Pro-Life?

You cannot be pro-vaccine.

Marcella Piper-Terry, M.S.

Vaccines manufactured with HUMAN CELL LINE and ALTERNATE CELL LINE products - USA

Vaccines manufactured with HUMAN CELL LINE and ALTERNATE CELL LINE products
USA - January 2015 – Data subject to change

	Disease	Human Cell Line Vaccines	Manufacturer	Human Cell Line	Alternate Cell Line Vaccines	Manufacturer	Cell Line
1	Acute Respiratory	Adenovirus 4,7 Oral	Barr Labs	WI-38	NONE	N/A	N/A
2	Chickenpox	Varivax, Varilrix	Merck, GSK	WI-38, MRC-5	NONE	N/A	N/A
3	Cystic Fibrosis	Pulmozyme	Genentech	HEK-293	N-acetylcysteine, Hyper-sal	Various	N/A
4	Hemophilia	rhFVIII, rhVIX	Octapharma	HEK-293	Advate, Kogenate	Baxter	Hamster
5	Hepatitis A	Vaqta, Havrix Avaxim, Epaxal	Merck, GSK Sanofi, Berna	MRC-5 MRC-5	Not avail. in USA Aimmungen	Kaketsuken (Japan, Europe)	Vero (monkey)
6	Hepatitis A & B Hepatitis A & Typhoid	Twinrix Vivaxim	GSK Sanofi	MRC-5 MRC-5	Engerix Hep-B only Recombivax Hep-B Only	GSK Merck	Yeast Yeast
7	Infection prevention	G-CSF	Octapharma	HEK-293	Neupogen	Amgen	E-coli
8	Measles/Mumps/ Rubella	MMR, Priorix	Merck, GSK	RA273, WI-38	Not avail. in USA MR+M (Japan only)	Kitasato Daiichi Sankyo (KDS)	Hen Eggs Rabbit
9	Measles-Rubella	MR Vax, Eolarix	Merck, GSK	RA273, WI-38, MRC-5	Not avail in USA Attenuvax(Measles) MR	Merck KDS	Hen Eggs Rabbit
10	Mumps-Rubella	Biavax II	Merck	RA273, WI-38	Not avail in USA Mumpsvax(Mumps)	Merck	Hen Eggs
11	Rubella	Meruvax II	Merck	RA273, WI-38	Not avail. in USA Takahashi(Japan only)	Kitasato Institute	Rabbit
12	MMR + Chickenpox	ProQuad/MMR-V	Merck	RA273, WI-38, MRC-5	NONE	N/A	N/A
13	Polio	Poliovax, DT PolAds Polio Sabin (oral)	Sanofi Pasteur GSK	MRC-5 MRC-5	IPOL, IMOVAX® Polio**	Sanofi Pasteur	Vero (monkey)
14	Polio Combination (DTaP + polio+ HiB)	Pentacel, Quadracel	Sanofi Pasteur	MRC-5	Pediarix + HiB, Pediacel Infanrix Hexa IPOL + any DTaP + HiB	Sanofi, GSK	Vero (monkey)
15	Rabies	Imovax**	Sanofi Pasteur	MRC-5	RabAvert	Novartis	Hen Eggs
16	Rheumatoid Arthritis	Enbrel	Amgen	WI-26 VA4 Hamster	Humira, Cimzia, Orencia	Abbott, UCB, BMS	Hamster
17	Shingles	Zostavax	Merck	WI-38, MRC-5	NONE	N/A	N/A
18	Smallpox	Acambis 1000	Acambis	MRC-5	ACAM2000, MVA3000	Acambis/Baxter	Vero (monkey)

**Note: IMOVAX®Polio is an alternate version for polio vaccine in Canada and is not the same as IMOVAX for rabies. Data subject to change.

VACCINES ON CURRENT CDC SCHEDULE

- Chickenpox (Varivax [WI-38, MRC-5])
- Hepatitis A (Vaqta, Havrix [MRC-5])
- Hepatitis A & B (Twinrix [MRC-5])
- MMR (MMR-ii [RA273, WI-38])
- MMR+Chickenpox (ProQuad [RA273, MRC-5, WI-38])
- DTaP+IPV+HiB (Pentacel [MRC-5])
- Shingles (Zostavax [WI-38, MRC-5]) (Adult Schedule)

Ingredients and components used in vaccine manufacture can be found at: TinyURL.com/ExcipientList

Source: Sound Choice Pharmaceutical Institute. Soundchoice.org

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

In addition to weakened or killed disease antigens (viruses or bacteria), vaccines contain very small amounts of other ingredients – excipients or media.

Some excipients are added to a vaccine for a specific purpose. These include:
Preservatives, to prevent contamination. For example, thimerosal.
Adjuvants, to help stimulate a stronger immune response. For example, aluminum salts.
Stabilizers, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These include:
Cell culture materials, used to grow the vaccine antigens. For example, egg protein, various culture media.
Inactivating ingredients, used to kill viruses or inactivate toxins. For example, formaldehyde.
Antibiotics, used to prevent contamination by bacteria. For example, neomycin.

The following table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine. Each of these PIs, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

All information was extracted from manufacturers' package inserts, current as of January 6, 2017.
If in doubt about whether a PI has been updated since then, check the FDA's website at:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Vaccine	Contains
Adenovirus	human-diploid fibroblast cell cultures (strain WI-38), Dulbecco's Modified Eagle's Medium, fetal bovine serum, sodium bicarbonate, monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, microcrystalline cellulose, magnesium stearate, cellulose acetate phthalate, alcohol, acetone,

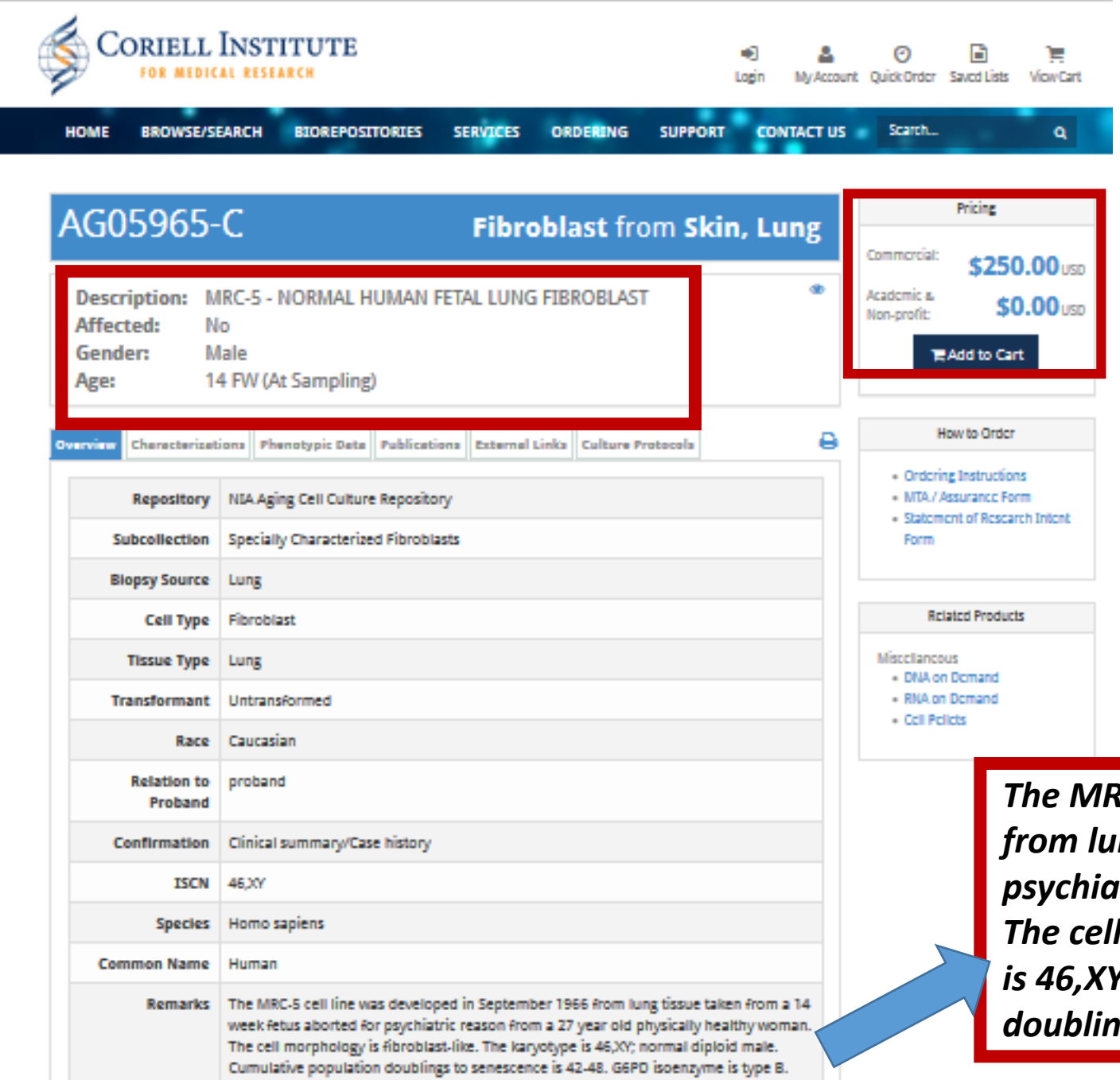
TinyURL.com/ExcipientList

There are currently 14 different vaccines licensed in the United States which use fetal cells and tissues in their manufacturing process, and which contain human fetal DNA in the finished vaccine.

CDC Vaccine Excipient List, page 3 of 4

(MF59V4-Menhibrix)	vials), lactose
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanamycin
Meningococcal (MenB – Trumenba)	defined fermentation growth media, polysorbate 80, histidine buffered saline.
MMR (MMR-II)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen)	chick embryo cell culture, WI-38 human diploid lung fibroblasts MRC-5 cells, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	soy peptone broth, casamino acids and yeast extract-based medium, CRM197 carrier protein, polysorbate 80, succinate buffer, aluminum phosphate

TinyURL.com/ExcipientList



The MRC-5 cell line was developed in September 1966 from lung tissue taken from a 14 week fetus aborted for psychiatric reason from a 27 year old physically healthy woman. The cell morphology is fibroblast-like. The karyotype is 46,XY; normal diploid male. Cumulative population doublings to senescence is 42-48. G6PD isoenzyme is type B.

TinyURL.com/fetalDNAmrc5

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NA06814

Description: WI-38 - NORMAL HUMAN FETAL LUNG FIBROBLAST
Affected: No
Gender: Female
Age: 12 FW (At Sampling)

Pricing

Commercial: $84.00 USD
Academic & Non-profit: $56.00 USD

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Related Products

Same Subject
- AG06814-J - cell culture

Same Family
- 1053

Miscellaneous
- Cell Pellets

Repository	NIA Aging Cell Culture Repository
Subcollection	Specially Characterized Fibroblasts
Quantity	0.050mg
Quantitation Method	Please see our FAQ
Biopsy Source	Lung
Cell Type	Fibroblast
Tissue Type	Lung
Transformant	Untransformed
Race	Caucasian
Family Member	2
Relation to Proband	proband
Confirmation	Clinical summary/Case history
ISCN	46,XX
Species	Homo sapiens
Common Name	Human
Remarks	The WI-38 cell line was developed in July 1962 from lung tissue taken from a therapeutically aborted fetus of about 3 months gestational age. Cells released by trypsin digestion of the lung tissue were used for the primary culture. The cell morphology is fibroblast-like. The karyotype is 46,XX; normal diploid female. A maximum lifespan of 50 population doublings for this culture was obtained at the Repository. A thymidine labelling index of 86% was obtained after recovery. G6PD is isoenzyme type B. This culture of WI-38 is an expansion from passage 9 frozen cells obtained from the submitter.

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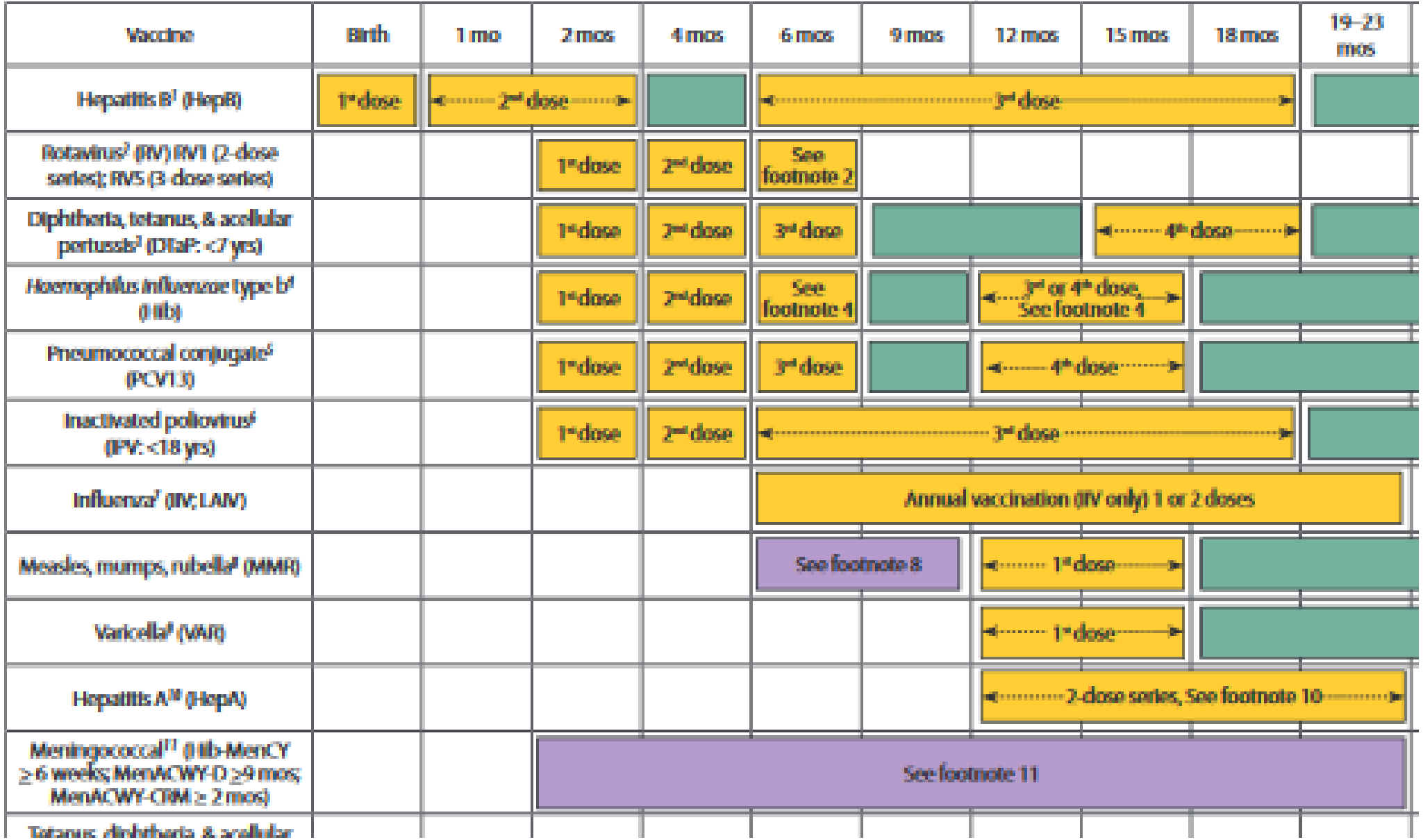
TinyURL.com/fetalDNAwi38



This is the CDC's Schedule for children from birth to two years of age. MMR and Varicella vaccines are given at 12-15 months of age. Children who receive Pentacel are being injected with cells, protein, and DNA from aborted babies at 2, 4, and 6 months of age.

