IN PURSUIT OF PRO-LIFE MEDICINES

SOUND CHOICE PHARMACEUTICAL INSTITUTE

Sound Choice Pharmaceutical Institute

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Easter 2014 Newsletter

1) **SCPI Second Annual Dinner Event was a great success:**
Thank you to everyone who joined us for the dinner event or supported the event. Dr. Deisher's presentation on human trafficking for biomedical research and autism prevention and cures will be summarized in this newsletter.

2) **What is causing the high rates of autism in immigrant Somalis in MPLS? It is NOT the lack of sunshine. American blacks do not have these high rates.**
A recent CDC, U of Minn and Autism Speaks study determined autism spectrum rates to be 1 in 32 in Somalis living in Minneapolis compared to the 1 in 88 rate for the US as a whole. Autism was unheard of in Somalia. But whites in MPLS have autism at 1 in 36, while blacks are at 1 in 60 and Hispanics at 1 in 80. We cannot blame low vitamin D. Children are not widely vaccinated in Somalia, but they are in the US!

3) **Will the fear of autism lead to sex selection against male babies?**
Western Australia approved pre-implantation diagnosis for autism in October 2013. Since boys are at higher risk for autism than girls, this is a form of sex selection (in reverse). It would be more effective, less expensive, and ethically to just stop making vaccines in human fetal cells, rather than to eliminate boys in the test tube or in the womb.

PLEASE DONATE TODAY! WE RELY ON YOUR SUPPORT!

Dr. Theresa Deisher, President, Sound Choice Pharmaceutical Institute

April 3: Our Second Annual Dinner Event.

A special thanks goes out to all of our volunteers and attendees, who made the event such a success. The delicious buffet dinner was catered and donated by Judy and Mark Fenton.

Attendees had the opportunity to view posters put together by SCPI research associates on their work to : 1) develop a user friendly interface for people to be able to look at global autism rates and fetal vaccine use, 2) conduct molecular modeling showing how a new mutation in one young boy who developed regressive autism could cause severe damage to a protein that is critical for cellular communication, 3) measure how sensitive various human cells are to taking up and incorporating foreign human DNA in their genome, and 4) raise awareness about the global markets that traffic human beings for biomedical research and medical therapies. These posters will be up on our website for those who were not able to attend the event.

SCPI's mission is to end this scourge of human trafficking by raising awareness, demonstrating the negative health consequences of exploiting other human beings for medical therapies, and developing morally and scientifically superior products so that no one will feel compelled or justified in using morally illicit material in biomedicine.

Dr. Deisher's presentation at the event summarized some of the material contained in each of the posters that were presented. Please visit our website and look at each poster. You will learn how the poor, the weak and the vulnerable are trafficked for their organs, for their stem cells and for their eggs. Egg harvesting in developing countries is done in dangerous and unethical circumstances, super-ovulating these poor women to obtain dozens of eggs for first world human cloning experiments. Not only are the lives and health of these women put at risk, but to add insult to injury they are often not even compensated as they had been promised. These unethical practices are not limited to developing countries. We see this even here in the US where young women are targeted for their eggs for fertility treatments. The documentary "Eggsploitation" reveals the dirty secrets of the US fertility fields. I recommend the documentary to everyone.

Women's eggs, aborted babies, newborn babies, refugees, impoverished villages, executed prisoners : all are targets for human trafficking to feed the wealthy's appetites for organ transplant, for anti-ageing stem cell therapy, and for human cloning experimentation. With you help we will stop this!

Multiple top-notch universities have published the fact that children with regressive autism have new mutations in their genes that their parents do not have. This evidence tells us that an environmental insult has been imposed on these children to cause these mutations. Scientists have established clearly what can cause these types of mutations : radiation, toxic chemicals, DNA damaging agents, and foreign DNA. Dr. Deisher showed SCPI's data which demonstrates that only

foreign DNA introduced into childhood vaccines by using aborted fetal cell lines to manufacture these vaccines can explain the rise in autism and the new mutations found in these children.

Stem cells are the most sensitive cells to take up and incorporate foreign DNA in their genes, which causes new mutations to occur. This sensitivity has been demonstrated not only by SCPI but also by scientists across the country who are trying to get foreign DNA to incorporate in genes for gene therapy. Stem cells are the most sensitive.

Dr. Deisher shared the story of two children who developed both leukemia and regressive autism. When the children's leukemia was cured or in remission, their autism was cured or in remission. There is a stem cell that can give rise to the cells that become leukemic and to micro-glial cells that are important immune cells in our brains. These children most likely had a new mutation that developed in this stem cell that caused both the leukemia and the autism.

This tells us several things, but most importantly, it tells us that stem cell therapy may be an effective treatment or cure for children who have developed regressive autism. Right now, most stem cell treatments for autism are uncontrolled and fall into the category of 'stem cell tourism'. We pray that pharmaceutical companies will go back to using animal or other cell lines to make vaccines so that no more children will regress into autism, and we pray that governments and foundations will fund rigorous, controlled stem cell clinical trials so that those who have already been harmed can be treated or cured.

