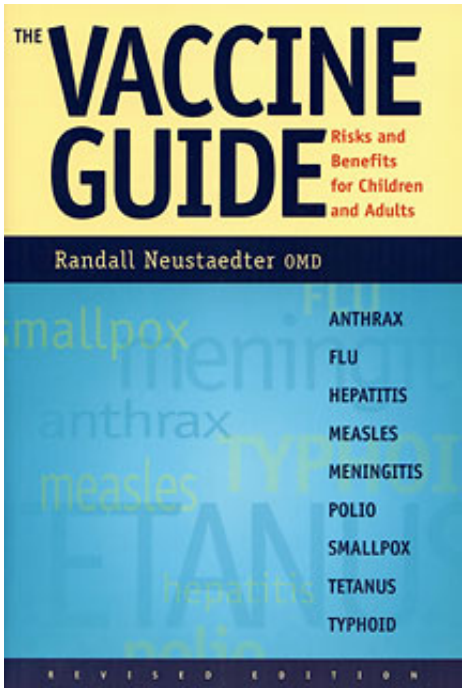
Randall Neustaedter
The Vaccine Guide

Reading excerpt

The Vaccine Guide
of Randall Neustaedter
Publisher: North Atlantic Books



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sought out the original polio vaccine. He found an unopened case of vaccine from 1955 in a Chicago doctor's office. When he tested the vials he found that they contained SV40 genetically identical to the strains found in human bone and brain tumors and in monkeys. "This proves that the SV40 that was present in the polio vaccine is identical to the SV40 we are finding in these human tumors," Carbone says (Bookchin and Schumacher, 2000). Researchers attribute the transmission of virus to blood transfusions, breastfeeding, and sexual contact. In other words, a virus transmitted from monkeys to humans through the polio vaccine in the 1950s is still being passed among the population and causing cancer.

For more information and updates on the most recent studies linking SV40 and cancer, see the website at *www.SV40cancer.com.*

HIV and AIDS

Did early oral polio vaccine experiments in Africa transmit an AIDS-related monkey virus to humans and begin the AIDS epidemic? In 1980, Robert Gallo of the National Cancer Institute identified the first retroviruses that infected humans, the two human T-lymphotropic viruses, HTLV-I and HTLV-II. These viruses cause leukemia and cancer of lymph nodes in people. Two years later a virus with remarkably similar effects was discovered in monkeys, designated the simian T-lymphotropic virus, STLV. In a search for the origins of HTLV in humans, researchers began looking for monkeys in the wild that harbored the STLV virus. Genetic studies of monkey STLVs showed that human HTLV was closely related to the simian virus seen in the African green monkey (Kanki *et al.,* 1985). Gallo proposed that HTLV originated in Africa, infecting humans and primates, and was spread to the Americas by the slave trade.

A similar search for a monkey virus related to HIV (the human immunodeficiency virus) began in 1984. At this time the human AIDS-related virus was called HTLV-III, and later renamed HIV. A new virus was soon discovered in monkeys that caused simian acquired immune deficiency, simian AIDS. Researchers who isolated this virus named

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it SIV. Genetic studies have shown that SIV is approximately 50 percent related to HIV (Essex & Kanki, 1988).

Later studies of high-risk populations in West Africa revealed that 10 percent of their blood samples had antibodies that reacted with both HIV and SIV. This West African virus was found to be more closely related to SIV than to HIV, and it was named HTLV-IV and later renamed HIV-2. The reactions of the human blood samples were indistinguishable from the antibody reactions of infected African green monkeys. According to retrovirus researcher Robert Gallo, SIV is "virtually indistinguishable from some human variants of HIV-2" associated with West African AIDS (Curtis, 1992). According to viral researchers, "people infected with HIV-2 have antibodies entirely cross-reactive with SIV antigens; in fact, it is impossible to distinguish between SIV and HIV-2 on the basis of serological criteria." They go on to confirm, "All of this suggests at least that the primate and human viruses share evolutionary roots and at most that there may have been interspecies infection—that SIV-infected monkeys transmitted the virus to humans or vice versa" (Essex & Kanki, 1988).

Later researchers also proposed that HIV-2 was probably spread to humans from the SIV-infected monkeys through scratches, bites, or blood exposures while humans hunted and butchered the West African mangabey monkeys in the wild (Nowak, 1992). Another simian virus, this time SIV from chimpanzees, proved to be remarkably similar to several HIV-1 viral strains, thus connecting AIDS in both the United States (HIV-1) and Africa (HIV-2) with primates (Huet *et al.,* 1990). Some researchers referred to this connection between SIV in chimpanzees with HIV as the missing link to the origins of HIV-1 in humans (Desrosiers, 1990). Similarly, HIV can infect macaque (Agy *et al.,* 1992) and African green monkeys (Lecatsas & Alexander, 1992). Researchers continually discover these connecting links between SIV and HIV strains, HIV in monkeys, and SIV infections in humans. SIV was found in the cancer cells of an AIDS patient (Bohannon *et al.,* 1991), and SIV infections have been discovered in laboratory workers, agricultural workers, and urban dwellers (Khab-*aa.et al,* 1992; Gao *et al,* 1992).

