

# **A Special Interview with Barbara Loe Fisher**

**By Dr. Mercola**

**DM: Dr. Joseph Mercola**

**BF: Barbara Loe Fisher**

## **Introduction:**

**DM:** Hi, this is Dr. Mercola. I'm joined today by Barbara Loe Fisher who is the founder of the National Vaccine Information Center (NVIC). She has been the leader and a pioneer in educating people about the concerns of vaccine safety and freedom of choice in the vaccine area and really has been recognized for her leadership and appointed to several government committees as the consumer representative because she's had such a major leadership role in this area.

We're here today to talk about a concern that we have about yet another vaccine that's being seriously considered as being recommended on a regular basis for really very little benefit as far as we can see. We're getting to the specifics but that's the meningococcal vaccine for meningitis.

Barbara has really just come back recently from a committee, a government committee...

**BF:** It was a stakeholder engagement meeting where vaccine stakeholders came together to talk about...

**DM:** Is this sponsored by the government?

**BF:** Sponsored by the Centers for Disease Control.

**DM:** You're one of the lone representatives of the movement that expresses our concerns about vaccine safety and really do the risk outweigh any benefit which is really the central element here and something that every individual we hope will have the opportunity to make that choice for themselves and not be told by some government agency that's heavily influenced by conflict of interest and lobbying efforts by drug companies to make that choice for you.

**BF:** I think that with this vaccine which is already recommended for kids 11 to 12 years old as well as 16 years old now, as well as college freshmen. It started out with college freshmen. They want to add anywhere from three to four more doses at two months, four months, six months and at 12 months of age of this meningococcal vaccine.

**DM:** Before we go into that why don't we just go back a little bit further about the way it's currently being implemented and what is meningitis and why is it being recommended and how many people are affected? Traditionally it's been always a physician, in my experience is this is the disease that many college freshmen get when they go away to school and live in a dormitory and come down with this disease. There may be minor epidemics, little outbreaks in certain areas in colleges as a result of that.

**BF:** Meningitis is an inflammation of the meninges of the brain. It's basically a brain inflammation. The *Neisseria meningococcal* is only...

**DM:** It can cause a variety of infections and other things that aren't infections. But we're a little more concerned about the *Neisseria* type.

**BF:** The *Neisseria meningococcal* but there are other kinds of organisms like pneumococcal and *Haemophilus influenza B* also cause meningitis inflammation of the brain. It's interesting because vaccinations from the very first vaccines, smallpox and rabies vaccines also can cause inflammation of the brain in rare cases.

So you kind of have an interesting situation here where the meningococcal disease causes the same type of complications as the vaccine. We can go over some of the signs of a brain inflammation later.

Here is the situation with this vaccine, *Neisseria meningococcal* is only associated with about 1400 to 3000 cases in the whole United States every year out of 308 million Americans. There are five strains. There are strain A, B, C, Y, and W135. A third to half of the cases of *Neisseria meningococcal* disease is caused by strain B. That strain is not in the vaccine.

**DM:** So that's the predominant strain.

**BF:** Well, certainly in children under five years of age about 66 to 70 percent of the cases are caused by strain B.

**DM:** Two-thirds. This is the target age group that's being considered for this new vaccine recommendation.

**BF:** So here we have a policy that's proposed that you have every child at two, four, six and 12 months, at 11 to 12 years of age, and at 16 years of age. That's six doses get meningococcal vaccine that doesn't cover 30 to 50 percent or 70% for the small children of the disease. You really have to take a look at the cost-benefit analysis.

As well as you have to look at the insertion of another vaccine into a schedule that already at two, four, and six months has eight vaccines given on each of the days that are two, four, and six months. That's nine vaccines now that are going to be given at two, four, and six months and potentially 12 months. Where are the studies?

**DM:** There aren't.

**BF:** There aren't.

**DM:** We would never dispute that the tragedy of a child under one coming down with meningitis. That should be avoided any way, shape or form.

**BF:** It's a horrendous disease.

I think that the vaccine should be available for anyone who wants to use it. The issue I have with a universal use recommendation by CDC for meningococcal vaccine, for these children under one, is that every time the CDC recommends a vaccine for universal use for children, in the last quarter century almost all of those vaccines have turned into mandates, state mandates. Meaning that, we don't have a choice.

That's really I think the overarching issue that is becoming really a point of a lot anxiety for parents is that it's not that the vaccines are being recommended, it's that the vaccines are being mandated. They are being forced. When anyone tries to make an educated voluntary decision they are thrown out of the doctor's office. They are harassed. They are threatened.

**DM:** Not necessarily thrown out but in many cases many pediatricians – that's fine I'm firm believer in freedom of choice. I'm not faulting the pediatrician but they will tell them they will not be seen by them anymore. They have to find a new doctor.