Dr. Deisher also shared a real-life experiment that was unintentionally conducted in the UK and Scandinavian countries between 1998 and the early 2000's. In 1998, a Dr. Andrew Wakefield published a paper in a prestigious medical journal that suggested that the MMR vaccines introduced in 1988 might be associated with the newly epidemic regressive autism levels. The MMR vaccines introduced in the UK and Scandinavian countries were all aborted fetal manufactured. In response to this publication, some people refused to vaccinate their children with the MMR, and vaccination rates fell slightly but rapidly. Dr. Wakefield was immediately attacked and discredited, and so MMR vaccination rates rose back up within one to 5 years. What happened to regressive autism rates? They fell as MMR vaccination rates fell and then they came back up as MMR vaccination rates came back up. This is as close to 'cause and effect' data as one could possibly get, even though the publicly available data for autistic disorder is limited. It is time to stop injecting fetal DNA contaminants into our children with these vaccines!

The culmination of the dinner event was the presentation of the first annual Sound Choice Service Award to the sister and brother-in-law of the now adult man who was one of the first children to receive the fetal manufactured MMR II and to develop regressive autism, Mike.

The Sound Choice Service Award was established to honor those who have worked tirelessly to end or have been forced to make sacrifices because of human trafficking for biomedical products. This year it will be awarded to the McPherson family, who have sacrificed to care for their brother Mike, one of the first people diagnosed with regressive autism in Washington state. Below is their story as told by Mike's sister and caretaker Tammy:

Mike was born December 21, 1978. He was a happy healthy baby. I was very proud and protective of my baby brother, and I still am. He developed normally: he was potty trained by the time he was 1, and he was walking at 10 months. Mom had his vaccines on schedule just as she did with me. When he was about 18 months old, he was saying words very well. But when he went for his last dose of his vaccines, my mom noticed he had a reaction to them. He had a slight fever and wasn't feeling well, but the most drastic reaction was that his words stopped. He began pointing to objects without saying words. He couldn't tell you he wanted juice, or anything. He would get frustrated easily, and he would hit his head against the wall and on the floor. It was frustrating for mom too. She would ask the pediatrician "what is wrong with my boy?" He would never give her an answer except for "someone needs to take him fishing." She asked him "what kind of an answer is that?" And that was it.

When he was getting close to school age, 4-5, he was tested all day with hearing and identifying shapes, colors, etc. A couple days after the test they called her and told her he was severely retarded. They said his mentality would never be above a 3 year old. This put her to tears. Mike saw her sitting in her chair and got in her lap and gave her the biggest hug a son could give his momma. It was not until Mike was 18 that she got the autism diagnosis.

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What is causing the high rates of autism in immigrant Somalis in MPLS?

In Somalia they did not have a word for autism, because they did not have the disease. There is a large immigrant Somali population in Minneapolis, and these children have rates of severe autism at 1 in 32, much higher than the general population.

Autism, like most diseases, is a complex disease and is affected by underlying genetic predisposition(s) as well as environmental factors. Somalis must have an underlying predisposition, most likely genetic, to develop severe regressive autism. Some people want to believe that low vitamin D levels because of their dark skin and the lack of sunshine are making autism rates so high in Somalis. But, the same study showed that autism spectrum rates in whites living in MPLS were 1 in 36, so the cause cannot be dark skin. Black American born children and Hispanics living in MPLS had rates of 1 in 62 and 1 in 80, close to the US national average, so the high rates in Somalis and whites in MPLS cannot be merely lack of sun.

Lack of sunshine and low Vitamin D could exacerbate the triggers of the disease because **Vitamin D is critical for DNA repair**, so with lower Vitamin D children would not be able to repair new gene mutations as well as other children, thus explaining any contribution of low Vitamin D to the autism epidemic.

What causes new DNA mutations in the first place? Foreign DNA fragments injected with childhood vaccines do. Very few children are vaccinated in Somalia – less than 20% were vaccinated until recently. In the US they are ALL vaccinated. In Somalia there was no autism, they did not even have a word for autism. In the US and other countries where Somalis have emigrated and been vaccinated, they have very high rates of autism and now they have a word for it "otismo", a dread of it, and a need for help. Again and again the tale of autism returns to fetal manufactured vaccines.

Will the fear of autism lead to sex selection against male babies?

The Reproductive Technology Council of Western Australia approved a pre-implantation screen for autism recently. There are no genetic tests for autism, so instead of looking for a gene mutation, the screening identifies the embryo's sex because boys are at least four times more likely to develop autism. Britain's Human Fertilisation and Embryology Authority is also considering allowing sex based pre-implantation diagnosis to reduce autism.

Why don't they just stop using fetal cells to manufacture vaccines, instead of eliminating male embryos! Please help us stop this madness….

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