Why are COVID Jabs Injuring So Many Globally?

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They belong in your arms
This does not belong in theirs
"All the vaccine mandates should be dropped immediately. We need immediate funding for vaccine injury centers of excellence across the US for screening, detection, diagnosis, prognosis and management. ...What is at stake here is death."

-Peter McCullough, MD/MPH

Outline

- Germinal Centers, Vagus Nerve, Neurodegenerative Disease
- Sudden Death and Cardiovascular Disease
- Immune Suppression and Cancer Risk
- Molecular Mimicry and Autoimmune Disease
- Other Concerns: Reverse Transcription and Reproductive Issues
- Summary
Germinal Centers, Vagus Nerve, Neurodegenerative Disease

Why the mRNA vaccines are more likely to cause damage to the organs than an infection

• SARS-CoV-2 infection begins in the lungs where most of the action is
  • The virus only escapes the lungs into the vasculature when the host is immune compromised
• The vaccine is injected into the deltoid muscle, past both the mucosal and the vascular barrier
• The vaccine mRNA is specially constructed to be very sturdy, resisting enzymatic breakdown and producing spike protein for a long time
• Immune cells carry the mRNA particles via the lymph system into the spleen
  • They release spike protein packaged up in exosomes that travel to the brain, heart, liver and other organs along the vagus nerve
• The spike protein causes an inflammatory response wherever it goes, potentially leading to neurodegenerative disease and heart damage
“SARS-CoV-2 mRNA vaccines induce persistent human germinal centre responses”* 

- Persistent germinal center (GC) reactions are critical for generating high-affinity and durable antibody responses.
- "Overall, our data demonstrate a remarkable capacity of SARS-CoV-2 mRNA-based vaccines to induce robust and prolonged GC reactions."
- "The induced GC reaction recruited cross-reactive memory B cells as well as newly engaged clones that target unique epitopes within SARS-CoV-2 S protein."


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“Pilot study suggests long COVID could be linked to the effects of SARS-CoV-2 on the vagus nerve”* 

“Vagus Nerve Symptoms: dysphonia (persistent voice problems), dysphagia (difficulty swallowing), dizziness, tachycardia (abnormally high heart rate), orthostatic hypotension (low blood pressure) and diarrhoea."

Adverse reactions in VAERS database**

<table>
<thead>
<tr>
<th>Reaction</th>
<th>COVID vaccines (2021)</th>
<th>All vaccines (2021)</th>
<th>Percent COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>23,128</td>
<td>23,861</td>
<td>96.9</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>5,524</td>
<td>5,653</td>
<td>97.7</td>
</tr>
<tr>
<td>Dizziness</td>
<td>69,843</td>
<td>71,648</td>
<td>97.5</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>4,714</td>
<td>4,837</td>
<td>97.5</td>
</tr>
<tr>
<td>Dysphonia</td>
<td>1,693</td>
<td>1,752</td>
<td>96.6</td>
</tr>
<tr>
<td>Orthostatic Hypotension</td>
<td>172</td>
<td>180</td>
<td>95.5</td>
</tr>
</tbody>
</table>


**S Seneff et al. Food and Chemical Toxicology 2022;164:113008.
SARS-CoV-2 Spike Activates Human Microglia in the Brain via Exosomes Loaded with miRNAs*

- "SARS-CoV-2 spike transfected cells release a significant amount of exosomes loaded with microRNAs such as miR-148a and miR-590”
- "MicroRNAs get internalized by human microglia in the brain"
- "These results uncover a bystander pathway of SARS-CoV-2 mediated CNS [central nervous system] damage through hyperactivation of human microglia"

“SARS-CoV-2 spike protein interactions with amyloidogenic proteins: Potential clues to neurodegeneration”*

- The receptor binding domain (RBD) of the spike protein binds to heparin and to heparin-binding proteins
- Heparin binding accelerates aggregation of amyloid proteins
  - Amyloid-β, α-synuclein, tau, prion and TDP-43
- This could lead to neurodegeneration in the brain

*D Idrees and V Kumar. Biochemical and Biophysical Research Communications 2021; 554: 94e98.

Sudden Death and Cardiovascular Disease
Sudden Death after Vaccination: Cardiovascular Issues*

- Autopsy analysis of 5 patients who died unexpectedly within 7 days of a COVID-19 vaccine
- Hypothesis: molecular mimicry between the spike protein and self proteins may trigger an autoimmune attack on the heart muscle.

*S Constantin Schwab et al. Clinical Research in Cardiology. Published online 27 November 2022.
“Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave”*

26% increase in cardiac events among men aged 16-39 compared to previous year

*Christopher LF Sun et al. Scientific Reports 2022; 12: 6978.

“A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19”

- 76-year-old man with Parkinson’s disease died three weeks after receiving his third COVID-19 vaccination
- Lymphocytes, activated microglia, and inflammation in the brain
- “Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart”

“A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19”

“Since the nucleocapsid protein of SARS-CoV-2 was consistently absent, it must be assumed that the presence of spike protein in affected tissues was not due to an infection with SARS-CoV-2 but rather to the transfection of the tissues by the gene-based COVID-19-vaccines.”

Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart”


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**Immune Suppression and Cancer Risk**
PD-L1 Overexpression Following COVID Vaccination*

- 62 vaccinated patients
- Measured on day 2 after the second vaccine
- "An activated immune system needs to be regulated to avoid autoimmune collateral damage"
- "Vaccinations may have a non-specific immunosuppressive effect lasting for a certain period of time"


Antibodies to PD-L1 and PD-1 Treat Cancer*

- Elevated PD-L1 is a marker for bad outcomes in cancer
- Cancer researchers are developing antibodies to both PD-1 and PD-L1, as a way to increase the activity of killer T cells and enhance their ability to destroy cancer cells


Molecular Mimicry and Autoimmune Disease
**“Potential antigenic cross-reactivity between SARS-CoV-2 and human tissue with a possible link to an increase in autoimmune diseases”**

Cross reaction between spike protein antibody and tissue proteins

<table>
<thead>
<tr>
<th>Protein/organelle</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>transglutaminase</td>
<td>Celiac disease</td>
</tr>
<tr>
<td>extractable nuclear antigens</td>
<td>Scleroderma, lupus</td>
</tr>
<tr>
<td>myelin basic protein</td>
<td>Multiple sclerosis, autism</td>
</tr>
<tr>
<td>mitochondria</td>
<td>Lupus, primary biliary cirrhosis, hepatitis, myocarditis</td>
</tr>
<tr>
<td>nuclear antigen</td>
<td>Sjogren's syndrome, mixed connective tissue disease, lupus</td>
</tr>
<tr>
<td>myosin</td>
<td>Myocarditis, dilated cardiomyopathy, Chagas' heart disease, Kawasaki disease, rheumatic fever</td>
</tr>
<tr>
<td>thyroid peroxidase</td>
<td>Hashimoto's thyroid disease</td>
</tr>
<tr>
<td>S100B</td>
<td>Brain metastases from lung disease, epilepsy, multiple sclerosis, and Parkinson’s disease</td>
</tr>
</tbody>
</table>

*Aristo Vojdani and Datis Kharrazian, Clinical Immunology 217 (2020) 108480.

**Antibodies to Spike Attack the Brain**

*Autopsy studies on 9 patients who died from COVID-19*

"One possibility is that anti-idiotypic antibodies against the spike protein might bind to the ACE-2 receptor on endothelial cells triggering the cascade“

*Myoung-Hwa Lee et al. Brain 2022: 145; 2555–2568.*
“A Possible Role for Anti-idiotype Antibodies in SARS-CoV-2 Infection and Vaccination”*

- The Ab2 antibodies to the Ab1 antibodies can potentially represent an exact mirror image of the initial targeted antigen (spike)
- As a result, Ab2 antibodies may be able to bind the same receptor as the original antigen (ACE-2 receptors)


Other Concerns:
Reverse Transcription and Reproductive Issues
"Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line"*

- Cells upregulate LINE-1 in response to exposure to the spike protein mRNA
  - LINE-1 is able to reverse transcribe RNA into DNA and integrate it into the genome
  - “BNT162b2 mRNA is reverse transcribed intracellularly into DNA in as fast as 6 hours upon BNT162b2 exposure”


Sperm can insert DNA (from RNA) into the fertilized embryo and transfer it to offspring*

- “We recently discovered a reverse transcriptase (RT) activity [e.g., LINE-1] in mouse spermatozoa that can reverse-transcribe exogenous RNA molecules into cDNA copies”
  - Spliced EGFP cDNA is transferred from spermatozoa to early embryos at fertilization and propagated to fetuses and born animals and passed on to their offspring!
  - Sperm release DNA-containing plasmids that are taken up by the fertilized egg
  - Sperm-mediated “reverse” gene transfer happens “when these cells are incubated with exogenous RNA molecules”

“Pathogenic antibodies induced by spike proteins of COVID-19 and SARS-CoV viruses”*

- REGN10987 is a neutralizing IgG antibody produced in response to the spike protein
- Researchers injected the antibody into the peritoneum of pregnant rats
- The offspring of the pregnancy were highly damaged:
  - Acute renal tubular injury
  - Myocardial hemorrhage (heart damage)
  - Inflammation in the brain
  - Many were born dead
- Antibody also bound broadly to human inflammatory tissues or cancer tissues, likely increasing the severity of preexisting disease

*Huiri Wang et al. Research Square Jun 17, 2021. DOI: 10.21203/rs.3.rs-612103/v2.

Massive decline in births

- Birth decline 9 months after vaccination peak
- Average decline -10%
- Strongest birth rate decline in over 100 years

Data are from Switzerland
January 2021 – September 2022

Source: Mary Beth Pfeiffer. The Missing Babies of Europe.
https://rescue.substack.com/p/the-missing-babies-of-europe
Summary

• The mRNA SARS-CoV-2 vaccines are based on a poorly evaluated technology with potential to cause many debilitating diseases
• Immune cells carry the mRNA into the spleen and produce massive amounts of the toxic spike protein, releasing it into exosomes
• Exosomes travel to the brain to cause neurodegenerative disease
• Exosomes travel to the heart to cause cardiovascular issues
• The vaccines upregulate PD-L1 in immune cells, leading to immune suppression and impaired clearance of tumor cells
• The vaccines induce high titers of antibodies to spike that can cause autoimmune disease via molecular mimicry
• Evidence is growing to suggest infertility issues and the potential for the RNA in the vaccines to become integrated into the human genome, with unknown consequences