**BF:** Right.

**DM:** Which could be potentially inconvenient and depending on what their healthcare coverage is.

**BF:** It is a situation that is becoming very explosive. If you take an objective look at this potential recommendation, universal use recommendation by CDC for this vaccine you have a couple of issues. You have a cost issue.

**DM:** What is the typical cost of the series?

**BF:** It depends upon if you get it in a public health clinic or you get it in a private pediatrician's office. But we're looking at probably a lot of pediatricians about \$100 a dose.

**DM:** A dose?

**BF:** 60 to 100 dollars a dose. I want to sure I'm correct on that but I think that's around the price.

**DM:** So hundreds of dollars unless you're being subsidized by the government. If it isn't a public health clinic, it's not that – well, the person is not going to pay for it but eventually we all pay for it because it's paid for by the government which is only either (indiscernible 9:53) money who takes it from taxes.

**BF:** Right no question. The vaccines that are provided in the public health clinics for a very reduced cost or not cost are subsidized by the taxpayer.

So we're looking at a vaccine that will be six doses. Basically, it will be two, four, six, 12 months; 11 to 12 years old and 16 years old. If you haven't got it I guess at freshman year. Texas just made a mandate for meningococcal vaccine for freshmen college students. Texas has a conscientious belief exemption due to the amazing work of Don Richardson who is now NVIC's Director of Advocacy.

By the way, everyone should sign up for NVIC's Advocacy Portal at [www.NVICAdvocacy.org](http://www.NVICAdvocacy.org) because we are trying to protect the exemptions in the State. Certainly, if this vaccine becomes universally use vaccine there will probably be states that will mandate it and so it's important for us to protect these vaccine exemptions.

**DM:** There should be a link for that below (indiscernible 10:53). Definitely, if you are not involved with that already I would strongly encourage you to sign up for that because we can collectively make a huge difference in this and we have. I mean Don Richardson's efforts in Texas are a great example.

**BF:** It's all about protecting our right to choose. That is if a mother wants to give her children – say there has been meningococcal disease in the family and the mother believes that her child may be at risk for meningococcal disease. Certainly, she should have the right to have access to a vaccine. But we should not be forced to use a vaccine that we do not believe is either safe, effective or necessary for our children. We need to have that right.

I am very concerned about this proposed policy. That's why we have put out information that the CDC – I have to give props to the CDC on this. They are holding public engagement meetings in cities. There is going to be a meeting in Denver, in Chicago, and in Seattle. They have already held one in New Hampshire.

To get input from the public about what the public thinks about the addition of this meningococcal vaccine to the under one-year-old recommended schedule. I hope everyone weighs in. If they can't get there to the meeting that they will write to the CDC.

**DM:** We'll have information for you also on how you can voice your concerns and your opinions to the CDC directly to let them know what you think and feel about this issue.

**BF:** Because again, it's one thing to make the vaccine available, it's quite another thing to recommend it for every child and then force it.

**DM:** Because essentially the impact of this recommendation and this is where the ACIP committee...?

**BF:** The ACIP.

**DM:** Advisory Committee on Immunization Practices and that is a subset of the Centers for Disease Control. So if they come up with their recommendation and in this case most likely to implement this vaccine schedule for meningitis and the age groups you mentioned and the schedule you mentioned then that recommendation will be converted relatively quickly by most states because it's a statewide implementation.

**BF:** States are the ones that mandate vaccines.

**DM:** And then unless you have an exemption which would either be a conscientious objection, a religious exemption or a medical exemption then you're going to be required to receive those sets of immunizations which if you don't have access to the public health program it's going to cost over 500-600 dollars in addition to the other vaccines that already being recommended to have your child participate in the public education system.

**BF:** The gatekeeper there is entry to daycare and to schools. I would like to say a little about meningococcal disease because I think it is a serious disease. It can result in limb loss. It can result in convulsions and brain damage. The signs and symptoms of meningitis, of inflammation of the brain whether it's from a vaccine or from the disease things like a severe headache, if you can't put your chin to your chest without huge amount of pain and you have a headache and a high fever...

**DM:** Or the head is rigid.

**BF:** The head is rigid. The neck is...

**DM:** Will not move. Essentially, it's like a board. It becomes very stiff.

**BF:** Exactly. If you have vomiting and diarrhea, if you have convulsions, if you have confusion, with the young babies the high pitched screaming and the arching of the back is often a sign of brain inflammation. You need to obviously get to a doctor because meningococcal disease can move very quickly. When you see those kinds of symptoms you need to get it checked out.

**DM:** It can be effectively treated.

**BF:** If in time.

**DM:** If you pay attention to these symptoms that you have just mentioned and you get appropriate health or evaluation and assistance at the emergency room because this is

an emergency and they are given intravenous antibiotics, you can have a dramatic impact and really resolve it completely.