Of the Top 5 Vaccine Products Worldwide, Pentacel ranks 4th, with projected sales at $1.68 Billion by 2020

Top 5 Vaccine Products Worldwide in 2020

Source: EvaluatePharma® 22 May 2015

Rank	Product	Generic Name	Company	WW Sales ($m) 2014	WW Sales ($m) 2020	CAGR 2014-20	WW Market Share 2014	WW Market Share 2020	Current Status
1.	Prevnar 13	pneumococcal vaccine	**Pfizer + Daewoong**	4,297	5,833	+5%	16.3%	16.8%	Marketed
2.	Gardasil	human papillomavirus (HPV) vaccine	**Merck + Sanofi Pasteur MSD + CSL**	2,029	2,523	+4%	7.7%	7.3%	Marketed
3.	Fluzone/Vaxigrip	influenza vaccine	**Sanofi + Sanofi Pasteur MSD**	1,724	2,026	+3%	6.5%	5.8%	Marketed
4.	Pentacel	DTPa, Hib & polio vaccine	**Sanofi**	1,533	1,683	+2%	5.8%	4.8%	Marketed
5.	Pediarix	DTP, hepatitis B & polio vaccine	**GlaxoSmithKline**	1,364	1,543	+2%	5.2%	4.4%	Marketed

Note: Sanofi Pasteur MSD is a European joint venture between Merck & Co and Sanofi. Sales for NVS do not reflect proposed disposal of NVS's influenza vaccine business to CSL.

Source: Evaluate Pharma: http://info.evaluategroup.com/rs/607-YGS-364/images/wp15.pdf

Top 10 Companies & Total Worldwide Vaccine Sales (2014-2020)

Source: EvaluatePharma® 22 May 2015

Rank	Company	WW Sales ($m) 2014	WW Sales ($m) 2020	CAGR 2014-20	WW Market Share 2014	WW Market Share 2020	Rank Chg. 2014-20
1.	**Merck & Co + 50% Sanofi Pasteur MSD**	6,246	**7,497**	+3%	23.4%	21.6%	+0
2.	**Pfizer**	4,480	**7,440**	+9%	16.8%	21.4%	+2
3.	**GlaxoSmithKline**	5,258	**7,343**	+6%	19.7%	21.1%	+0
4.	**Sanofi + 50% Sanofi Pasteur MSD**	5,845	**7,253**	+4%	21.9%	20.9%	-2
5.	**Novartis**	1,537	**979**	-7%	5.7%	2.8%	+0
6.	**Emergent BioSolutions**	246	**506**	+13%	0.9%	1.5%	+6
7.	**Takeda**	315	**377**	+3%	1.2%	1.1%	+1
8.	**Astellas Pharma**	355	**369**	+1%	1.3%	1.1%	-2
9.	**AstraZeneca**	295	**318**	+1%	1.1%	0.9%	+1
10.	**Mitsubishi Tanabe**	272	**276**	+0%	1.0%	0.8%	+1
	Top 10	24,848	**32,359**	+5%	92.9%	93.2%	
	Other	**1,897**	**2,368**	+4%	7.1%	6.8%	
	Total Industry	**26,746**	**34,727**	+4%	100.0%	100.0%	

Total projected vaccine sales by 2020 = 34.7 BILLION dollars per year

http://www.evaluategroup.com/public/reports/EvaluatePharma-World-Preview-2015.aspx

How Were These Abortions Done?

Dr. Peter McCullough's book, *The Fetus As Transplant Donor: The Scientific, Social, and Ethical Perspectives*, reports on the methods used in harvesting fetal tissue in Sweden:*

"They would puncture the sac of a pregnant woman at 14 to 16 weeks, put a clamp on the head of the baby, pull the head down into the neck of the womb, drill a hole into the baby's head and attach a suction machine to remove the brain cells… At 16 to 21 weeks, they would do prostaglandin abortions where a chemical is injected into the womb causing the woman to go into a mini-labor and pass the baby. Fifty percent of the time, the baby would be born alive, but that didn't stop them. They would simply open up the abdomen of the baby with no anesthesia, and take out the liver and kidneys, etc."

Make No Mistake.
The Abortions Were Done This Way To Ensure Intact Organs and Tissues For Research.

DVD available at https://cogforlife.org/dvd/

*Sweden is where the abortions used for cell lines in vaccines currently used in the U.S. took place.

When we talk about the use of aborted fetal tissue in vaccines, one of the things that comes up is that the Catholic Church has approved this, because “the benefit of vaccines, using these aborted fetal tissues, outweighs…” the risk to our soul??? The benefit makes it worthwhile, is basically what they say.

I want to say something about the abortions before moving on. Paul Offit says there were only two abortions involved in the development of the vaccines using fetal tissue… and they happened in the 1960s. Dr. Offit says that’s all they are using. Technically, there were two abortions that were used in developing MRC-5 and WI-38. MRC-5 is from a male aborted baby. WI-38 is from a female aborted baby. So we’ve got both male and female DNA. Hold onto that thought. But here’s the thing… Before they developed those cell lines, they had to find babies that were infected, for example, with rubella. This was in the 1960s. There was a rubella outbreak. They wanted to develop a vaccine. So they scared pregnant women by telling them their babies had been exposed and they would be born with horrible birth defects. They convinced 27 women to abort their babies before they found one baby who was infected with rubella. That’s why the strain that was used in the development of the rubella vaccine is called RA273. R(rubella), A(abortus), 27(number of babies), 3(number of tissue samples taken). All together, there were more than 80 aborted babies involved in the development of the rubella vaccine. So when Paul Offit tells you there were only two? He’s lying. Because he’s a lying liar that lies.

Another issue here is that fetal cell lines are problematic because they are highly tumorigenic – meaning they cause cancer. And the older those fetal cell lines are… the more times they replicate, the more tumorigenic they become. That’s a real problem, since the cell lines currently being used in vaccines injected into our children were developed in the 1960s.

More info: https://cogforlife.org/vaccines-abortions/

Walvax-2

KHVI_A_1009811_O - khvi-11

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4526020/pdf/khvi-11-04-1009811.pdf

998 (1 of 12)

RESEARCH PAPER

Human Vaccines & Immunotherapeutics 11:4, 998–1009; April 2015; Published with license by Taylor & Francis Group, LLC

Characteristics and viral propagation properties of a new human diploid cell line, walvax-2, and its suitability as a candidate cell substrate for vaccine production

Bo Ma[1,2], Li-Fang He[2], Yi-Li Zhang[2], Min Chen[2], Li-Li Wang[2], Hong-Wei Yang[2], Ting Yan[2], Meng-Xiang Sun[1], and Cong-Yi Zheng[1,*]

[1]College of Life Sciences; WuHan University; Wuhan, Hubei, PR China; [2]Yunnan Walvax Biotechnology Co. Ltd.; Kunming, Yunnan, PR China

Walvax-2 is a fetal cell line developed in 2015 in China, for the purpose of replacing MRC-5 as the main fetal cell line to be used in vaccines. There were nine babies aborted during the development of Walvax-2.

TinyURL.com/Walvax2

cryopreservation solution was GM added with 10 percent DMSO (D8418, sigma). Inorganic salts were purchased from Sinopharm Chemical Reagent Co. Ltd (Shanghai, P.R. China).

Source tissue material

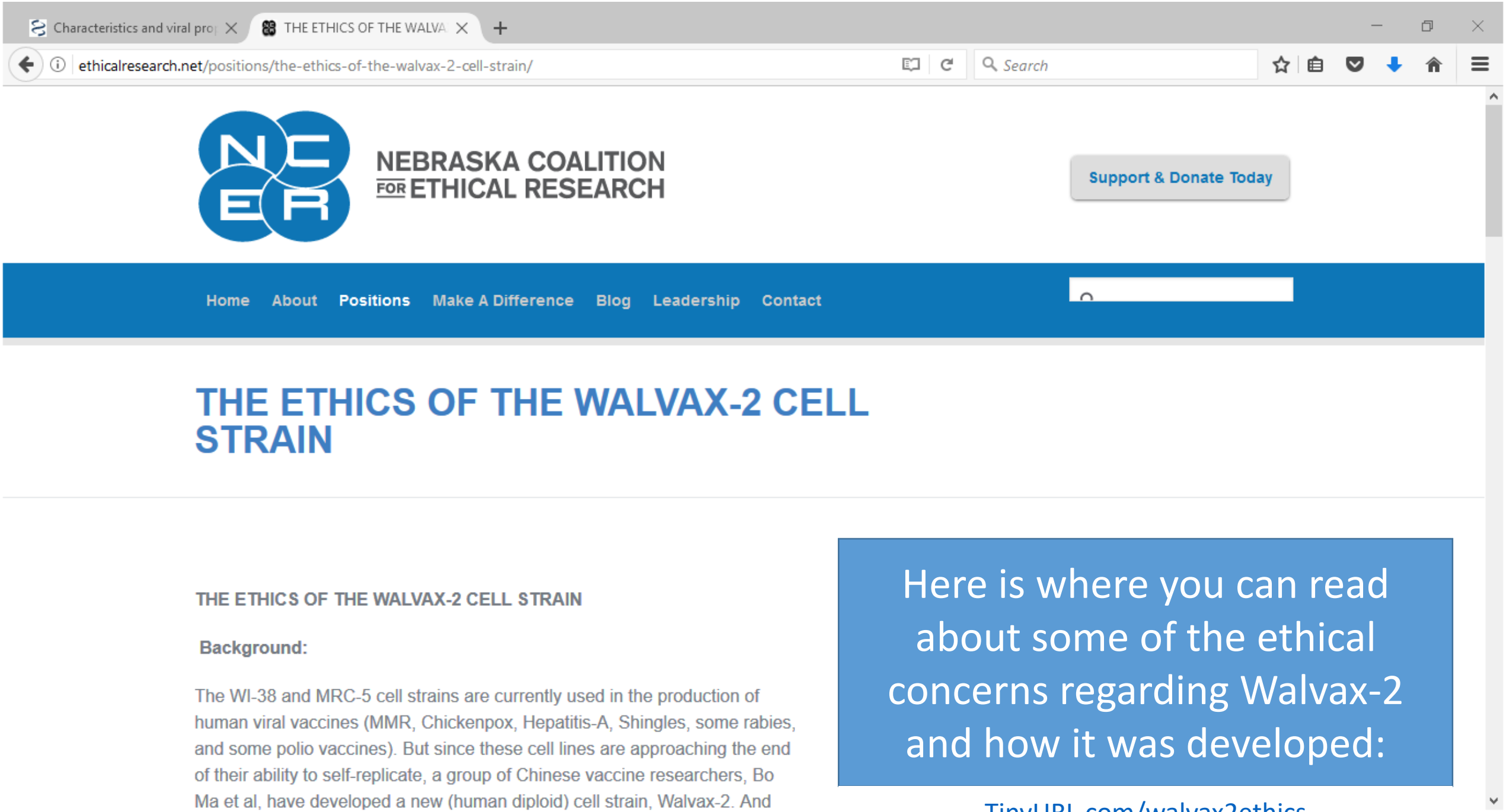
The fetal material was provided by the Department of Obstetrics and Gynecology of Yunnan Hospital, with legal and ethical agreements from the donator. Before the study, we made strict and comprehensive inclusion criteria in order to guarantee a high quality cell strain: 1) gestational age 2 to 4 months; 2) induction of labor with the water bag method; 3) the parents career should not involve contact with chemicals and radiation; 4) both parents are in good health without neoplastic and genetic diseases, and with no history of human tissue or organ transplantation in the families traced for 3 generations; and 5) no infectious diseases. The tissues from the freshly aborted fetuses were immediately sent to the laboratory for the preparation of the cells.

Preparation of primary cell stock and cell banks

The preparations of the primary cell stock and serial propagation of cells

For years, those who have been concerned about the abortions have been told that they were not conducted for the purpose of creating vaccines. Clearly, this is not the case with Walvax-2.

The babies were carefully screened, and were delivered via water bag induction, to ensure the desired organs were left intact. This is most likely why the abortions took place in China. Water-bag abortion is illegal in the United States.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THE ETHICS OF THE WALVAX-2 CELL STRAIN
THE ETHICS OF THE WALVAX-2 CELL STRAIN
Background:
The WI-38 and MRC-5 cell strains are currently used in the production of human viral vaccines (MMR, Chickenpox, Hepatitis-A, Shingles, some rabies, and some polio vaccines). But since these cell lines are approaching the end of their ability to self-replicate, a group of Chinese vaccine researchers, Bo Ma et al, have developed a new (human diploid) cell strain, Walvax-2. And
Here is where you can read about some of the ethical concerns regarding Walvax-2 and how it was developed:
TinyURL.com/walvax2ethics

Characteristics and viral pro | THE ETHICS OF THE WALVA

ethicalresearch.net/positions/the-ethics-of-the-walvax-2-cell-strain/

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rubella vaccine came from electively aborted fetal tissue.

NCER raises the following ethical objections to the research used to produce the Walvax-2 cell strain for potential use in manufacturing viral vaccines.

(1) **Questionable complicity between the doctors who performed the abortion and vaccine researchers who benefited from obtaining freshly aborted fetal lung fibroblast tissue.** Ethicists have universally insisted that, in the development of viral vaccines from aborted fetal tissue, there should be no collusion between the woman who has decided to abort her baby (and, by extension, the doctors doing the abortion) and the researchers. The mother must have made her decision to abort before she is asked whether she wants to donate fetal tissue for research purposes. It appears this was done in the Walvax-2 research.

