

# Barbara Loe Fisher's Dis-Information Center: A visit to NVIC

By David N. Brown

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While the likes of Handley and AoA are perhaps the most notorious of vaccine critics, they are relatively new arrivals to the “anti-vax” ranks. By comparison, Barbara Loe Fisher is a fixture in the community, having founded the National Vaccine Information Center in 1982. In the course of reading about H1N1, I looked at material at [nvic.org](http://nvic.org) about H1N1. Here are my thoughts on the most “interesting” material:

## Fisher on the government:

In Gardasil and Sine flu vaccines: Inconvenient truths”, Fisher makes this revealing statement: “But health officials... tell us not to worry because the closed government databases, which the CDC operates with vaccine manufacturers and HMO’s they pay to participate in them, can be relied upon to reassure us that all those seizures and blood clots and cases of brain inflammation, paralysis, lupus and deaths in girls who get Gardasil shots are really – mostly - just a coincidence.”

She appears to be referring to VAERS, which is in fact completely open to public access. Her account also begs the question how she obtained such detailed descriptions of adverse events without accessing the supposed “closed database” herself.

## H1N1 Swine Flu “Facts”

*“Oil-based adjuvants (MF-59 and AS03) manipulate and hyper-stimulate the immune system to mount a stronger immune response to the lab-altered virus or bacteria contained in vaccines. However, the use of squalene type vaccine adjuvants, which were allegedly added to [experimental anthrax vaccines](#) and made Gulf War soldiers sick, is controversial.”*

The belief that squalene in vaccines (which as far as I can determine is harvested from animals and therefore “natural” rather than synthetic) might be harmful, where equal or greater quantities absorbed from common foods and generated by the human body itself are not, amounts to an irrational superstition. Any connection to “Gulf War Symptom” is clearly dubious from the author's own words, making it rather frivolous to mention it at all. In any event, while there is ample documentation of H1N1 vaccines with squalene being considered, there is no evidence that they have been distributed in the US.

*“U.S. health officials are expected to by-pass normal FDA licensing procedures and [include oil-in-water adjuvants](#) in some swine flu vaccines released for public use. “*

The document cited states that “oil-in-water adjuvants... have been evaluated in a number of clinical studies including studies with influenza vaccines.” This means that, in the FDA's own eyes, the adjuvants were already tested, where the NVIC's prose might easily lead one to believe otherwise.

*“Thimerosal, which is a mercury-based preservative added to multi-dose vials of inactivated annual influenza vaccines and other vaccines, has been associated with [brain and immune system dysfunction](#), including autism.”*

The proposed link between thimerosal and nervous disorders was for quantities which (according to the

theory) might accumulate from the administration of several vaccines with thimerosal. Thus, even those in the scientific “mainstream” who raised concerns about thimerosal never argued that one vaccine might contain enough thimerosal to do harm.

*“[The live virus nasal spray H1N1 vaccine being created by MedImmune](#) will not contain the preservative thimerosal (and live virus swine flu vaccine will not contain an unlicensed adjuvant that may be added to inactivated H1N1 vaccines).”*

Entirely true, and Fisher deserves some credit for correcting other anti-vax sources who do speak of thimerosal being in a live vaccine. But this should only be stating the obvious: If a preservative, whose purpose is to kill germs, were added to a live vaccine, it would become a “killed” vaccine.

*“According to the FDA, candidate swine flu vaccines will be tested for [one to three weeks](#) on a few hundred children and adults before being released for public use in the fall.”*

The only corresponding statement in the document she cites, taken in context, reads as follows:

“Subjects should record age appropriate local and systemic reactogenicity for *seven days* after each vaccination. In addition, unsolicited adverse events, serious adverse events (SAEs), and deaths should be assessed for *21 days* after each vaccination. Subjects should be followed for *6 months* after the second vaccination for assessment of SAEs, deaths and new onset chronic medical conditions.” (Italics added.) This is clearly a far cry from “one to three weeks” for an entire study.

*“The legal authority for states to require Americans to use vaccines during non-emergencies was affirmed by the U.S. Supreme Court in 1905 ([Jacobsen vs. Massachusetts](#)) in a controversial decision involving smallpox vaccine.”*

This is part of a section headlined **“Could You or Someone in Your Family Be Required to Get Vaccinated or Be Quarantined During an Influenza Pandemic?”** She clearly believes that the government would and could compel vaccination, and this is here strongest piece of evidence. But, there are many reasons why this precedent would not be applied. First, it is associated with movements and attitudes, including eugenics, which have long since fallen into social and political disrepute. Second, smallpox is a much greater threat to health than sine flu. Third and most fundamentally, by all indications the government is struggling, if not entirely failing, to provide enough doses even for those who want them.

#### Vaccine ingredient calculator:

This widget is supposed to tell parents how much mercury their children would be exposed to. I entered 10 kg (22 lb), selected the Sanofi Pasteur thimerosal-containing vaccine, and received this result:

*Mercury amount the EPA says you can handle: 1 mcg*

*Mercury exposure based on your vaccine choices: 25 mcg*

Let's check these figures. According to the FDA, “each 0.5 mL dose contains 24.5 mcg of mercury.” So that much is true. The FDA and EPA will allow up to 2 mcg of inorganic mercury in a liter of drinking water. Judging by quantities alone, this would present an even worse picture: In a 0.5 mL fluid, anything over 0.0005 mcg would qualify as toxic! But, inorganic mercury and thimerosal are very different substances. The FDA will allow up to 1 ppm of methylmercury in seafood, and will allow that even small children can eat up to 6 oz (177 g) of tuna per week. That could mean around 30 g of seafood with 30 mcg of mercury in one day.

It is more useful to look at a definitive [study](#) of the value of chelation. The authors report that a “High-Pb” group of rats had 31 mcg lead per deciliter of blood, compared to a control group with 1.5 mcg/dL.

They also affirm a conclusion previously published by the CDC that chelation therapy is unwarranted when Pb concentration is under 45 mcg/dL. To provide useful points for comparison, an adult human weighing 70 kg has about 5 liters of blood, so a 10 kg child could be expected to have in the neighborhood of 5 dL of blood. Also, the toxic effects of mercury are (in as much as they can be compared) about twice those of lead. Thus, an acceptable “normal” concentration for our child would be 0.75 microg/dL, while one warranting intervention would be 22 microg/dL. The concentration which would actually result would be 5 mcrog/dL, four times “normal” but less than one-fourth of what would be dangerous in effect. But all that is moot in practice, because the vaccine is not approved for children under three, and a healthy child of that age should already have passed 10 kg in weight. (Knowing this, I entered age 2 at first, but the widget wouldn't even work until I changed it to 4!) Thus, even in a decidedly unrealistic scenario, Fisher's widget errs on the side of alarm about vaccine risks.

I would say much the same about the site as a whole. After Olmstead, Handley and miscellaneous accomplices, NVIC struck me as a breath of fresh air: At a minimum, Fisher and co. appear to get most of their facts straight (and also stay on ground that can easily be investigated), and offer glimpses of something like a mature, articulate philosophy of opposition to vaccines. But, even accurate statements of fact are repeatedly used to point to erroneous conclusions, and on the whole Fisher has little if anything to offer to an intelligent discussion of the H1N1 “pandemic”.

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