**BF:** Yes. But so often it moves so fast if you're not watching, if you're not paying attention and you don't get to the hospital – of course this has been the argument. It's such a severe disease. It can result in such death and brain injury but we have to look at the incidence.

Right now, 20% of us carry *Neisseria meningococcal* organisms in the back of our throat at any one given time and we're asymptomatic. What it is about people who could go on to have invasive meningococcal disease? That's what they really need to be looking at. What are the risk factors?

The other thing is that most of us by the time we are teenagers already have natural antibodies to *Neisseria meningococcal*. Nature has a way of, you know, we come in contact we're asymptomatic but we get antibodies.

What's going to happen when we no longer are having the natural antibodies when children are getting vaccinated at two, four, six, 12 months? And you have vaccine induced antibodies which are not the same.

**DM:** They are not permanent. They are temporary.

**BF:** They are not the same as the natural. We potentially have to change everything.

**DM:** That's an important point because most people don't realize it. They believe that by getting immunization as recommended by the public health authorities you're going to induce the same type of immunity that you would from natural exposure to this and nothing could be further from the truth. Well documented I think any respectable scientific research in this area would not dispute that.

**BF:** Right. It's not the same.

**DM:** There are different types of immunity.

**BF:** Exactly.

**DM:** They are similar but they're clearly different. The permanent one that one typically receives from having a natural exposure is far superior.

**BF:** Right qualitatively superior. I think that this is not something that's being looked at either. Are we going to become vaccine dependent? Are you going to see a mutation of this *Neisseria meningococcal* organism into a more virulent and a more prevalent form?

Again, adding one more dose that will be nine doses of vaccines at two, four, six, and 12 months – where is the science that shows the effectiveness and the safety and the necessity of that?

**DM:** I just like to emphasize one point also at least about my belief with respect to these diseases – one might ask, why is this disease so prevalent in college freshmen? If you've had a college freshman or you've had experience with them and they're going away from home into a typical college dorm, at least when I was practicing it's not a mystery.

In fact they even have a name given to college freshmen, I forgot specifically what it was. It essentially refers to the fact that most of them gain 10 lbs. It's not because their activity level did change at all. It's because their food intake changes quite dramatically. They are really given very low quality poor food choices; high in carbohydrates and sugars and sodas and foods which do not promote health.

As a result of that, their immune system becomes relatively suppressed. They are living in close quarters of course with a lot of other people and their sleep schedules get disrupted and their immune system goes down and that's when they're more likely to come down with this type of infection.

Ultimately it boils down to our immune system and if we can maintain a healthy gut flora because the flora in our gut outnumber us 10 to 1. There is literally 100 trillion bacteria in our intestinal system and there is 10 trillion cells that we have. If we can by primarily our food choices, by staying away from sugars and toxins that destroy them and providing good nutrients to build it up especially fermented foods and probiotics and staying away from antibiotics and birth control pills and things like that then we can maintain this healthy gut flora which is a phenomenally major component of our immune response to the environment.

So that when we do have these insults, close contacts, exposure to people who are infected with the strain that we may not have then our immune system can come in and do the job that it was designed to do and create protective antibodies and essentially immunize yourself permanently without an expensive and potentially disastrous consequence from a vaccine then you've got the best of both worlds.

It's not that we're saying don't do this because of the cost-benefit...

**BF:** It's part of it.

**DM:** It's part of it. In essence this is a decision you have to make yourself, you can look at it and make the analysis yourself and look at the studies and you can evaluate it. Ultimately there is an alternative. There is a solution that you can incorporate for your family that essentially will provide even superior methods of protection.

**BF:** I think a lot of people don't realize *Neisseria meningococcal* is not communicated by standing in an elevator with someone. You have to have exchange of saliva. You have to have close contact. So it's not the same as coughing.

**DM:** Intimate contact somewhat similar to HIV and hepatitis B.

**BF:** It's not blood borne, it's saliva. So I mean, kissing, sharing toothbrushes, sharing cups and that kind of thing. People just don't have the basic information that they need to have to make these informed choices.

I hope that people will take a serious look at this and give the CDC feedback either at these city meetings or by writing to the CDC. Again, availability of the vaccine is one thing but recommending it for everyone that then turns into a state mandate is something else.

**DM:** Yeah, I couldn't agree more. If you feel as strongly as we do about this and I hope you do then I strongly encourage and recommend you to take an active role on this. There are two ways you can do this.

There is a link on this page that you can contact the CDC and let them know what you feel and you can also join the vaccine portal which is an even more active role and will allow you to engage at an even higher level to take a strong advocacy position within your local community to educate others about this important development.

**BF:** That's right.

**DM:** Thank you for listening and we hope you participate to help you, your family and your community better take control of your health.