By extension, the involved physicians performing the abortion should not deviate from the normal method of aborting the fetus (in the case of a three month fetus, a D&C) just so they might provide "optimal fetal tissue" for the vaccine researchers. But this is what the doctors did in aborting the 3-month old female fetus whose tissue eventually proved to produce the best diploid cell strain out of the batch of 9 aborted fetuses for the Walvax-2 cell substrate. They employed a special means of induction (the water bag method) so they or someone they delegated, could deliver to Bo Ma et al intact fetal cadavers with fresh organs which would facilitate, in turn, the ready harvest of the needed fetal fibroblast lung tissue from which they developed the human diploid cell strain conducive to the growth of the respective viruses (rabies, hepatitis-A and varicella [chicken-pox]).

… the involved physicians performing the abortion should not deviate from the normal method of aborting the fetus (in the case of a three month fetus, a D&C) just so they might provide "optimal fetal tissue" for the vaccine researchers. But this is what the doctors did in aborting the 3-month old female fetus whose tissue eventually proved to produce the best diploid cell strain out of the batch of 9 aborted fetuses for the Walvax-2 cell substrate. They employed a special means of induction (the water bag method) so they or someone they delegated, could deliver to Bo Ma et al intact cadavers with fresh organs which would facilitate, in turn, the ready harvest of the needed fetal fibroblast lung tissue from which they developed the human diploid cell strain conducive to the growth of the respective viruses (rabies, hepatitis-A and varicella [chicken-pox]).

TinyURL.com/walvax2ethics

Bulletin of the World Health Organization

News

China enters the global vaccine market

China is gearing up to supply the world with affordable vaccines that fulfil all efficacy, safety and quality requirements. Jane Parry reports.

Bulletin of the World Health Organization 2014;92:626-627. doi: http://dx.doi.org/10.2471/BLT.14.020914

The global vaccine industry has long been dominated by a few multinational companies. But now that companies in China, India and other emerging economies are becoming major vaccine manufacturers and have started selling these vaccines on the international market, competition is set to increase and prices to come down.

PATH/Aaron Joel Santos

You might think that because the Walvax-2 Fetal cell line was developed in China, we don't have to worry about it in the United States.
That would be an incorrect assumption.

In 2014, the World Health Organization (WHO) announced that China is set to become the world leader in vaccine manufacture.
Vaccines manufactured in China (and India) Are being injected into American children.

The United States FDA inspects domestic drug manufacturing facilities on average once every 2 years. For international drug manufacturing facilities, FDA inspections average once every 11 years. For India and China, the frequency is once every 13 years.
The governments of China and India do not allow surprise inspections by the U.S. FDA.

TinyURL.com/vaccinesChina

United States Government Accountability Office

GAO

Testimony

Before the Committee on Health, Education, Labor, and Pensions, U.S. Senate

For Release on Delivery
Expected at 10:00 a.m. EDT
Wednesday, September 14, 2011

DRUG SAFETY

FDA Faces Challenges Overseeing the Foreign Drug Manufacturing Supply Chain

To read about some of the safety concerns, go here: TinyURL.com/GAOchina

World Health Organization

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Policy & practice

Impact of BRICS' investment in vaccine development on the global vaccine market

Miloud Kaddar [a], Julie Milstien [b] & Sarah Schmitt [c]

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(Submitted: 13 December 2013 – Revised version received: 31 March 2014 – Accepted: 31 March 2014.)

Bulletin of the World Health Organization 2014;92:436-446. doi: http://dx.doi.org/10.2471/BLT.13.133298

BRICS:
Brazil
Russia
India
China
South Africa

TinyURL.com/BRICSvax

China	Cholera (tetravalent), DTP, enterovirus 71, haemorrhagic fever with renal syndrome, Hep A–Hep B, Hep A (inactivated), Hep B (therapeutic), Hib conjugate, HPV 16/18, HPV 6/11 (condyloma acuminate), influenza (split), meningococcal conjugate (4-valent), meningococcal polysaccharide (4-valent), OPV, pneumococcal conjugate (13-valent), pneumococcal polysaccharide (28-valent), rabies (human cell), rotavirus (trivalent), TT, varicella	Beijing Minhai Biotechnology	Merck	Hep B
			Sanofi-Pasteur	Rabies
			Chinese National Institute of Health	Rotavirus
		China National Biotec Group plus Sinopharm	Program for Appropriate Technology in Health	*Pneumococcal conjugate vaccine (2009)*, rotavirus, JE
			Merck	HPV
		Shenzhen Kangtai Biological Products	Sanofi-Pasteur	JE, influenza (1996)
		Shenzhen Neptunus Interlong Bio-Technique	GlaxoSmithKline	Influenza (2008, 2009)
		Shenzhen Sanofi Pasteur Biological Products	Sanofi-Pasteur	Influenza
		Shanghai Institute of Biological Products	Netherlands Vaccine Institute	NDA (2010)
		Sinovac	Other members of the Influenza Vaccine Supply International Task Force	NDA (2007)
		Walvax Biotechnology	GlaxoSmithKline	MMR, other paediatric vaccines
		Zhejiang Tianyuan Bio-Pharmaceutical	Novartis	NDA (2011)
			Merck	Influenza

World Health Organization's Documentation of the partnership of China's Walvax Biotechnology with GlaxoSmithKline for the production of MMR and "other paediatric vaccines" (using aborted human babies).

The abortions are ongoing.

This table lists the vaccines and partnerships for vaccines being developed and manufactured in China – where the U.S. FDA has Close to zero oversight capability.

China has partnered with Merck, Sanofi-Pasteur, GlaxoSmithKline, and Novartis. These pharmaceutical companies supply vaccines for use in the CDC's vaccination schedule applied to American children and adolescents. Vaccines made in China include: Hepatitis A, Hepatitis B, HiB, HPV, influenza, meningococcal, pneumococcal, rotavirus, MMR, and varicella.

TinyURL.com/BRICSvax

ncbi.nlm.nih.gov

Mild Ailment

Dr. John Fry (Beckenham, Kent) writes: The expected biennial epidemic of measles appeared in this region in early December, 1958, just in time to put many youngsters to bed over Christmas. To date there have been close on 150 cases in the practice, and the numbers are now steadily decreasing. Like previous epidemics, the primary cases have been chiefly in the 5- and 6-year-olds, with secondary cases in their younger siblings. No special features have been noted in this relatively mild epidemic. It has been mild because complications have occurred in only four children. One little girl aged 2 suffered from a lobular pneumonia, and three others developed acute otitis media following their measles. In the majority of children the whole episode has been well and truly over in a week, from the prodromal phase to the disappearance of the rash, and many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles.

A family doctor's approach to the management of measles is essentially a personal and individual matter, based on the personal experiences of the doctor and the individual character and background of the child and the family. In this practice measles is considered as a relatively mild and inevitable childhood ailment that is best encountered any time from 3 to 7 years of age. Over the past 10 years there have been few serious complications at any age, and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious.

Let's talk about "the benefit" of measles vaccination… Measles is a mild ailment… This was a report on measles outbreaks in the U.K., from 1959, before we had the vaccine to inject fear into the measles.

Measles: Vital Statistics: British Medical Journal, 1959

"A mild ailment with few serious complications at any age, "and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious."

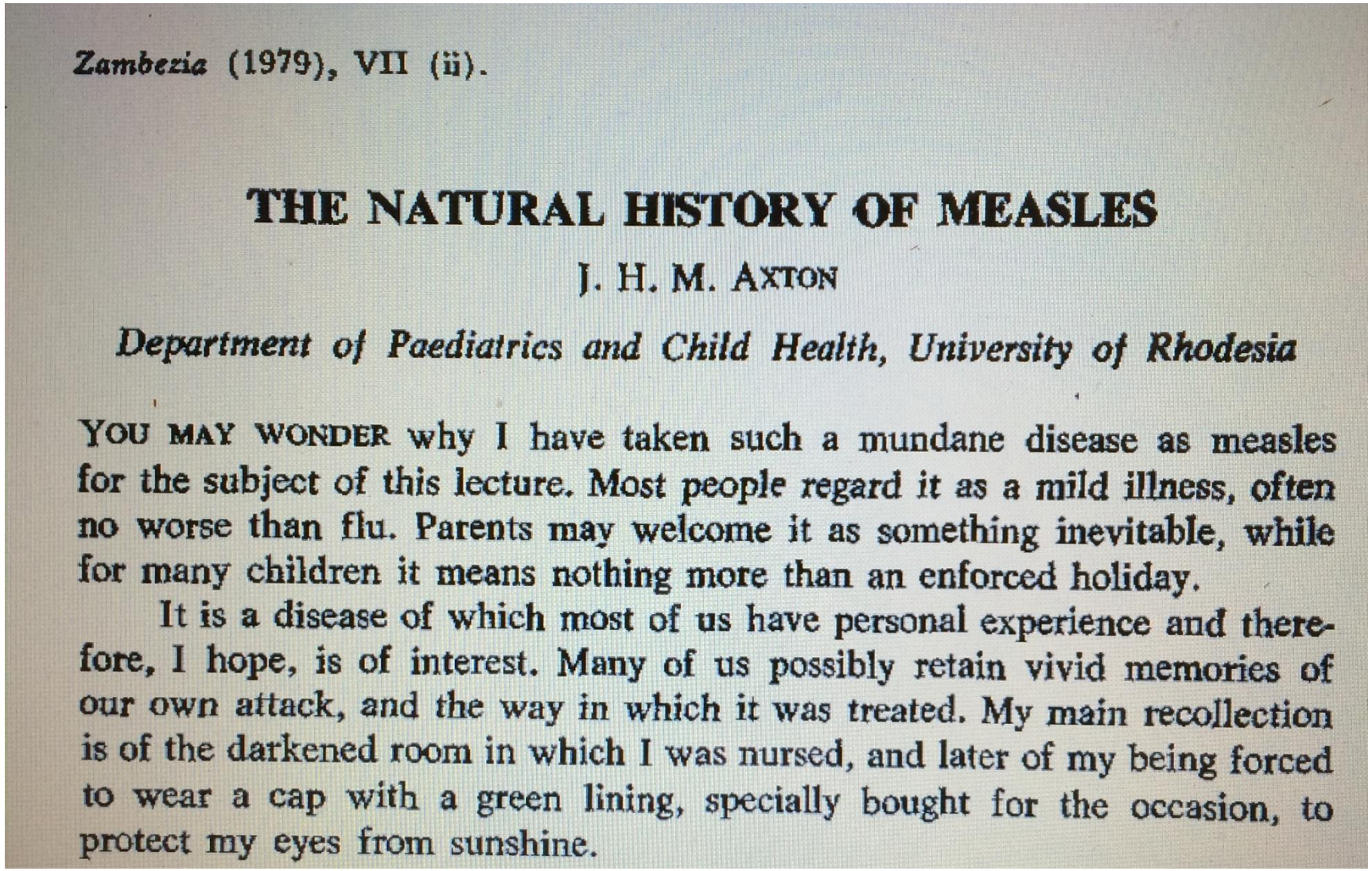
"…well and truly over in a week, from the prodromal phase and the disappearance of the rash, and many mothers have remarked 'how much good the attack has done their children,' as they seem so much better after the measles."

TinyURL.com/MildMeasles

When we bring up the fact that in developed nations like the U.K. and the United States, the death rate from measles had decreased by 98-99% before the vaccine was ever introduced, we are often accused of being calloused and not caring about the babies in Africa, because “everyone knows measles is deadly in Africa, right?”

Well, let’s take a look at what measles was like in Africa, way back in 1979…

But MEASLES is DEADLY in Africa!!!



Zambezia (1979), VII (ii).

THE NATURAL HISTORY OF MEASLES

J. H. M. AXTON

Department of Paediatrics and Child Health, University of Rhodesia

YOU MAY WONDER why I have taken such a mundane disease as measles for the subject of this lecture. Most people regard it as a mild illness, often no worse than flu. Parents may welcome it as something inevitable, while for many children it means nothing more than an enforced holiday.

It is a disease of which most of us have personal experience and therefore, I hope, is of interest. Many of us possibly retain vivid memories of our own attack, and the way in which it was treated. My main recollection is of the darkened room in which I was nursed, and later of my being forced to wear a cap with a green lining, specially bought for the occasion, to protect my eyes from sunshine.

