





"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**

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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



- 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."



*Jackson S Turner et al. Nature 596, 109–113 (2021)

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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**				
Reaction	COVID vaccines(2021)	All vaccines (2021)	Percent COVID	
Diarrhoea	23,128	23,861	96.9	*G Lladós and L Mateu. European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2022, Lisbon, 23-26 April).
Tachycardia	5,524	5,653	97.7	
Dizziness	69,843	71,648	97.5	
Dysphagia	4,714	4,837	97.5	
Dysphonia	1,693	1,752	96.6	
Orthostatic Hypotension	172	180	95.5	
	**S	Seneff et al. Food a	nd Chemical Toxi	icology 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"



*R Mishra and AC Banerjea. Frontiers in Immunology 2021 Apr 14;12:656700.











"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"

The red arrow points to brown material which is the spike protein inside a capillary in the heart



*Michael Mörz. Vaccines 2022; 10(10): 1651.

"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."

nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart"



*Michael Mörz. Vaccines 2022; 10(10): 1651.

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Immune Suppression and Cancer Risk

















"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"
 Control

*Markus Aldén et al. Curr. Issues Mol. Biol. 2022, 44, 1115–1126.









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