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THE DISEASES AND THEIR VACCINES

The following chapters discuss individual diseases and the vaccines currently recommended for children in the United States by the Centers for Disease Control, and vaccines that adults may consider for maintaining immunity and for potential exposure. Each chapter presents a brief summary of each disease, its corresponding vaccine, and the critical factors surrounding its use. Information is included relevant to disease incidence, vaccine efficacy, and adverse reactions to vaccines because these figures are not readily available to the general public. Statistics concerning disease incidence always refer to the United States unless specifically stated otherwise.

Each chapter includes many references to the medical literature because consumers should have facts about vaccines and not just opinions and official recommendations. Our knowledge about vaccines is limited, but the public needs to be involved in the controversy that this incomplete picture generates. Original studies and cases from the medical literature are also included—doctors speaking to other doctors. This is not the picture that parents and patients usually encounter at their doctor's office, where a rosy light is shed upon vaccination.

All vaccines have problems with toxicity and adverse effects, ineffectiveness, and contamination. Full disclosure occurs nowhere—not in the pediatrician's office, not in the pharmaceutical inserts, and not in the medical literature. This data is collected here to provide you with an undisguised view of vaccines. Not all reported cases of adverse reactions to vaccines can actually be attributed to the vaccine. Some symptoms unrelated to vaccines will occur coincidentally following vaccination, and these may be reported in studies along with actual vaccine reactions. The weight of evidence will determine whether a specific effect is caused by the vaccine. I have included the

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majority of reports for each vaccine so that consumers can see the weight of that evidence for themselves. The major adverse effects of most vaccines are not experienced by a large proportion of vaccine recipients. That is why a vaccine must be used in the field for years before a picture of toxicity develops. Even then the long-term effects will probably never be fully understood.

Throughout the chapters references are made to reports filed with VAERS, the Vaccine Adverse Event Reporting System. VAERS is a passive surveillance system. These are voluntary reports filed by doctors and consumers who suspect that a vaccine may have caused a reaction. They are not confirmed reports. Additionally, it is estimated that VAERS reports represent only a small fraction of actual vaccine reactions, which are significantly underreported. Often no one makes the connection between a symptom's occurrence and a previously administered vaccine. Physicians are reluctant to file vaccine adverse event reports. A 1994 survey of 159 doctors' offices by the National Vaccine Information Center (NVIC) revealed that only 18 percent of doctors said they make a report to the government when a child suffers a serious health problem following vaccination.

There is no question that the incidence of individual diseases has declined, at least in part, because of vaccination. But the cost in adverse effects from vaccines may be too high for us to tolerate given our present level of knowledge about the vaccines and disease occurrence. At the end of each chapter readers will find a suggested personal strategy for each vaccine's use, so that you can begin to develop your own personalized approach to each disease.

The chapters are organized alphabetically by disease name, or by type of disease (for example, meningitis bacteria as a group). For parents' reference, childhood vaccines are usually given in a certain chronological order. You may want to consider each of these as you encounter them at specific ages.

At birth: Hepatitis
During infancy: DTaP, Polio, Haemophilus, Pneumococcal At
one year: MMR, Chickenpox

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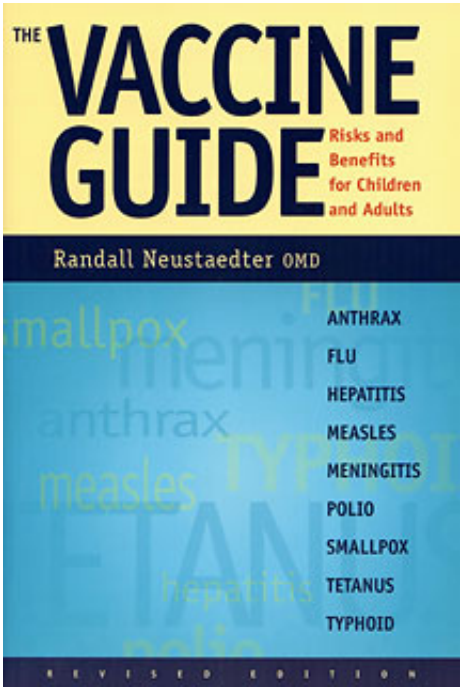

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360 pages, pb
publication 2002

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