TinyURL.com/MeaslesZambezia1979

Clinical Course of Natural Measles Infection

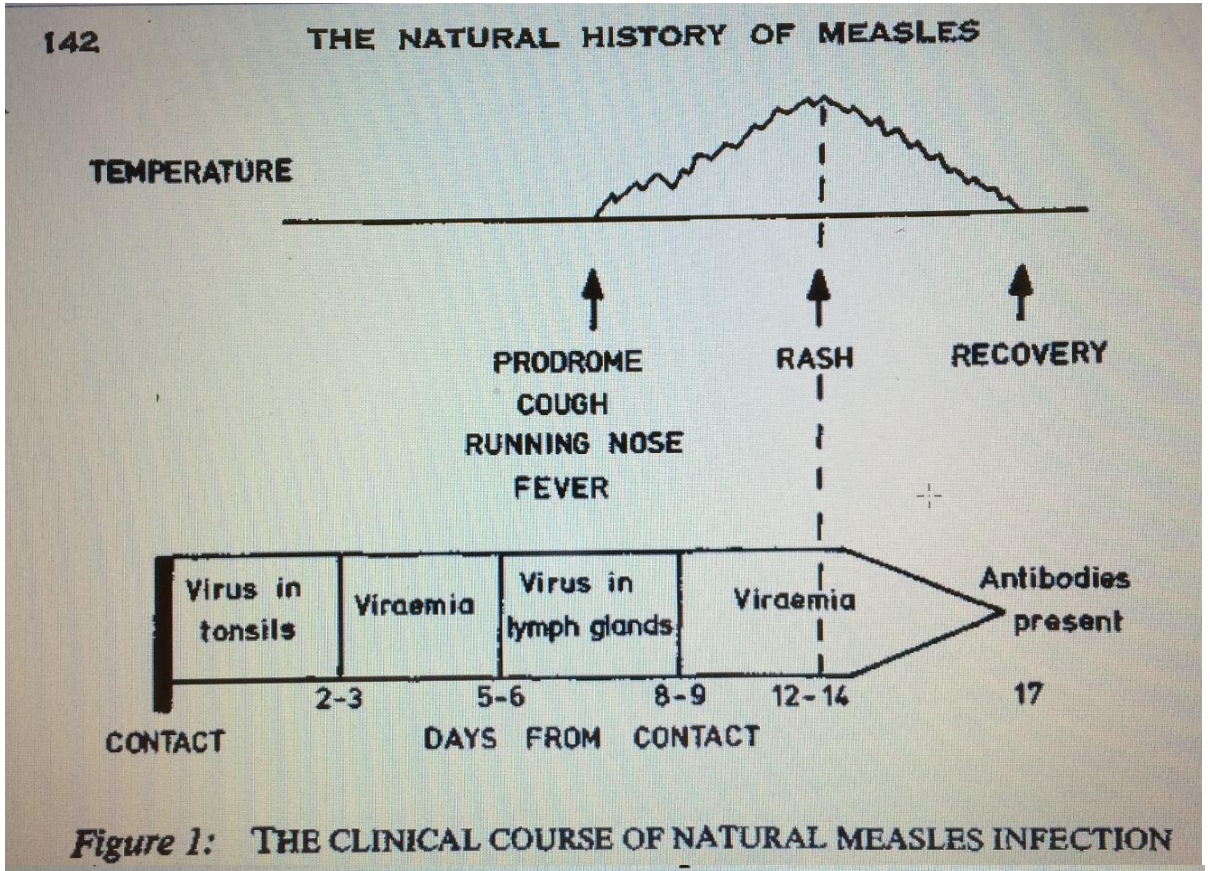


Figure 1: THE CLINICAL COURSE OF NATURAL MEASLES INFECTION

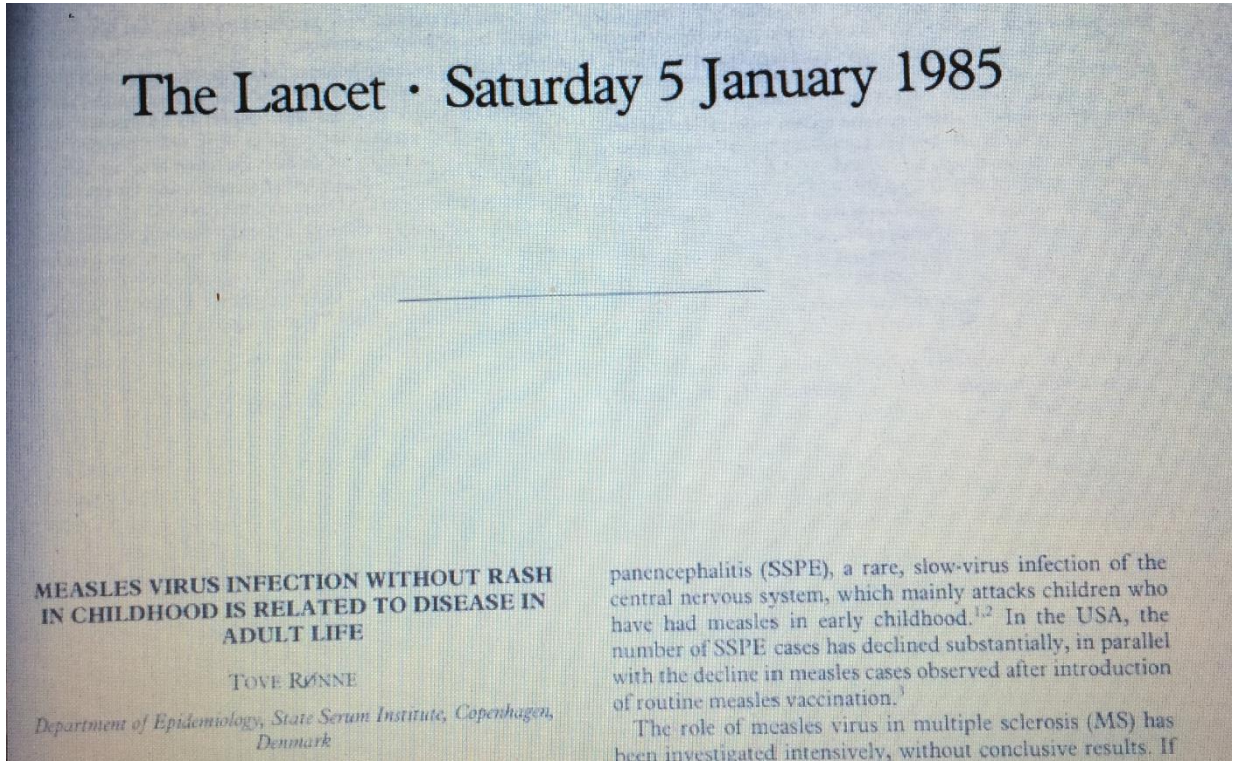
1. the measles rash appears twelve to fourteen days after contact.
2. its greatest infectivity is during the late prodrome — three to four days before the rash appears.
3. the disease is contagious, probably spread by droplets, and not miasmic in origin.
4. the protection from an attack is life-long. The last epidemic of measles in the Faeroes had been in 1781, and Panum found that the only inhabitants immune were those over 64 years old, who had suffered from the disease as children during the earlier epidemic.

Immunity from natural measles is probably life-long, but lasts at least as long as 64 years. That's important, because with the vaccine, there are two issues with vaccine failure. There is primary vaccine failure, which means the vaccine doesn't impart any immunity in the first place, and then there's secondary vaccine failure, which means the vaccine wears off – generally in 5-20 years. So, if we are vaccinating our children at 12-15 months and again at 4-6 years of age, and the vaccine wears off in 5-20 years, that means we are leaving adults more vulnerable to infection at a later age – including women, during their child-bearing years.

So what we have done, as a result of the vaccine, is… we've taken what WAS a mild, childhood illness, and we have shifted the age of vulnerability to an age when the consequences are more serious. And we have the vaccine to thank for that.

TinyURL.com/MeaslesZambezia1979

The Lancet (1985): MEASLES VIRUS INFECTION WITHOUT RASH IN CHILDHOOD IS RELATED TO DISEASE IN ADULT LIFE



The Lancet · Saturday 5 January 1985

MEASLES VIRUS INFECTION WITHOUT RASH IN CHILDHOOD IS RELATED TO DISEASE IN ADULT LIFE

TOVE RØNNE

Department of Epidemiology, State Serum Institute, Copenhagen, Denmark

panencephalitis (SSPE), a rare, slow-virus infection of the central nervous system, which mainly attacks children who have had measles in early childhood.[1,2] In the USA, the number of SSPE cases has declined substantially, in parallel with the decline in measles cases observed after introduction of routine measles vaccination.[3]

The role of measles virus in multiple sclerosis (MS) has been investigated intensively, without conclusive results. If

This study looked at two groups of adults. One group consisted of adults with history of natural measles infection in childhood. The other group were adults who either had no history or evidence of natural measles or who had evidence of measles (by blood test for specific IgG measles antibody), **but no history of clinical measles**.

The researchers were looking at the incidence of disease in adults, to see if there was a difference between the two groups.

TinyURL.com/MeaslesLancet1985

Time for just a tiny lesson in statistics and how to read the results…

In research, we are looking for statistically significant results.

“p” means probability. This is called “the p-value.” It’s a measure of the strength of your results.

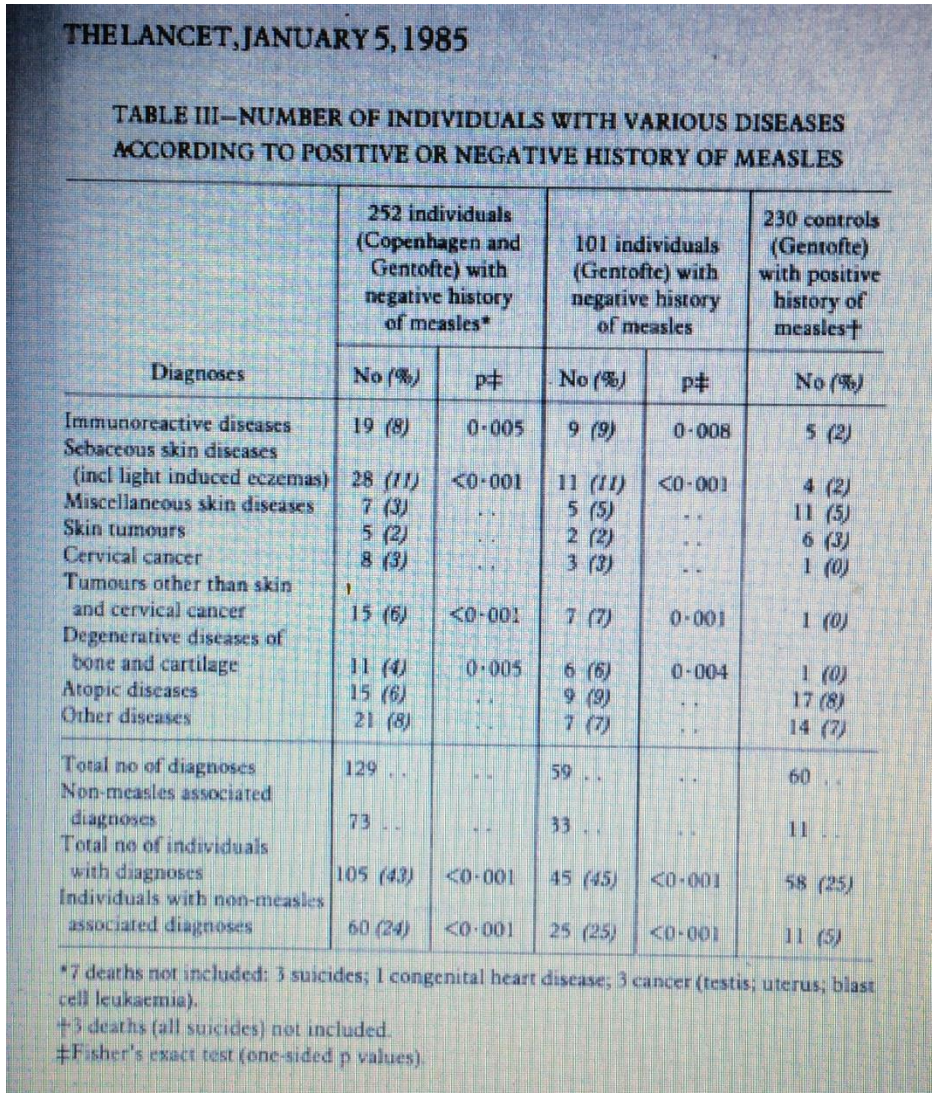
When you’re talking about probability, .05 is what is generally accepted as being statistically significant.

That means that if you are looking at 100, $p<.05$, that means that there’s a 95 percent probability that what you’re seeing is real and not by chance.

A “p-value” of <.01 means there is a 99% probability what you’re seeing is real.

When you get to $p<.001$, that means there is a 1 in 1,000 probability that what you’re seeing is by chance. **That’s really strong evidence.**

Can Measles be GOOD for YOU???



THE LANCET, JANUARY 5, 1985

TABLE III—NUMBER OF INDIVIDUALS WITH VARIOUS DISEASES ACCORDING TO POSITIVE OR NEGATIVE HISTORY OF MEASLES

Diagnoses	252 individuals (Copenhagen and Gentofte) with negative history of measles*		101 individuals (Gentofte) with negative history of measles		230 controls (Gentofte) with positive history of measles†
	No (%)	p‡	No (%)	p‡	No (%)
Immunoreactive diseases	19 (8)	0·005	9 (9)	0·008	5 (2)
Sebaceous skin diseases (incl light induced eczemas)	28 (11)	<0·001	11 (11)	<0·001	4 (2)
Miscellaneous skin diseases	7 (3)	..	5 (5)	..	11 (5)
Skin tumours	5 (2)	..	2 (2)	..	6 (3)
Cervical cancer	8 (3)	..	3 (3)	..	1 (0)
Tumours other than skin and cervical cancer	15 (6)	<0·001	7 (7)	0·001	1 (0)
Degenerative diseases of bone and cartilage	11 (4)	0·005	6 (6)	0·004	1 (0)
Atopic diseases	15 (6)	..	9 (9)	..	17 (8)
Other diseases	21 (8)	..	7 (7)	..	14 (7)
Total no of diagnoses	129 ..	..	59 ..	..	60 ..
Non-measles associated diagnoses	73 ..	..	33 ..	..	11 ..
Total no of individuals with diagnoses	105 (43)	<0·001	45 (45)	<0·001	58 (25)
Individuals with non-measles associated diagnoses	60 (24)	<0·001	25 (25)	<0·001	11 (5)

*7 deaths not included: 3 suicides; 1 congenital heart disease; 3 cancer (testis; uterus; blast cell leukaemia).
†3 deaths (all suicides) not included.
‡Fisher's exact test (one-sided p values).

SIGNIFICANT RESULTS:

- Immunoreactive Diseases (autoimmune) (p</=.008)
- Sebaceous Skin Disease (eczema, psoriasis) (p<.001)
- Tumors other than skin & cervical cancer (p</=.001)
- Degenerative diseases of bone & cartilage (p</=.005)

- Total no. of adults with diagnoses (p<.001)
- Total no. of adults with non-measles associated diagnoses (p<.001)

