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# The eternal dangers of RNA-vaccines

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## The novel concept of RNA-vaccines

Chromosomes are the books of life containing DNA-encoded recipes for the production of protein molecules. When needed, the book is opened and a copy of the required recipe is made. The copy is mRNA, which directs production of the protein, after which it is disposed of.

RNA vaccines are such short-lived copies of chromosomal recipes that direct the production of selected antigens, e.g. the SARS-CoV-2 spike protein. More than one billion copies (RNA molecules) are administered with each injection. Mass production of mRNA requires mass availability of the DNA recipes. How can this be achieved?

The solution represents a founding pillar of gene technology. The billions and trillions of copies of the DNA recipes are derived from bacteria. The recipes are contained in minute, bacterial chromosomes that are termed plasmids. The division time of the bacteria is approximately 20 minutes – the number of cells increase approximately eightfold every hour. Literally countless bacteria with the plasmids can therefore be harvested from fluid culture in just a few days.

Plasmids are easily manipulated. Foreign recipes, i.e. genes such as those encoding for viral proteins can be inserted. Following bacterial multiplication, the plasmids are harvested and used as the templates for production of the mRNA copies.

The RNA molecules are then packaged into tiny fatty globules termed lipid nanoparticles (LNP). The essential components of LNP are man-made and potentially highly toxic. Their use in humans was forbidden prior to 2020. This rule was violated with the emergency use approval of the COVID RNA-vaccines. The packaging material is essential to protect RNA from destruction so that it can travel in the bloodstream to reach all organs of the body. There the globules act as Trojan horses. They are taken up by cells and their cargo is then released. Production of the spike protein and triggering of the immune response follow, leading to formation of specific antibodies that are supposed to protect against future infections.

## The fatal flaw

The immune system recognizes and destroys body cells that produce foreign proteins, such as occurs when they become infected with viruses. This ability to recognize non-self is given at birth.

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It protects us throughout life because virus-infected cells are thus effectively eliminated. It cannot be suppressed. Therefore, if mRNA coding for any non-self protein is introduced into a cell, that cell will come under attack by the immune system. This is the fatal flaw that underlies the whole concept. The numbers of packaged RNA copies administered with each injection are gigantic. Myriad immune attack events will erupt throughout the body that can only halt when production of the alien protein comes to an end. How long will this take? A few days, as the vaccine manufacturers and regulatory authorities repeatedly asserted?

## The ultimate catastrophe

An alarming finding surfaced over the past year that was irreconcilable with that assertion. Spike protein and multiorgan inflammation was detected in vaccinees weeks and even months after the injections (1-3). And this was associated with severe and often fatal illness (2,3). What earthly reason could there have been and could there still be for long-lasting production of an RNA-encoded protein and inflammation?

A possible and extremely terrifying answer came with the recent discovery of McKernan and colleagues (4). In the vaccine production process, the plasmid-DNA templates must be removed from the generated mRNA before the latter is packaged into LNPs.. Otherwise, plasmids will also end up in the fat globules. McKernan discovered that this crucial step of removing plasmid-DNA had not been assiduously undertaken. Huge amounts of plasmid-DNA were found in packaged form that guaranteed their successful delivery to cells, where they would be able to function for extended time periods.

Cellular uptake of a functional foreign chromosome equates with nothing less than genetic alteration. This must be the fate of humans who are injected with packaged bacterial plasmids. In addition, expression of the alien gene will invoke immune attack on the producing cells. Continued and prolonged production of the non-self protein will intensify the organ damage and inflammation. This will happen throughout the body. Blood clots will form as vessels get injured and tissues will die for lack of oxygen. The heart is one organ that cannot replace dead cells. Who has not heard of the mysterious sudden cardiac deaths that are occurring around the world? They are only the tip of an iceberg. Vaccine-induced heart disease has entered the daily agenda of young and old. The second organ that cannot replace its dead cells is the brain. Depending on where vaccine damage is done, any neurological and psychiatric affliction may follow.

