IN PURSUIT OF PRO-LIFE MEDICINES

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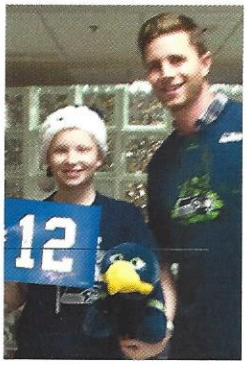
Spring 2015 Newsletter

SCPI's 3rd Annual Fundraising Dinner Event featuring "Henry's Story" was a Great Success!



Special thanks goes to our sponsors, donors, attendees, volunteers, and staff who helped create a fabulous event. Dr. Theresa Deisher's presentation about "Henry's Story" reviewed the dramatic increases in childhood leukemia and lymphoma after human fetal cell line-manufactured vaccines were introduced to the U.S. in 1979. Dr. Deisher also highlighted SCPI progress and successes over the past year, particularly the scientific publications.

PLEASE DONATE TODAY! WE RELY ON YOUR SUPPORT!

Photo: Henry & Steven Hauschka (Seattle Seahawks placekicker)

We would like to thank all of our supporters who made our third annual fundraising dinner event such a great success. We enjoyed one another's company, terrific food and desserts, an exciting raffle, and we learned more about the science of autistic disorder and childhood leukemia and lymphoma.

As shared in our previous newsletters, Dr. Deisher's son, Henry, is being treated for aggressive Burkitt's lymphoma. His diagnosis was made on July 30, 2014. Henry had a bone marrow transplant on March 9, 2015 which has become his "second birthday". He now needs to be protected from any infectious diseases until enough healthy cells grow back to fight against any bacteria or viruses. Even a simple cold could be fatal to him. Because of that health risk, Dr. Deisher, Henry's primary caregiver, showed up at the event in a yellow laboratory gown, gloves and a large mask to protect her from infection. She humorously explained her appearance and then launched into a discussion of SCPI's mission to end human exploitation in biomedical research and products. SCPI's primary goal is to develop safer and more effective alternatives so that no one is ever compelled nor justified in exploiting other human beings for biomedical progress. The main topics of her presentation included:

1) How vaccines are manufactured,
2) Cell line contaminants in vaccines,
3) The difference between animal derived and human derived contaminants, and
4) Potential public health consequences of vaccines made in human fetal cell lines.

Manufacturers use cells, mimicking nature's way of growing viruses. Typically, the cells are derived from animal or human fetal sources. After the virus replicates, they attempt to purify the virus away from contaminants from the cell lines, however the purification process has never been perfect. Hence, the final vaccine product is contaminated with residuals from the cell line used to replicate the virus, including; animal or human DNA fragments, cellular debris, and any viruses the source for the manufacturing cell line was infected with. The contaminants are injected into our children along with the vaccines they receive. Adjuvants such as aluminum that boost the immune response are sometimes added to the final vaccine product as well.

How does changing from animal cells to human cells in manufacturing affect children? Dr. Deisher showed us how one species reacts to the DNA contaminants of another species by using an analogy of two different frosted cakes, representing animal or human epi-genomes. A piece of animal-frosted cake, representing an animal DNA fragment, would not fit with human-frosted cake, representing a human DNA fragment, and vice versa, because each species has different epigenetic decorations on their DNA (the frosting). The human body safely recognizes and eliminates animal DNA fragments as foreign because of their frosting (frosting = epi-genome). However, contaminating human fetal DNA fragments would be treated differently.

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The potential consequences of injecting our children with human fetal DNA contaminants include two well-established pathologies:

1) Autoimmune disease triggered by the human fetal DNA in vaccines leading a child's immune system to attack his or her own body, and
2) Insertional mutagenesis in which fetal DNA incorporates into the child's DNA causing mutations.

Scientists have found that children with autistic disorder have antibodies against human DNA in their blood that non-autistic children do not have. These antibodies may be involved in autoimmune attacks in autistic children. Scientists have also found that autistic children have hundreds of excess rare, de novo mutations. De novo means not inherited from their parents. Both the fetal DNA fragments and the retroviruses contaminating some of the human fetal vaccines could have caused these mutations through a process called insertional mutagenesis. Human DNA fragments alone are known to be taken up, particularly by a child's circulating stem cells, and to insert into the child's genome, which is a mutation. The presence of HERVK retrovirus in some vaccines makes this danger more real, since retroviruses readily insert into a cell's DNA and they easily carry other DNA with them.

The FDA has been concerned about the contaminants in vaccines and the risks of autoimmunity or insertional mutagenesis for decades. In an early gene therapy trial, the experts with the FDA's Gene Therapy Division estimated that the risk of retroviral and human DNA fragment induced mutations and cancer was 1 in a trillion. Tragically, when they gave the retroviral and human DNA fragments to boys with SCID disease, 4 out of 9 (44%) of the boys developed leukemia. 44% is a lot higher than the FDA's estimated risk of 1 in a trillion!

