the Ebola to defeat the infection. They didn’t give them some magic virus. They didn’t give them some magic pill; all they did was give them a passive antibody that basically held the viral replication at bay, so their own immune system could come in and kill the disease. That’s what works—your immune system, not some extrinsic, external pill or vaccine.

BF: Yes. That’s right. I think it’s so interesting that the blood of the Ebola survivors is now being viewed like gold because there was a natural immune response. Those antibodies are superior in quality to vaccine-acquired antibodies. I think this is a really important concept that everybody needs to understand. Naturally acquired antibodies are superior in quality to vaccine-acquired antibodies. That’s why the blood of that survivor, the first survivor, the missionary, had been used with some of these others who were infected by Ebola to try to help them mount an antibody response. He was able to give those antibodies to them through his blood.

There are differences in responses that we make to viral challenge. They have everything to do with just what you’ve said. How healthy are we at the time of exposure? How healthy is our immune function? In the last 30 years, we have tripled the numbers of vaccines our infants and children are getting in their most critical development period, the first three years of life. We do not understand the impact we’ve had on the immune function of several generations of children whose immune systems have been atypically manipulated over and over again with inactivated bacterial vaccines and live virus vaccines. We don’t know the impact on their epigenetics, on their DNA, and on their immune function.

You mentioned the microbiome science. The epigenetic science is coming right along with microbiome science. These are brand-new frontiers in scientific knowledge. What they’re finding out is they do not
understand the complexity of the immune system, the complexity of the human body, and how we stay healthy. And yet here are these companies and these public health officials with blinders on saying, “We have to create more and more vaccines, and they must be used by everyone,” when they do not know what they’re doing, in my opinion.

DM: There’s a certain element of intellectual arrogance without question. But the other component in some ways I would tend to disagree because they do know what they’re doing. I believe strongly that they do know that they don’t know. They understand that if they honestly reflect or object to reflect it, they would admit that they don’t understand the long-term risk, because it’s never been studied. They can’t possibly rationally say anything else.

Yet they know there’s a strong motivation of the financial incentives to be rewarded by providing an apparent solution to a problem that people are concerned and fearful of and that they can leverage based on what appears to be previous successes in public health. When it’s looked at more carefully, you realize that the vast majority of those public health benefits were truly attributed to other factors that relate to hygiene and enhancing of the immune system, not these vaccine-generated antibody responses. It’s this massive system that’s really developed to enhance the financial profits of these large corporations that are really not concerned about the long-term consequences.

BF: I do think it’s certainly profit-driven. I think it’s ideology-driven as well. I think there has been an assumption that more is better and that we have to eradicate all infectious disease with the use of vaccines when they don’t really understand if that’s really a good idea – or if they do… I mean, it’s really hard to get your arms around the idea that they are deliberately doing something that they know may hurt people. It’s really hard for me to get my arms around that as a human being. I’ve always called it a conspiracy of ignorance. But I know that the search for profit blinds people and certainly ideology could blind people. And then decisions are made that may not be wise ones.

[----- 30:00 -----]

But I think I’m most concerned about the censorship and this attempt in the last few years to silence voices like ours, who are asking I think very logical questions, important questions, and simply demanding the right to follow our own path to health, the right to really protect bodily integrity, and to follow a path to health that is not pharmaceutical based, not based solely on the use of drugs and vaccines. That’s why I have always admired what your vision is and what you’ve been saying, because you offer the people another way, a different way. I think [it’s] a natural way and a healthful way to live.

DM: What’s your perception as we begin to enter 2015 or 15 years into the 21st century as to where we’re heading with respect to putting more limitations on these vaccine exemptions and philosophical exemptions? Is it getting worse? What are your predictions I guess for the near future?

BF: Well, I think we’re going through a really rough time. I think that the pressure is on and the alliance among the medical trade association, the pharmaceutical companies, the public health officials, government public health officials, is a very powerful lobby. They are going into the states, and they’re trying to take away the exemptions. They restricted the vaccine exemptions in Washington State, Oregon, and California. We held the line in Colorado this year. We held the line in Vermont to a great extent. But they’re going into other states this year.