Analogous autoimmune-like diseases can develop simultaneously in different organs. This multifaceted feature of vaccination-induced injury is unique and tellingly illustrated in the tragic case of a 14-year old child who died of multi-organ inflammation as has never been seen before (5).

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The potential of vaccination to negatively impact on fertility and reproduction is enormous. The vaccines accumulate in the reproductive organs and this could immediately impair fertility. Uptake of circulating RNA and DNA by cells of the placenta could result in stillbirths. Placental damage may also enable the packaged genes to enter the fetal circulation. Stem cells in umbilical cord blood are reduced and impaired following vaccination (6), and it must be feared that this is because the baby is reached in the mother's womb. The fat globules with their cargo are also known to find their way into breast milk (7). Gut permeability is high during the first weeks after birth (8), and the terrible possibility exists that breast-feeding will result in direct passage of vaccines into the baby, where suicide mechanisms may be triggered.

In the laboratory, it is possible to insert plasmid DNA into the book of life. If this occurs in vaccinated humans, the possible consequences are unending. Disruption of the exquisitely tuned network that controls cell division and differentiation can lead to cancer. Mutations in sperm and fertilized egg cells could render altered traits inheritable and lead to the creation of beings that have departed from the evolutionary track of the human race.

## Finale

Widespread and sustained injury to tissues and to blood vessels must be expected to occur through attack of the immune system on spike protein-producing cells. This attack occurs because the spike protein is non-self; and since every other mRNA vaccine will encode non-self, we must expect that it will cause harm by the same mechanism and to a similar extent. These nightmarish scenarios will worsen with every booster injection.

To top everything, contamination of vaccine batches with functional plasmid-DNA must be expected to be the rule and not the exception, because no cost-effective procedure exists to reliably separate mass-produced RNA from the plasmids. The introduction of a foreign chromosome equates with alteration of the genome. Long-lasting auto-immune attack on the cells is inevitable.

Integration of plasmid-DNA into the human chromosome must moreover be expected to occasionally occur. Myriad cellular functions can then be permanently disrupted. Malignancies may arise and life expectancy may drop. A horror scenario arises that could affect countless people whom we love and hold in our hearts. We must prevent this.

The medical world must rise on the spot and bring the use of RNA-injections to a full stop.

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## References

1. Bansal S. et al. (2021) Cutting Edge: Circulating Exosomes with COVID Spike Protein Are Induced by BNT162b2 (Pfizer-BioNTech) Vaccination prior to Development of Antibodies: A Novel Mechanism for Immune Activation by mRNA Vaccines. [J Immunol 207:2405-2410](https://doi.org/10.1186/s12975-021-02410-1).
2. Mörz M. (2022) A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19. [Vaccines 10:1651](https://doi.org/10.1186/s12975-022-01651-1).
3. Bhakdi, S. and Burkhardt, A. (2021) On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination. <https://doctors4covidethics.org/on-covid-vaccines-why-they-cannot-work-and-irrefutable-evidence-of-their-causative-role-in-deaths-after-vaccination/>
4. McKernan K. (2023) Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose. <https://osf.io/b9t7m/>
5. Nushida H. et al. (2023) A case of fatal multi-organ inflammation following COVID-19 vaccination. [Leg Med 63: 102244](https://doi.org/10.1186/s12975-023-01022-4).
6. Estep B.K. et al. (2023) Skewed fate and hematopoiesis of CD34+ HSPCs in umbilical cord blood amid the COVID-19 pandemic. [iScience 25: 105544](https://doi.org/10.1016/j.isci.2023.105544).
7. Hanna N. et al. (2022) Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk. [JAMA Pediatr. 176:1268-1270](https://doi.org/10.1016/j.jama.2022.12.68).
8. Weström B. et al. (2020) The Immature Gut Barrier and Its Importance in Establishing Immunity in Newborn Mammals. [Front Immunol. 11:1153](https://doi.org/10.3389/fimmu.2020.01153).