Sadly, the FDA's Vaccines and Biologics Division used these same experts' catastrophically inaccurate risk predictions and applied these to the human fetal vaccine contaminants. Most egregiously, FDA meeting minutes reveal that FDA experts chose to take the lazy road in protecting the health of our children. While chairing a 1999 FDA vaccine manufacturing safety meeting the Asst Dir acknowledged the dangers of human fetal contaminants in vaccines yet decided that intellectual safety experiments were sufficient.

Would you buy a car that had not been put through safety testing? Would you trust the industry or government experts to sit around a table and talk about whether a car was built safely or not? Of course not! No one would accept 'intellectual' safety tests on their cars. Neither should we, nor should our government agencies who have been tasked with protecting the health of our children, accept 'intellectual' safety tests on our vaccines. No actual, empirical safety studies have ever been done to determine the true, real-life risks from injecting our children with human fetal DNA and retroviral contaminated vaccines. With ASD prevalence now at more than 1 in every 100 children, isn't it time the FDA demanded safety studies be done?

Fetal Vaccines and Childhood Cancers

At the 2009 Washington State Medical Association Annual Conference a prominent pediatric oncologist shared her concerns that the MMR II vaccine was associated with rising and alarming childhood leukemias and lymphomas. As a small non-profit, SCPI has been forced to focus solely on fetal vaccines and autism, however, in May 2014 we made investigating childhood cancers and their relationship to fetal manufactured vaccines one of our annual goals. How ironic then that Dr. Deisher's son Henry was diagnosed with very aggressive lymphoma on July 30, 2014. Not knowing the human fetal source of some vaccines, Dr. Deisher's children received several fetal vaccines as infants and toddlers. Henry was injected with fetal contaminated vaccines as a toddler, yet the cancer did not rear it's ugly head until he was 13. Why would the cancer take so long to develop? Will we see bizarre leukemias and lymphomas from the use of these fetal manufactured vaccines throughout the lifetimes of our children?

In that fatal and disastrous gene therapy trial mentioned earlier, where they deliberately treated boys with SCID disease with retroviral and human DNA fragments, the leukemias took up to 3 years to develop. Human DNA fragments preferably insert into primitive cells such as stem cells. In the case of B-lymphocyte lineages that cause lymphoma, the more primitive precursor cells lie dormant in our bodies until they are triggered by the presence of bacteria or viruses, akin to winning the lottery. A mutated lymphocyte stem cell could lie dormant in a child's body for years, perhaps even decades, and then be activated and become cancer.

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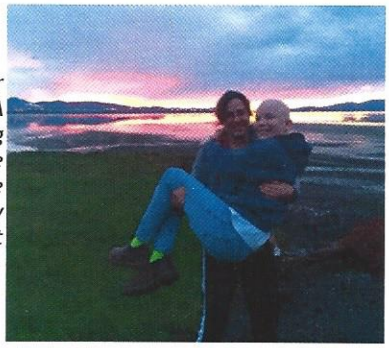
Fetal vaccine induced mutations to a B-cell precursor in a young child could give rise to bizarre cancers that may appear belatedly throughout the child's entire lifespan.

In the US, since the very late 1970's, the same years when some animal manufactured vaccines began to be replaced by fetal manufactured vaccines, leukemia and lymphoma rates have doubled. Since that same year, the rate of Burkitt's lymphoma, the type of cancer Dr. Deisher's son was diagnosed with, has sky-rocketed from 1 in 100,000 children in the US to 1 in 7,700 children. A once extremely rare lymphoma in the western world has increased 77 fold! Suspiciously, Burkitt's lymphoma and autism are gender biased, with boys diagnosed much more often than girls. The suffering of children and families with autism or cancer is indescribable. The lack of fetal manufactured vaccine safety studies is unconscionable.

What can you do for the children?

Contact your elected representatives and tell them you are concerned. Ask them to require vaccine manufacturers to easily change their manufacturing practices. Ask them to hold the FDA accountable for allowing human fetal cell lines to be used for vaccine manufacturing without requiring appropriate safety studies. Ask your elected representative to demand that access be granted to the Vaccine Safety Datalink so that retrospective epidemiologic studies can be conducted to determine the relative risk of an autism or blood cancer diagnosis in children who were immunized with human fetal manufactured vaccines.



Sunset near La Conner, WA the evening before starting bone marrow transplant procedure.

Some Highlights from the Past 12 Months

1) SCPI's ecological study demonstrating a correlation between autistic disorder and the introduction of human fetal cell vaccines was published in the peer reviewed *Journal of Public Health and Epidemiology*, September 2014. The study can be viewed online at: http://soundchoice.org/autism/autism-research/

2) Dr. Deisher was featured in an Adult Stem Cell Research Facts video produced by the Family Research Council (FRC) that can be viewed online at: http://www.stemcellresearchfacts.org/

3) SCPI's next two scientific papers will be published in the Spring 2015 issue of *Issues in Law & Medicine*. The papers establish further links between fetal manufactured vaccines and autism and demonstrate that other suspected causes of autism are neither sufficient nor necessary to explain the epidemic rates.

4) SCPI welcomed Dr. Peter Jarzyna to our team. Dr. Jarzyna joins us from Mount Sinai School of Medicine and Massachusetts General Hospital.

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