People are going to have to turn out when the public hearings are held and when the legislation is introduced. They need to take action and get to their elected officials. We have a portal called the NVIC Advocacy Portal (NVICAP) at NVICAdvocacy.org, which does give people real-time information in their email inboxes when a legislation is moving in their state that could take away exemptions. We also put
you in contact on your phone or your computer with your own legislator, so you can make your voice heard. We really need people to show up in the legislatures.

I think you’re seeing a tightening of the rope around the neck of the people. We’re seeing people who are being fired from jobs – healthcare workers – if they don’t get an annual flu shot. The childcare workers are the next on the list to be tracked and threatened with unemployment if they don’t get all the vaccines. They’re talking about the airline industry, the food service industry, and the teachers. I always say, “You’re not yet perhaps on that list, but you will be on that list – everyone will be on the list.” This is a long-term goal. It’s 100 percent vaccination rate with full government recommendation on vaccines – no exemptions.

Now, that’s kind of a scary thing to look at. But I do think we could turn this around. If we get out of our couches and turn off the TV; if we get up and out into our communities; talk about this and not be afraid to; and get to our elected officials… We’re still a democracy. It’s still the vote of the people. It’s up to us to participate in our democracy and to change the laws that we don’t like. Knowledge is power. We have to be educated. We have to go in and we have to change the laws of governance, so that we could be free to make health choices, including vaccine choices.

**DM:** I couldn’t agree more. How does someone get involved with the vaccine portal that you developed at NVIC?

**BF:** All they have to do is go online to NVICAdvocacy.org. You can also get there through NVIC.org, which is our website. We have one of the largest and oldest website on the Internet that is giving out information about diseases and vaccines. There’s a lot of free information. We have tutorials and we have a lot of information that will help you make educated vaccine decisions for yourself and your child.

**DM:** Yes. Does the portal allow people to meet and connect with other like-minded individuals in their community?

**BF:** Well, we have tutorials that we hold through the advocacy portal. We do networking. And of course, when you show up to these public hearings, people get together. We have meetings. At Colorado, we had meetings ahead of the legislative hearings where people could meet, talk to each other, and share rights. Sometimes people stay at other people’s houses when they came to testify in the capitol. But the way you get connected initially is to become a user of the portal, so that you become part of that community, we could get you information, and you could start to communicate with us and other people in your state.

**DM:** Terrific. Well, it’s a great tool. Anyone who’s concerned about this issue, I’d strongly recommend that you consider becoming involved in that forum, because we need to work together as a community to make a difference. Just being fretful about it, raising our hands, and saying, “I can’t believe it,” isn’t really going to do much. We have to go out. To make a difference, we really do have to participate. And we can. I mean, it doesn’t take a majority of people to make a difference on this. It just takes a motivated group of people who really know the truth and who are willing to share it with others.

**BF:** That’s exactly right.

**DM:** Do you have any other words of wisdom you can share with us today?

**BF:** I think, again, people – your followers and our followers – are educated. I can see it by the comments that we get and the feedback we get. More and more people are paying attention. I think that 2015 and 2016, these are going to be the years where this issue is going to be decided in America. Are we going to be forced to use every single government-recommended vaccine and not be able to function as a society? Or are we going to be free to make independent, informed vaccine choices, and by extension, health
choices, choose how we want to stay healthy? It’s up to the people. We can only show them the way, but we can’t do it for them.

**DM:** That’s right. Well, thank you for everything you’re doing and for helping people understand what the realities are in this very important issue. Because it’s very difficult to become confused and deceived by the traditional media and public health officials, because they’re motivated for whatever reasons not to tell the whole story. They can get the whole picture by going to your site and really get the clear view of what’s going on. I really appreciate everything you’ve done over the last 35 years or so to make a difference.

**BF:** Thank you, Dr. Mercola.

*[END]*