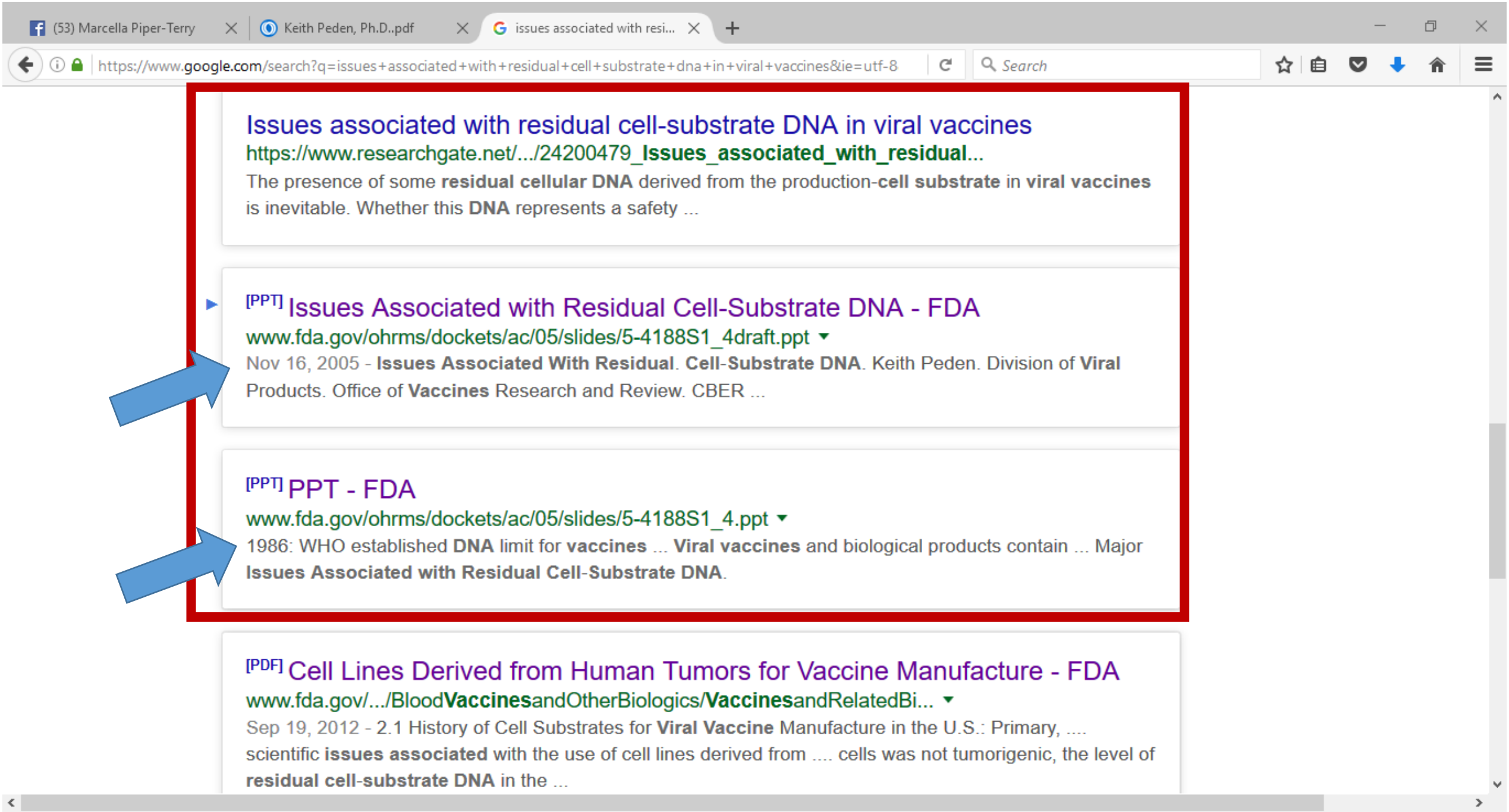
What does this mean? Those who got measles naturally as children had much fewer incidences of chronic, debilitating diseases as adults.
They were protected against autoimmune diseases, cancers, degenerative diseases of bone and cartilage, and serious skin diseases – all those things we now have epidemics of, and which were much less common prior to mass vaccination with MMR.

TinyURL.com/MeaslesLancet1985

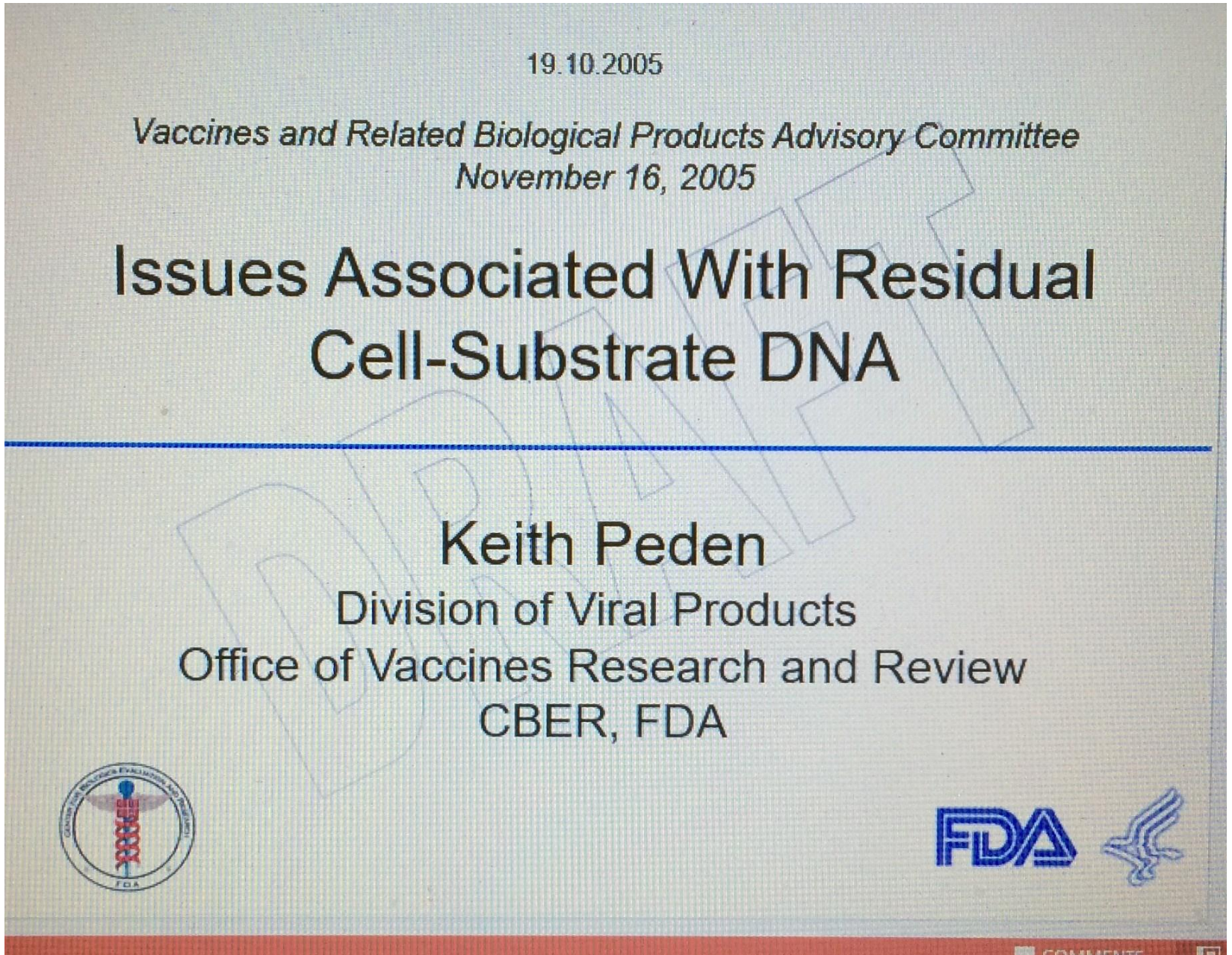
Recap: What do we know so far?

- We know that many babies have been aborted and continue to be aborted for the sake of developing vaccines.
- We know the vaccine manufacturers are making billions of dollars from the sale of vaccines made from the babies who were killed.
- We know that measles was considered a mild, uneventful childhood illness in the decade prior to the licensure of the first measles vaccine – even in Africa.
- We know that getting measles as a child is protective in adulthood against cancer, autoimmune disease, sebaceous skin diseases, and degenerative diseases of skin and bone.

Let’s talk next about what injecting the DNA of aborted babies does to children receiving those vaccines.

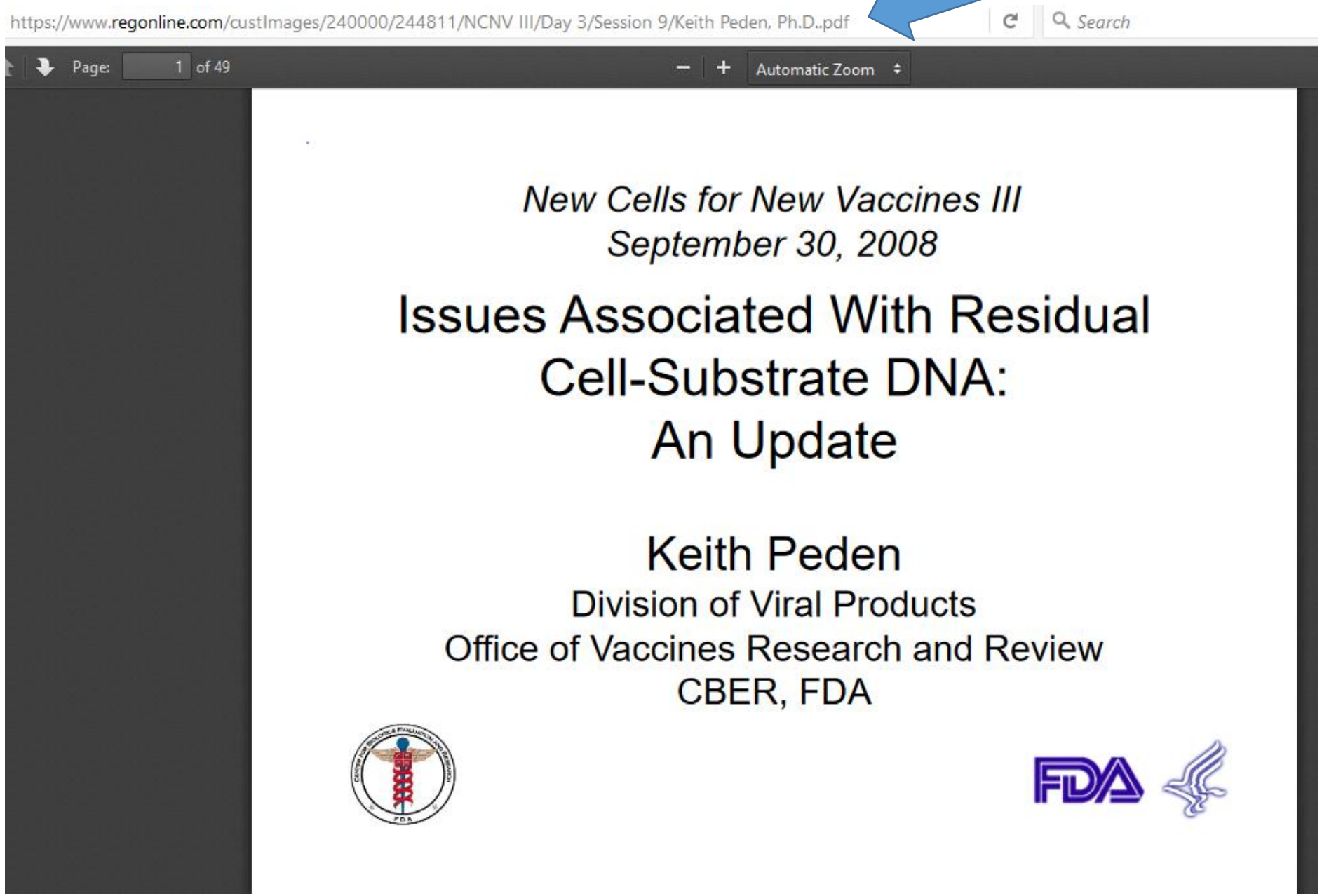

(53) Marcella Piper-Terry
Keith Peden, Ph.D..pdf
issues associated with resi...
https://www.google.com/search?q=issues+associated+with+residual+cell+substrate+dna+in+viral+vaccines&ie=utf-8
Search
Issues associated with residual cell-substrate DNA in viral vaccines
https://www.researchgate.net/.../24200479_Issues_associated_with_residual...
The presence of some residual cellular DNA derived from the production-cell substrate in viral vaccines is inevitable. Whether this DNA represents a safety ...
[PPT] Issues Associated with Residual Cell-Substrate DNA - FDA
www.fda.gov/ohrms/dockets/ac/05/slides/5-4188S1_4draft.ppt
Nov 16, 2005 - Issues Associated With Residual. Cell-Substrate DNA. Keith Peden. Division of Viral Products. Office of Vaccines Research and Review. CBER ...
[PPT] PPT - FDA
www.fda.gov/ohrms/dockets/ac/05/slides/5-4188S1_4.ppt
1986: WHO established DNA limit for vaccines ... Viral vaccines and biological products contain ... Major Issues Associated with Residual Cell-Substrate DNA.
[PDF] Cell Lines Derived from Human Tumors for Vaccine Manufacture - FDA
www.fda.gov/.../BloodVaccinesandOtherBiologics/VaccinesandRelatedBi...
Sep 19, 2012 - 2.1 History of Cell Substrates for Viral Vaccine Manufacture in the U.S.: Primary, ... scientific issues associated with the use of cell lines derived from .... cells was not tumorigenic, the level of residual cell-substrate DNA in the ...

Fetal DNA in vaccines has been an issue of concern for the FDA since at least 2005.

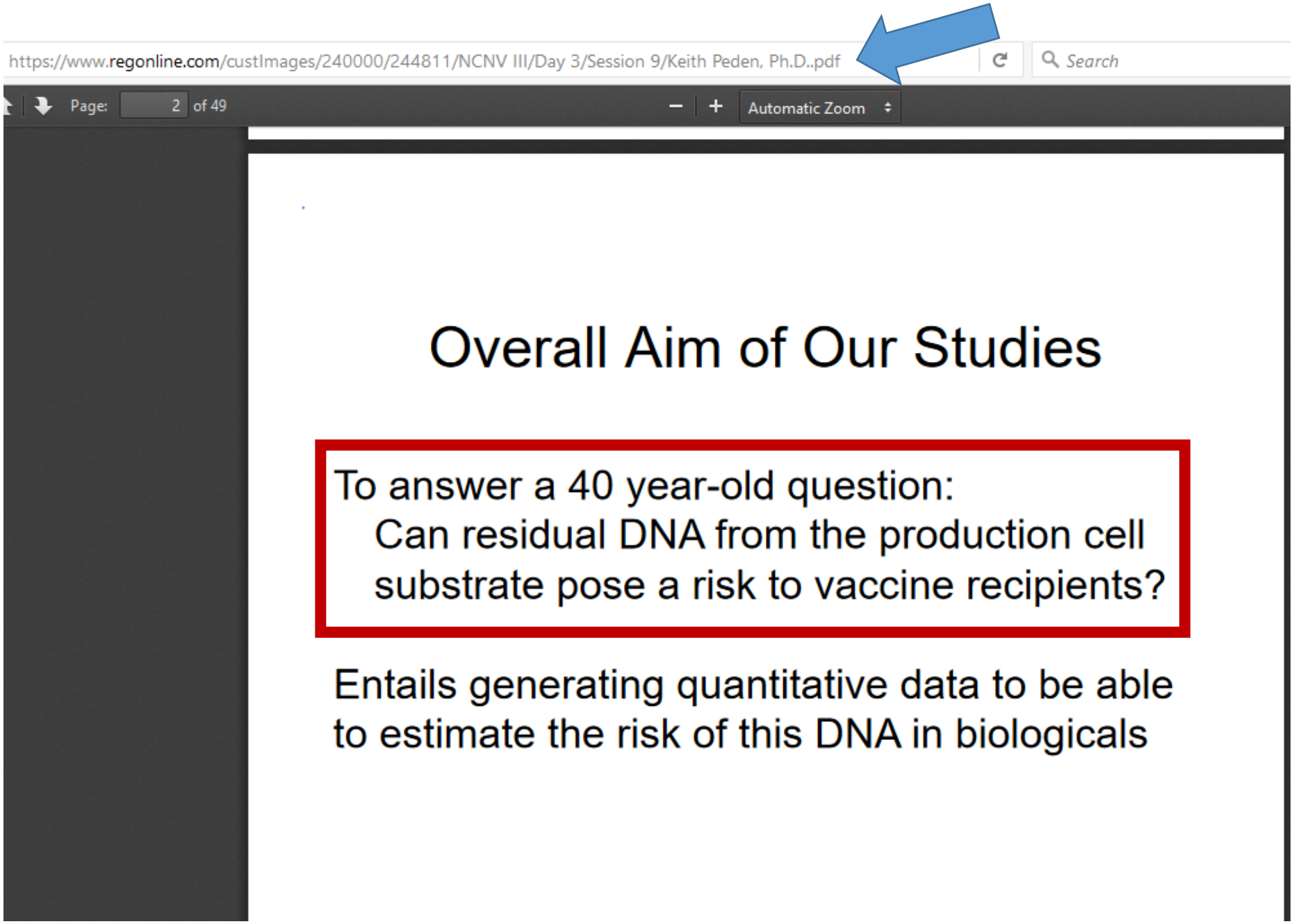


This is the cover slide from the draft PowerPoint from 2005.

