The year ahead for organizations that focus on genetics and autism promise SCIPI’s research which focuses on identifying environmental triggers and on making stem cells work better promises no hope for prevention, treatments or cures.
As the Christmas season approaches, our gift to you is that SCPI will continue to focus on the research and programs that provide real hope for autism treatments and cures, and prevention for future bundles of joy. We need your financial support to do this.

O ur last newsletter brought to light the most critical aspect of the recent Duke University clinical trial where 2/3rds of children with autism responded to treatment with their own banked umbilical cord blood. This clinical trial proves that the majority of children with autism are NOT BORN WITH IT. This clinical trial provides real, true hope, and it should compel all of us to support organizations that focus on post-natal environmental triggers for autism.

Let’s look at all the resources spent on identifying genetic causes of autism. Since 2006, about $850M in federal dollars have been wasted identifying well over 1,000 genes suspected to be associated with autism. As the Georgetown Public Policy Review in November 2014 states, “research that focuses on genetic causes (of which there are likely many), or an underlying neurological trigger, may not be helpful in either treating people living with the condition, or preventing future cases.” Even worse, the Government Accountability Office (GAO) reported in November 2013 that 84% of genetic research projects were potentially duplicative.

Let’s review: $850M in federal dollars have been spent to identify over 1,000 diverse genes that may be associated with autism but which are acknowledged to neither lead to prevention nor treatments nor cures! WOW.

In contrast, in that same time frame, for less than $1.6M dollars (0.18% of the genetics research), SCPI has brought to light the dangers of using fetal cell manufacturing and how this manufacturing is associated with the current worldwide autism epidemic. We have quantified the levels of human fetal DNA fragment contaminants in these vaccines. SCPI has demonstrated in our own labs how readily it is that primitive, fetal-like DNA fragments insert into the genome of young cells, verifying other labs’ publications. We have published 4 peer reviewed articles on these topics. SCPI has also done ground-breaking research using atomic modeling to identify genetic sites that are most susceptible to fetal DNA fragment insertions. We must highlight here that a DNA insertion is by definition a mutation: “In genetics, an insertion (also called an insertion mutation) is the addition of one or more nucleotide base pairs into a DNA sequence.”

At this moment we are executing research studies that demonstrate firsthand how the actual vaccines - the vaccines themselves containing fetal DNA and aluminum contaminants - cause mutations in young stem cells. Next we will demonstrate how those mutated stem cells cause disease in mice. We absolutely need your continued financial support. The more proof that we have in-hand about the dangers of fetal cell vaccine manufacturing, the better we will be able to enact change in vaccine manufacturing. Change will bring prevention.

Founded in 2008, SCPI’s mission is to protect vulnerable individuals who are exploited for biomedical research, by being a catalyst for ethical and optimal medical treatments, which bring real hope to our loved ones. 2017 saw the FDA approval of a morally manufactured shingles vaccine, Shingrix, that is safer and more effective than the fetal vaccine Zostavax. In 2017 SCPI shone light on the true hope from the Duke U cord blood clinical trial. Please remember us at Christmas so that we can continue to be a catalyst for change. In 2018 we will help launch a clinical trial to optimize stem cell outcomes and to replace chemotherapy. In our labs we will measure the combined effect of aluminum and fetal DNA fragment on gene mutations.

WHAT YOUR DONATIONS HAVE ACCOMPLISHED

2008
SCPI ALREADY KNEW THAT CHILDREN WITH AUTISM ARE NOT BORN WITH THE DISORDER.
SCPI conducted preliminary bioinformatics and laboratory studies to determine scientific change point analysis and assembled the data to prove Koch’s postulate for the human fetal vaccine manufacturing as a primary environmental trigger for ASD.

2012
SCPI DEMONSTRATED HOW READILY IT IS THAT PRIMITIVE, FETAL-LIKE DNA FRAGMENTS CAN INSERT INTO THE GENOME OF YOUNG CELLS.

2 images above are examples of how human fetal DNA fragments (red) inserted into the genome of young cells. For the complete published study, please click here.

2014
SCPI published 2 peer-reviewed papers discussing:
1) Sociological environmental causes were insufficient to explain autism changepoints of incidence, and 2) the introduction of fetal and retroviral contaminants in childhood vaccines in 1979 that coincides with the rising autism rates few years later.

2015
SCPI published our 3rd peer-reviewed paper showing the possible insertion of human fetal DNA fragments into the young cells. Unfortunately, those fragments are ingredients of our modern vaccines.

2017-2018
A morally manufactured shingles vaccine that is safer and more effective is approved by the FDA. During the same year, the clinical trial from Duke University showed umbilical cord blood cells induced improvement in children with autism, proving that most children with autism are NOT BORN WITH IT. The Duke study also proves that SCPI was 10 years ahead of the field.
Provide More Proof on the Dangers of Fetal DNA and Aluminum Used in Current Vaccine Manufacturing

With the support of two donors, SCPI launched its project to measure the effect of fetal DNA and aluminum present in vaccines on human blood stem cells. The vaccines include MMRII, DTaP, Vaqta, and Varivax. No one has ever studied the effects of vaccines on human stem cells before. We were surprised to notice significant cell death when we mixed the vaccines with the human stem cells. However, blood stem cell survival was altered within 6 days of vaccine exposure. In contrast, cells that were not exposed to vaccines continued to die with time, which is considered normal when having cells in the cell culture. After 8 to 14 weeks of vaccine exposure, there is an apparent survival advantage in the vaccine exposed cells—a survival advantage is a hallmark of cancer cells! The question worrying us is: Can cells exposed to vaccines become cancerous? We do not know the answer yet. However, the preliminary results are suggestive of a cancer phenotype. We need to continue these studies and investigate further. This could have huge worldwide implications regarding the safety of fetal DNA contaminants in vaccines. However, these studies are expensive and labor-intensive. We at Sound Choice cannot continue these ground-breaking studies without financial support. With your donations, we can complete this critical work and present our results to you.

Estimated Costs: $150,000

Provide Support to Launch a Novel, Non-Toxic Preconditioning Small Molecule to Optimize Stem Cell Treatments

Duke scientists treated autistic children with their own banked cord blood. Such treatment is called stem-cell therapy, or cell-based therapy. Stem-cell therapy is the use of stem cells to treat or prevent a disease or condition. A bone marrow transplant is the most widely used stem-cell therapy. The second most popular therapy is to use the umbilical cord blood. However, the survival of transplanted stem cells, either from bone marrow or umbilical cord blood is known to be low, reducing their therapeutic effects. One way to tackle this problem is to precondition before the cells are injected into patients. The treatment that Duke scientists have given these children is without preconditioning. SCPI scientists are supporting a non-toxic preconditioning molecule for clinical trials, an important step before the treatment can be approved by the FDA and available to all the children out there. SCPI invites you to partner with us to achieve this important milestone: bringing safe and effective cell-based therapy to children with ASD.

Estimated Costs: $104,000