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For Immediate Release: Sept 8, 2014

New study in Journal of Public Health and Epidemiology examines autism disorder increase and human fetal DNA, retroviral agents in vaccines

(Seattle) A new study published in the September 2014 volume of the Journal of Public Health and Epidemiology reveals a significant correlation between autism disorder (AD) and MMR, Varicella (chickenpox) and Hepatitis-A vaccines.

Using statistical analysis and data from the US Government, UK, Denmark and Western Australia, scientists at Sound Choice Pharmaceutical Institute (SCPI) found that increases in autistic disorder correspond with the introduction of vaccines using human fetal cell lines and retroviral contaminants.

Even more alarming, Dr Theresa Deisher, lead scientist and SCPI founder noted that, "Not only are the human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas."

Their study comes on the heels of recent breaking news that the CDC deliberately withheld evidence of the significant increase in autism among African-American boys who were vaccinated prior to 36 months of age. (See: http://www.examiner.com/article/whistleblower-reveals-cdc-cover-up-linking-mmr-vaccine-to-autism)

So it should come as no surprise that the FDA has known for decades about the dangers of insertional mutagenesis by using the human fetal cell lines and yet, they chose to ignore it. Instead of conducting safety studies they regulated the amount of human DNA that could be present in a vaccine to no greater than 10ng. (www.fda.gov/ohrms/dockets/ac/05/slides/5-4188S1_4draft.ppt)

Unfortunately, Dr. Deisher's team discovered that the fetal DNA levels ranged anywhere from 142ng - 2000ng per dose, way beyond the so-called "safe" level.

"There are a large number of publications about the presence of HERV (human endogenous retrovirus - the only re-activatable endogenous retrovirus) and its association with childhood lymphoma," noted Dr Deisher. "The MMR II and chickenpox vaccines and indeed all vaccines that were propagated or manufactured using the fetal cell line WI-38 are contaminated with this retrovirus. And both parents and physicians have a right to know this!"

Certainly these discoveries by SCPI should generate an immediate investigation by FDA officials, if not an outright ban on the use of aborted fetal cell lines as substrates for vaccine production. There are numerous other non-human FDA-approved cell lines that can and should be used.

Dr Deisher's study is available on the Academic Journals website at:
http://academicjournals.org/article/article1411048618_Deisher%20et%20al.pdf
or on their website at www.soundchoice.org/SCPIpressrelease092014.pdf

Dr. Theresa Deisher is a PhD in Molecular and Cellular Physiology from Stanford University with over 20 years in commercial biotechnology, prior to founding AVM Biotechnology and Sound Choice Pharmaceutical Institute. As an inventor of 23 issued US patents she is world-renowned for her work in adult stem cell research and the first to discover adult cardiac derived stem cells. Dr. Deisher was a plaintiff in the US federal lawsuit to prohibit the use of taxpayer dollars for embryo destructive research, which resulted in steering science towards adult stem cell research and 14 US FDA approved adult stem cell products.

Important Additional information - Read Below!

Because we are aware that previous studies by scientists have been removed from publication by the CDC and research journals, we have saved copies of these on our website at Children of God for Life.
The first and most incriminating is the FDA document linked above with the study on the oncogencity of the aborted fetal DNA and their admission that both the DNA contaminants and retroviral agents could infect the vaccine recipient. The following is found in the FDA notes of the power point presentation which may be overlooked by the casual reader - but it's too important to let it be buried.

NOTES BY FDA:
"The risks associated with residual cell-substrate DNA have been debated for 40 years without resolution. The potential risks are considered to be twofold.
First, DNA could have an oncogenic potential.
Second, the DNA could be infectious.
The oncogenic activity has historically been the one that has drawn the most attention from regulators.
There are several ways by which DNA could be oncogenic
- The cell-substrate DNA could possess one or more dominant activated oncogenes, such as ras.
- The other way is by integration of the cell-substrate DNA into the host chromosome. The consequences of this integration could be:
1. To disrupt a tumor-suppressor gene, such as p53.
2. To integrate near a cellular oncogene and alter the normal expression of this gene.
The infectivity risk arises if the cell-substrate DNA contains a genome of an infectious virus. Thus, if the genome of this virus is inoculated into the vaccinee, it could establish an infection in the human, and this could have pathogenic consequences. The infectious genome could be a DNA virus, either integrated or extra-chromosomal, or could be the DNA provirus of a retrovirus.
{Such a mechanism was originally seen in leukemias in chickens, where an increased expression of the myc gene was frequently observed, and has recently be seen in the gene therapy studies for X-linked SCID, where the Lmo-2 gene was affected and several children have leukemia.}
*[However, this mechanism has not been considered likely by several Advisory Committees, and CBER cannot consider it likely, **as we have allowed milligram amounts of DNA** to be injected as DNA vaccines. Thus, the major oncogenic risk is through the introduction of oncogenes.]"*

Please note they state that the mechanism is unlikely because they "have allowed milligram amounts of DNA" - but in reality, testing of the aborted fetal DNA levels in vaccines is way above their allowance of no greater than 10ng.

In the event any of the above links from our press release are removed, we saved them as:

FDA study:
www.cogforlife.org/FDApowerpointDNA.pdf

Dr Deisher research:
www.cogforlife.org/scpiJournalPubHealthEpidem092014.pdf