Here is where you can find the presentation.

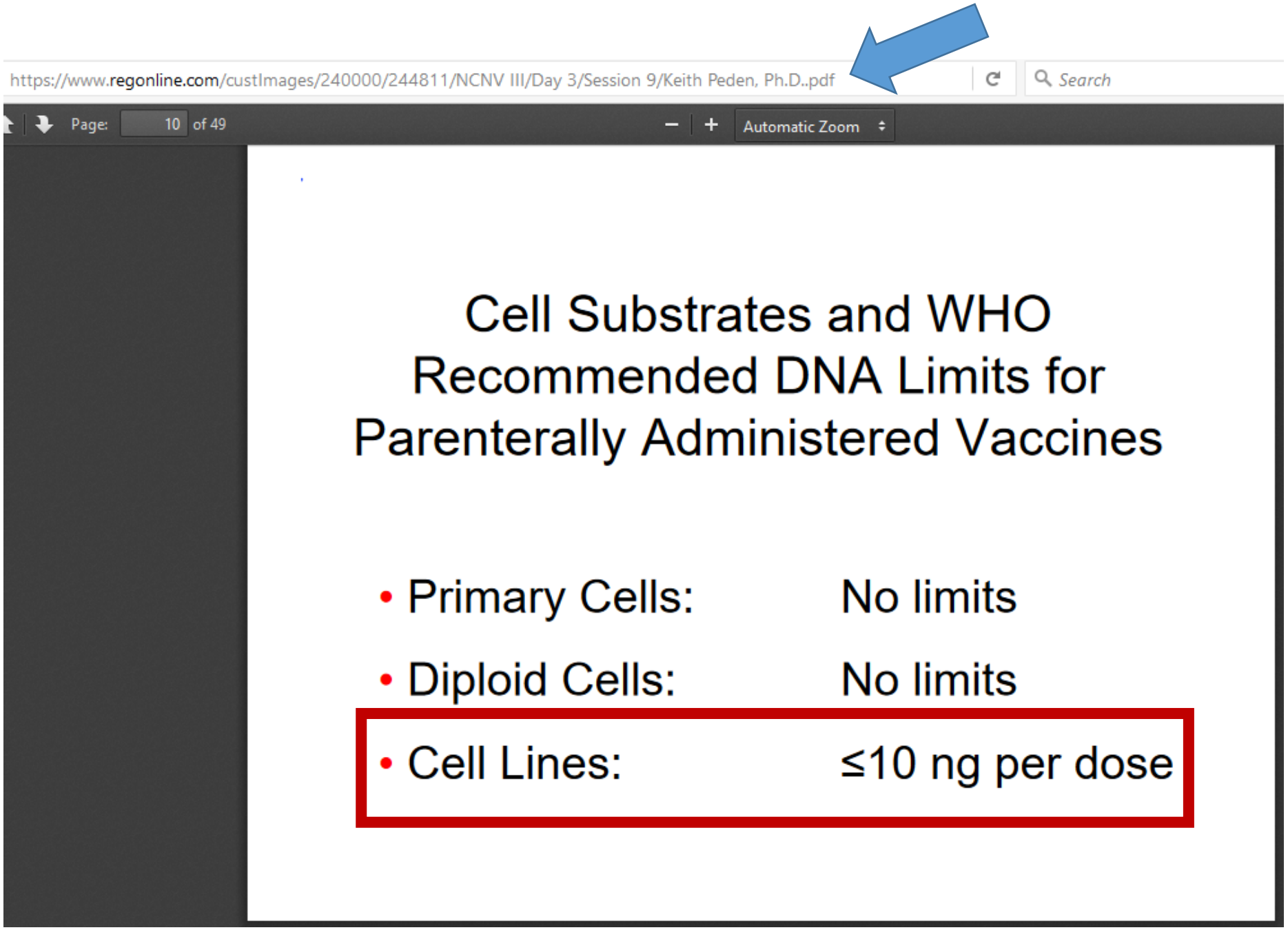


This is the cover slide for the updated PowerPoint from 2008.

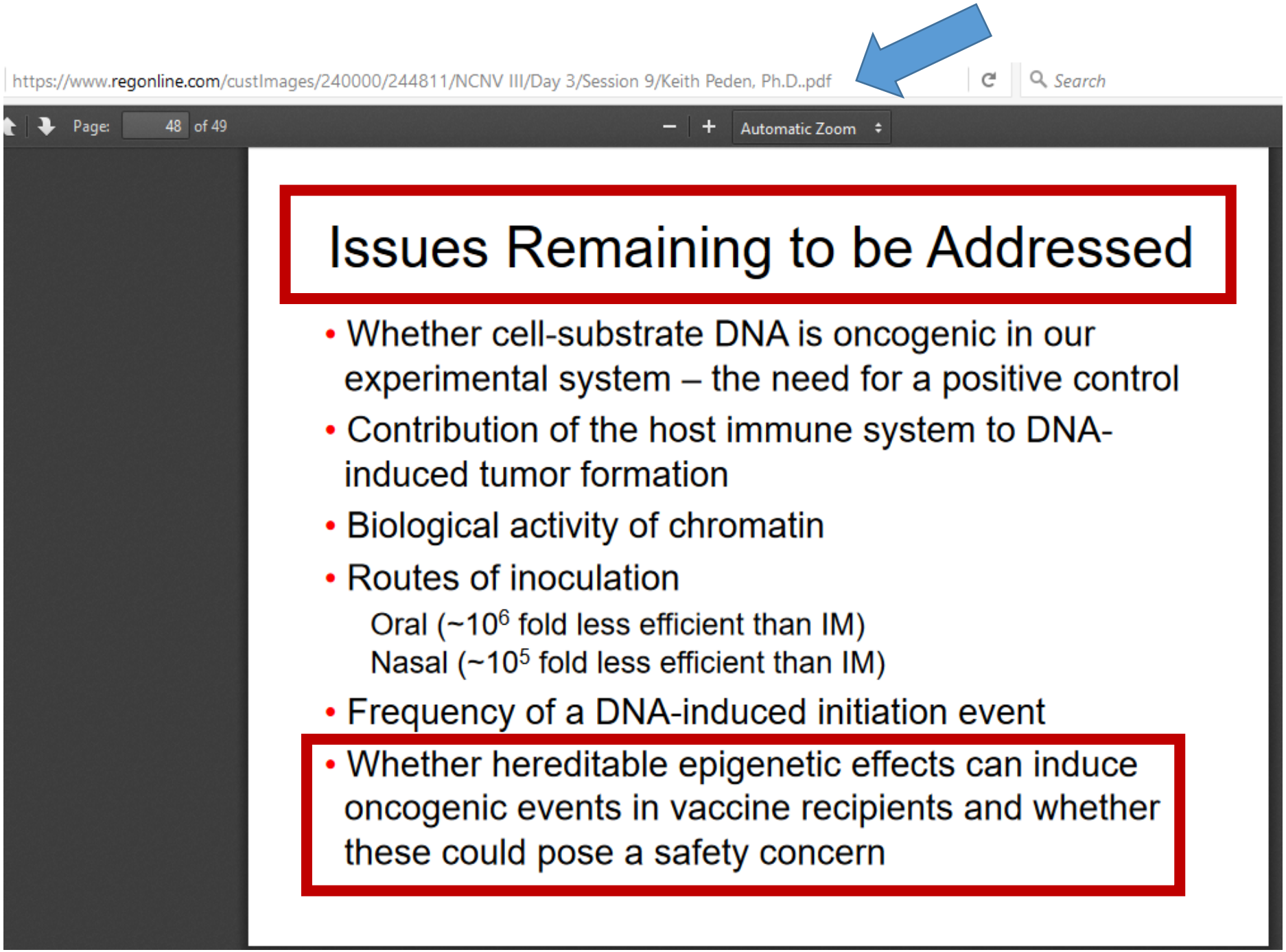


This presentation is from 2008.
There had been concerns about residual DNA in vaccines for 40 years at that time.
We are now nearing the 50 year mark.

Wouldn't it have been nice if these questions had been addressed BEFORE injecting the entire population of the United States?



The WHO and FDA set limits for the amount of residual DNA from Cell Lines because of concerns about the DNA causing cancer.

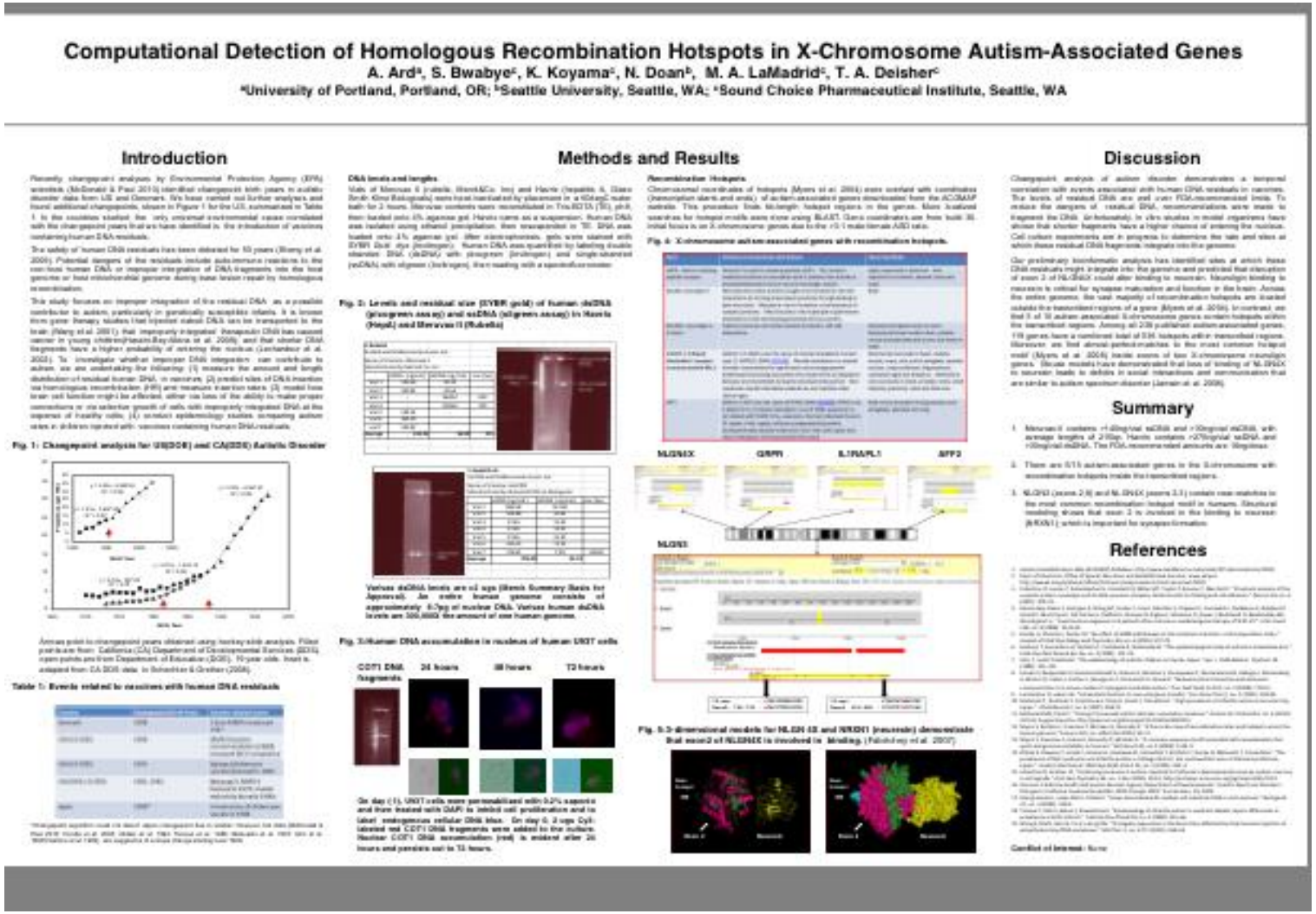


Oncogenic means causes cancer.

Again… Wouldn't it seem prudent to figure out these concerns before injecting fetal DNA into every child in the United States?
For what?
To prevent measles and chickenpox.

It's not just cancer…

Human DNA in Childhood Vaccines is Associated with Autism Hot-Spots



Computational Detection of Homologous Recombination Hotspots in X-Chromosome Autism-Associated Genes

A. Ard[a], S. Bwabye[c], K. Koyama[c], N. Doan[b], M. A. LaMadrid[c], T. A. Deisher[c]

[a]University of Portland, Portland, OR; [b]Seattle University, Seattle, WA; [c]Sound Choice Pharmaceutical Institute, Seattle, WA

Introduction

Methods and Results

Discussion

Summary

References

From Sound Choice Pharmaceuticals and Dr. Theresa Deisher.

Researchers looked at MMR, Varicella, and Hepatitis A vaccines. They wanted to see how much fetal DNA is in the vaccines. The FDA limits fetal DNA in vaccines because it's dangerous.

They found that the vaccines contain much higher amounts of fetal DNA than FDA allows, and the type (fragmented DNA) is much more easily inserted into the nucleus of the cell of the vaccine recipient.

They also found "hot spots" for recombinant DNA on several genes that are associated with autism.

TinyURL.com/Cog4LifeVaxAutism

Summary

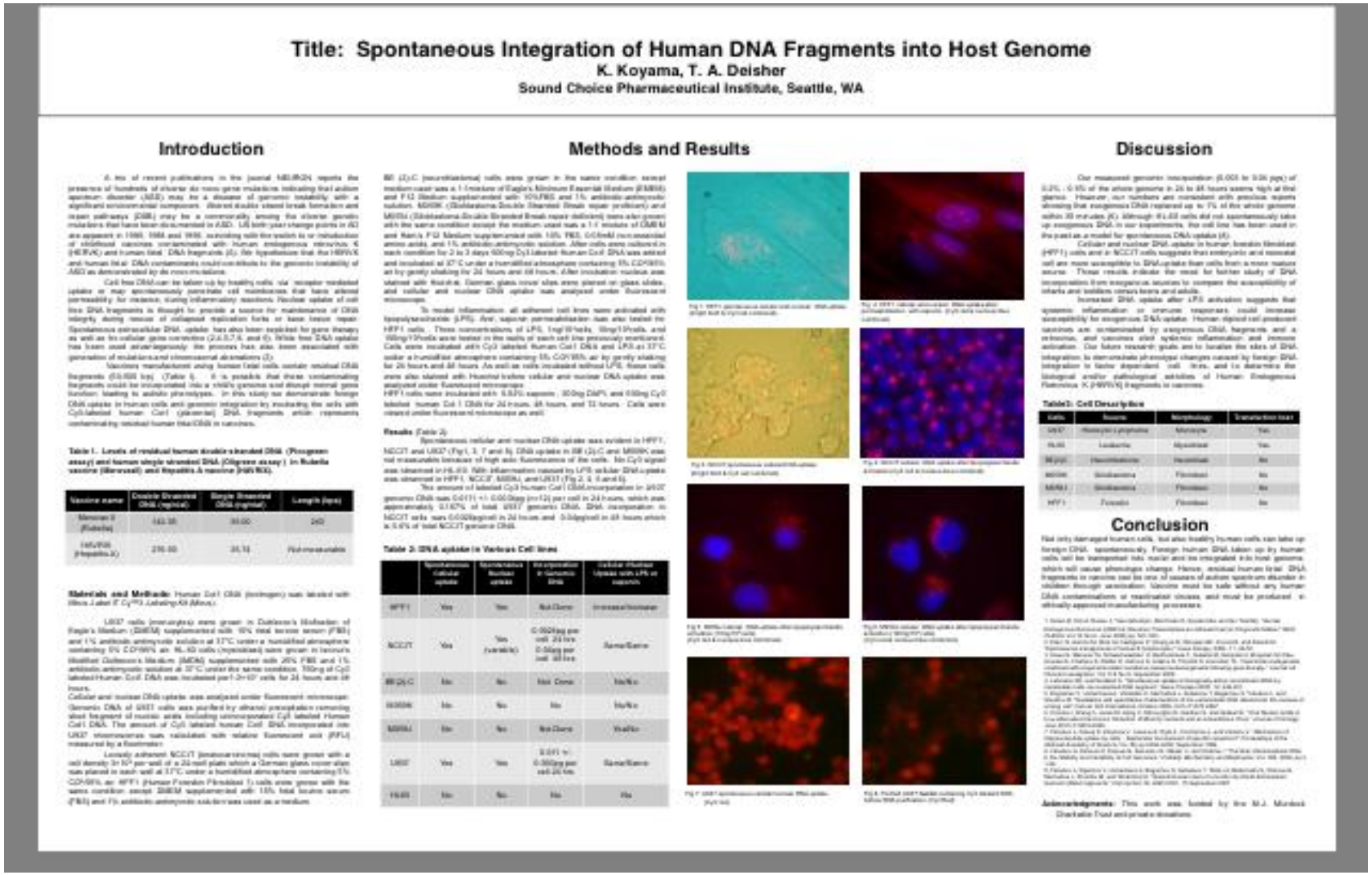
1. Meruvax-II contains >140ng/vial ssDNA and >30ng/vial dsDNA, with average lengths of 215bp. Havrix contains >270ng/vial ssDNA and >30ng/vial dsDNA. The FDA-recommended amounts are 10ng/dose.

2. There are 5/15 autism-associated genes in the X-chromosome with recombination hotspots inside the transcribed regions.

3. NLGN3 (exons 2,8) and NLGN4X (exons 2,3) contain near-matches to the most common recombination hotspot motif in humans. Structural modeling shows that exon 2 is involved in the binding to neurexin (NRXN1), which is important for synapse formation.

The amount of residual fetal DNA in vaccines tested was 14-27 times the FDA limit for single-stranded DNA and greater than 3 times the limit for double stranded DNA.

Fetal DNA Fragments Cause Insertional Mutagenesis – Associated with Childhood Cancers



Title: Spontaneous Integration of Human DNA Fragments into Host Genome

K. Koyama, T. A. Deisher

Sound Choice Pharmaceutical Institute, Seattle, WA

Introduction

Methods and Results

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Conclusion

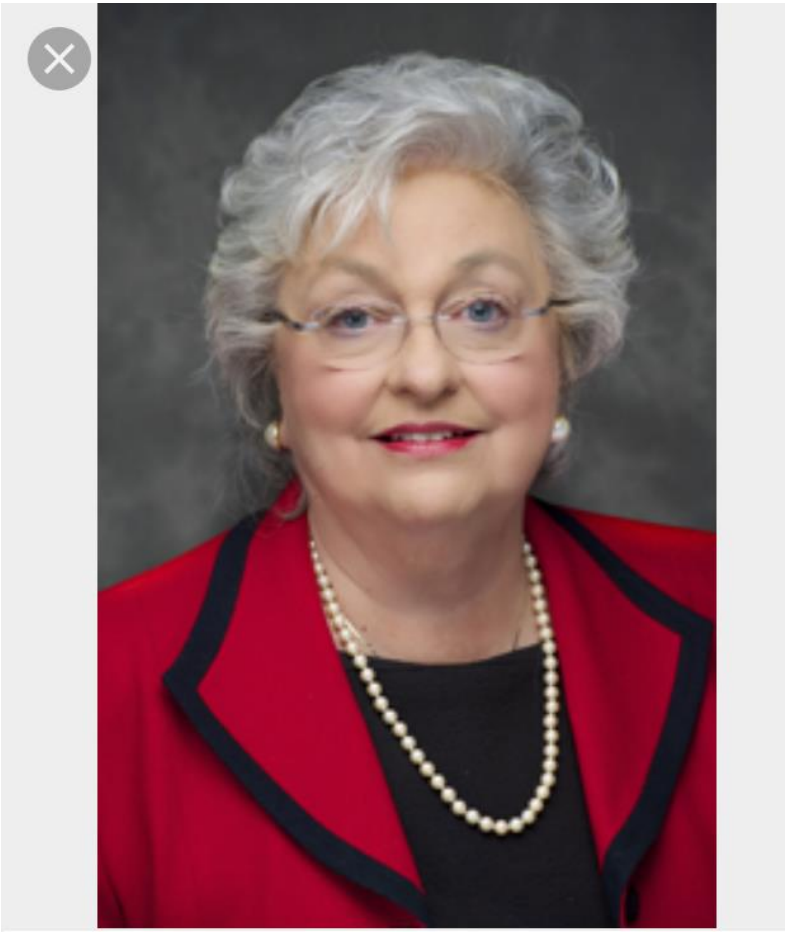
This study furthered the investigation into the uptake of fragmented fetal DNA in vaccines.

They found that both damaged and healthy cells spontaneously incorporate fetal DNA fragments into the nucleus very quickly, and this alters the DNA via a process known as “insertional mutagenesis.”

Insertional mutagenesis is known to be associated with cancer – particularly childhood cancers such as leukemia and lymphoma.

TinyURL.com/Cog4LifeVaxCancer

HYPOCRISY MUCH?



Indiana Senate Republicans

Patricia Miller | Indiana Senate Republicans

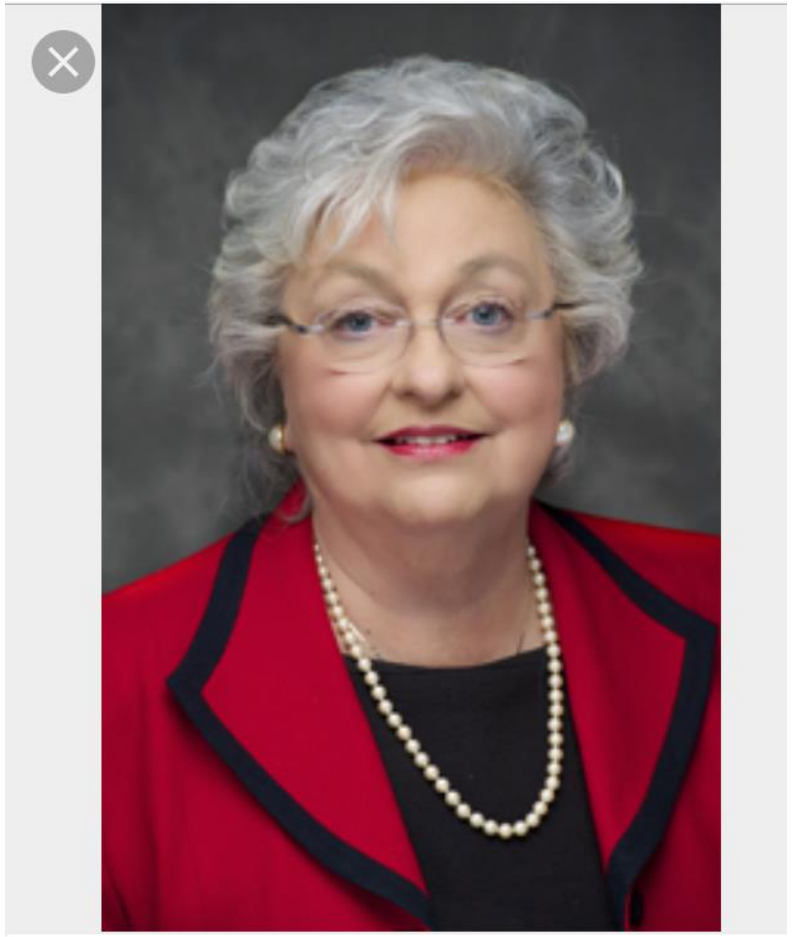
Senator Patricia Miller voted for HB 1337, which makes it a level 5 felony to acquire, receive, sell, or transfer fetal cells in Indiana.

In 2016, Senator Patricia Miller introduced SB 162, which sought to mandate all adults in Indiana to receive MMR and Varicella vaccines, if they work in healthcare, or if their job takes them into a hospital or clinic setting.

Dear Senator Miller: Do you realize if SB 162 passed, you would be making all healthcare workers in Indiana FELONS?

Why would a legislator go against his or her pro-life stance on this issue?

Women In Government – Two of the Four Indiana State Directors



Indiana Senate Republicans

Patricia Miller | Indiana Senate Republicans

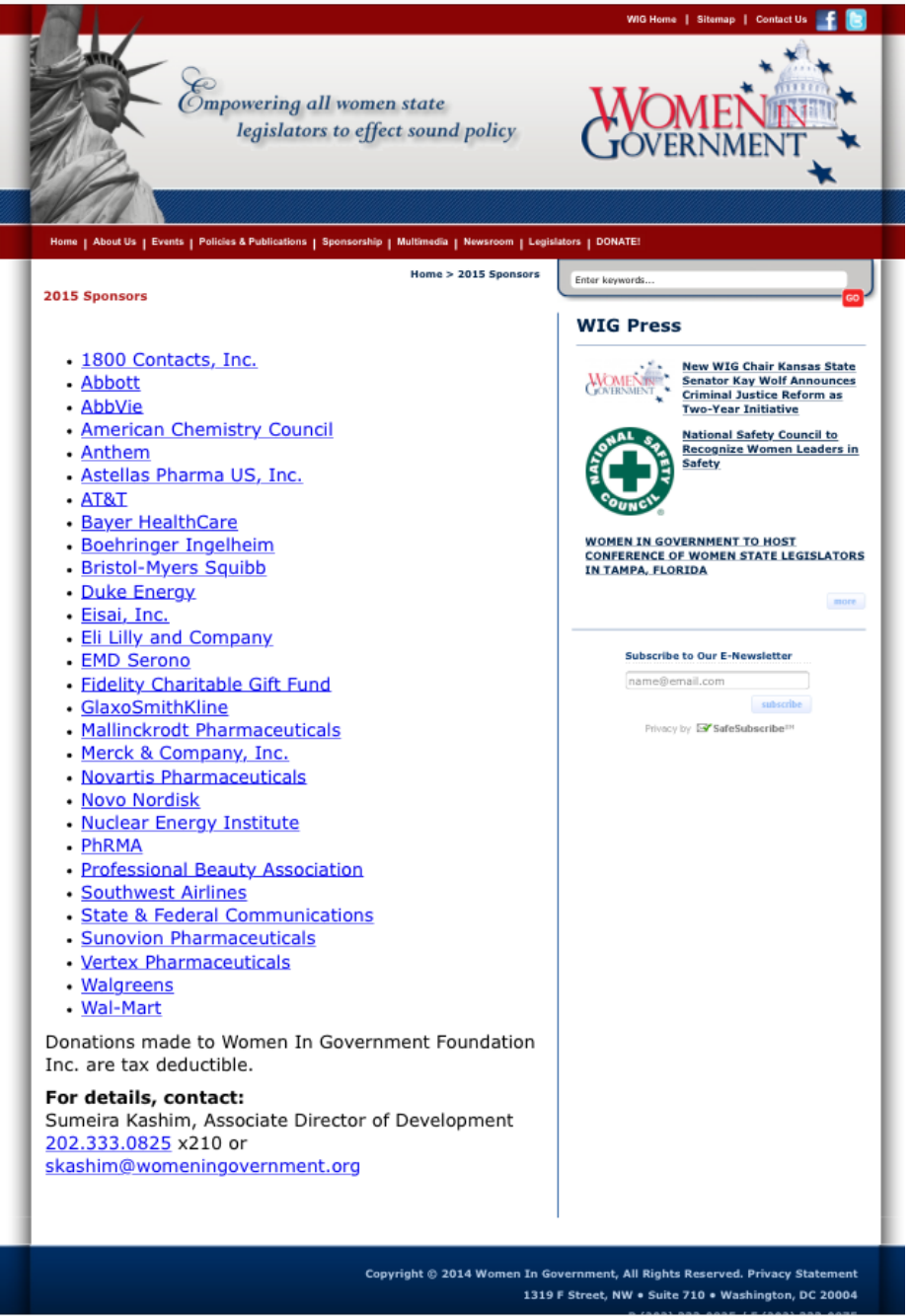
Chair of the Senate Public Health Committee

State of Indiana House of Representatives

Cindy Kirchhofer | State of Indiana House of Representat…

Chair of the Public Health Committee in the House

womeningovernment.org

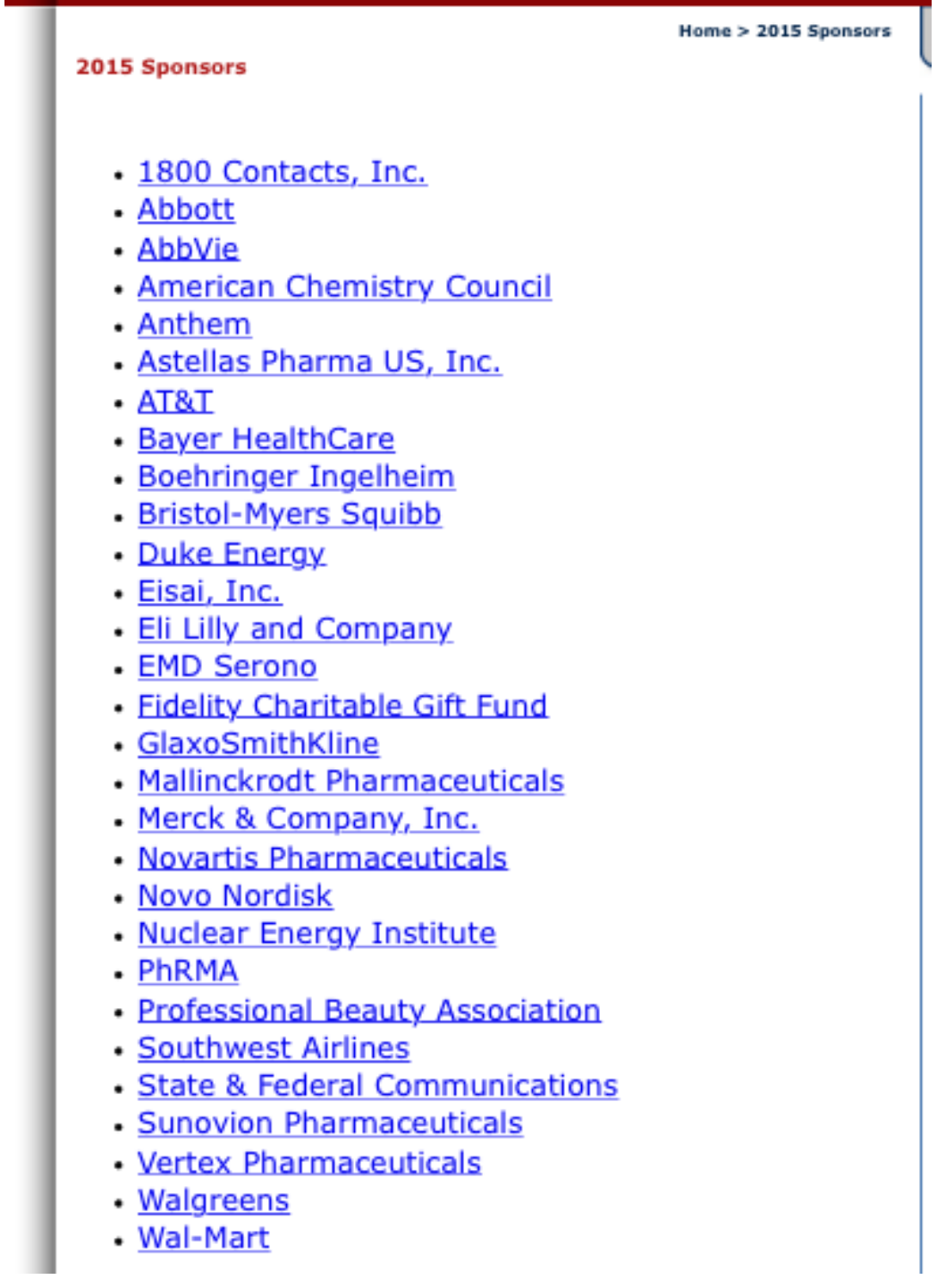


Screen Shots from Women In Government Website.

2015 Sponsors List

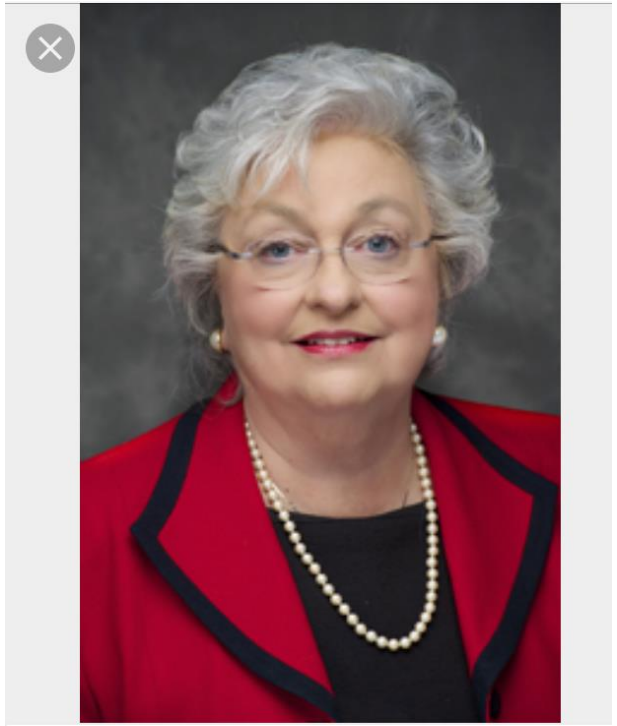
- Merck
- GlaxoSmithKline
- Novartis
- PhRMA

Etc...



Women In Government – Indiana State Directors

Chair of the Senate
Public Health Committee



Indiana Senate Republicans
Patricia Miller | Indiana Senate Republicans

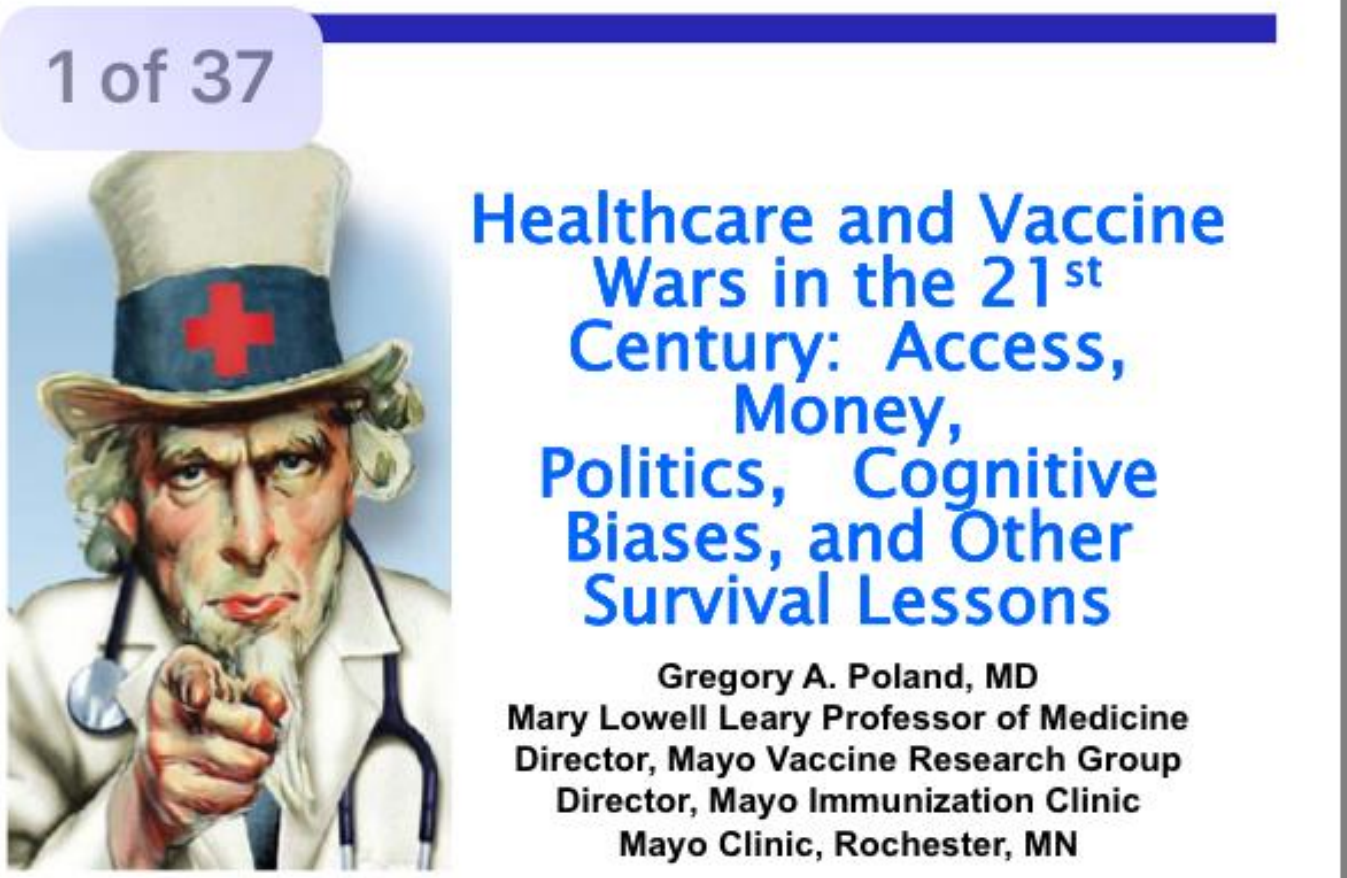
State of Indiana House of Representatives
Cindy Kirchhofer | State of Indiana House of Representat…

Chair of the House
Public Health Committee

In 2016, Patricia Miller had control over the Senate Public Health Committee. Cindy Kirchhofer maintains control over the House Public Health Committee. These two lady legislators have control of what bills get heard and what doesn't get heard. If a Bill is introduced that is not favorable to their pharma sponsors, they have the power to prevent it from ever being heard.

In other words, Pharma owns the Indiana legislature. How is this even legal?

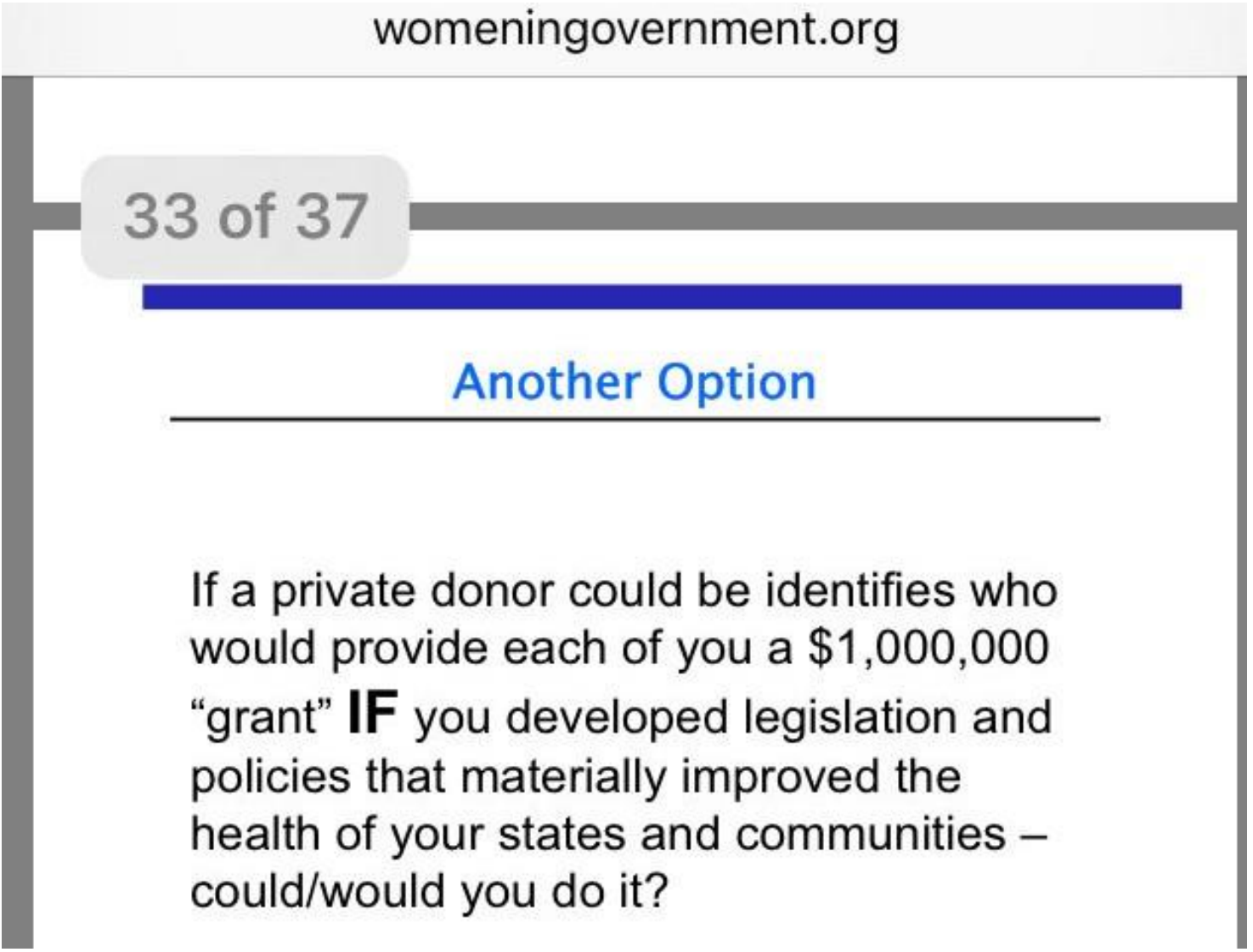
womeningovernment.org



Dr. Gregory Poland is a vaccine scientist. He is the editor-in-chief of the Journal Vaccine. He founded the Vaccine Research Lab at the Mayo Clinic. He is a paid consultant for multiple vaccine manufacturers, including Merck, which makes the MMR and Varicella vaccines.

Dr. Poland was a guest speaker at the January 2016 Women In Government State Directors Conference, where he delivered this presentation on how to increase vaccine uptake among adults in the United States.

TinyURL.com/Millions4Mandates



Dr. Poland offered a $1 Million Bribe to State Directors of Women In Government, to introduce and pass legislation to mandate vaccines in their states.

We all need to be looking at the voting records of our legislators, and at the campaign contributions, as well as their association with Women In Government. Call them out for their hypocrisy, and expose them.

Register with NVICadvocacy.org to track legislation and fight for your rights in your state.

TinyURL.com/Millions4Mandates