Are There Next-Generation Costs for the COVID-19 mRNA Mass-Vaccination Campaign?

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On Dec 11, 2020, the Food and Drug Administration (FDA) issued its first Emergency Use Authorization (EUA) for the Pfizer-BioNTech mRNA COVID-19 gene-therapy product, designated as a vaccine under a new CDC definition, followed a week later by Moderna's version. These experimental, non-traditional "vaccines" contained a degradation-resistant mRNA sequence coding for a single COVID-19 viral antigen called the spike protein. Rushed testing and careless reviews by the FDA inexcusably missed the fact that the spike protein was a biologically toxic molecule. It also missed the fact that the spike protein mRNA insert of the pseudo-vaccine incorporated potential amyloidogenic regions in its tertiary structure.[1]

By Mar 19, 2021, more than 100 million vaccine doses had been distributed. This was too soon to see any possible long-term neurologic effects, particularly in babies of mothers subjected to COVID-19 mRNA vaccination during their pregnancy.

The Concern of Chronic mRNA Vaccine-induced Inflammation in the Brain

In 2021, it was reported that the S1 fragment of the virus spike protein could pass through the blood-brain barrier of mice after intranasal or intravenous injection.[2] Because the mRNA vaccines are now known to cause the manufacture of viral spike protein in the body for months, it was possible that that the foreign, toxic S1 fragment of this protein was also accumulating in the brains of mRNA-vaccinated humans, causing abnormal microglial/astroglial cell reactivity and a further tissue-damaging cytokine release.

In 2021, there was already evidence of spike protein accumulation occurring in the cardiac tissue of adult mRNA vaccine recipients. There, the induced cytokine production was causing cardiac mitochondrial damage with an electrical and physical remodeling of the heart.[3,4] Could similar events be occurring in the fetal brain of mRNA-vaccinated pregnant women?

At the beginning of mRNA vaccine availability in December 2020, the American College of Obstetrics and Gynecology (ACOG) had maintained a cautionary neutral position on mRNA vaccination during pregnancy, recommending that pregnant women "be free to make their own decision to take the vaccine or not." Then on Jul 30, 2021, in spite of the ever-accumulating evidence of mRNA harm and lack of efficacy in protecting against COVID-19 infection, ACOG shifted its position to strongly recommend mRNA vaccination for pregnant women in all trimesters of pregnancy. What had caused this sudden change by ACOG to a vaccine doctrine with so many remaining unknowns?

Using a mouse model, in mid-December 2021, scientists were able to prove that the S1 subunit of the viral spike protein could initiate an inflammatory cascade in gravid female Sprague-Dawley rats via the pattern recognition receptor TLR4. This cytokine signaling was strong enough to generate a behavioral dysfunction in the adult male progeny of these mothers, accompanied by an increase in neuroinflammatory markers in the blood.[5]

mRNA Vaccination Produces Autism-like Behaviors in Infant Male Mice

Although mice are not humans, we still share many developmental genes and much of the same neurophysiology. The formation and anatomical development of any mammalian fetal brain is a very specialized process involving the replication of neurons, the construction and movement of stacking sheets of neuronal tissue, and a multitude of choreographed myelinated neuronal connections that occur while the fetus is still ensconced in the uterus. The process continues for months as the newborn progresses through the neonatal period and on through the toddler stage. Any form of chronic inflammation in the brain during this time due to the presence of a toxic foreign protein cannot be considered safe for completely normal brain development.[6,7]

In January 2024, a series of experiments showed that pregnant rats injected with the Pfizer BNT162b2 mRNA vaccine produced a statistically significant number of male progeny that exhibited autism-like behaviors on testing, with reduced numbers of neurons in their brains and impaired motor performance. These findings were consistent with the Pfizer mRNA vaccine interfering with the major neurodevelopmental WNT pathway, as well as brain-derived neurotrophic factor signaling.[8]

Today, the question of human mRNA vaccine-induced childhood developmental delays and behavioral problems after birth is still ongoing research, and little more can be said at this time. However, it does bring other troubling questions forward.

Is There a Link Between mRNA Vaccine-induced Fetal Brain Inflammation and Later Onset Schizophrenia?

For years, schizophrenia has been acknowledged as a multifactorial disorder with arguable links between maternal infection with bacterial/viral agents during pregnancy, and the later onset of schizophrenia in the offspring. While several animal models suggest such a link, the peer-reviewed literature remains well divided on this.

Parallel studies in humans and animals are still underway to uncover possible cellular and molecular mechanisms.[9-13] While the scientific literature presents no definitive answer, increased inflammatory cytokine production has been suggested as a likely mechanism. In this respect, the COVID-19 mRNA vaccines represent a target for the study of mRNA vaccinated pregnant women and their resulting offspring.

Spike Protein Amyloid Deposition and Neurotoxic Fibril Formation in the Brain

With only a small number of scientists working in this area it took until May 2022 to firmly demonstrate that three different 20-amino acid peptides of the COVID-19 viral spike protein had potential "amyloidogenic" activity that might fulfill the "amyloid"

criteria based on sigmoidal thioflavin T (ThT) fibrin formation kinetics, Congo red birefringence tissue microscopy, and the creation of formed fibrillar ultrastructures detectable by negative-stained transmission electron microscopy.[14]

The question now is, in humans, could a natural COVID-19 viral infection trigger abnormal spike protein amyloid deposition in the brain during infection? Was the same true for the mRNA vaccines, which resulted in the production of viral spike protein in the body for months when injected into humans? It was realized early in the pandemic that some COVID-19 infections were accompanied by mild interference with normal cognitive function. The common term for this was "brain fog." Eventually some peer-reviewed studies on the possible mechanisms for this began to be published in the lesser medical journals.[15-17]

By August 2022, under accusations of fraudulent activity, incomplete or lost clinical data, and Freedom of Information Act (FOIA) legal action, an outside reanalysis of the original placebo-controlled, Phase III randomized clinical trial data revealed a shocking negative benefit-to-harm ratio for both the Pfizer and Moderna mRNA COVID-19 vaccine biological products.[18] It was far more dangerous to take a mRNA vaccine than it was to contract and be hospitalized with COVID-19. Yet ACOG continued to promote the mass vaccination of pregnant women while the FDA continued to drive an unwarranted expansion of the vaccination program into children, toddlers, and eventually down to 6-month-old babies.

Despite the early accumulating data suggesting significant mRNA vaccine harm, ACOG continued its promotion of experimental mRNA vaccination over a safe, effective, early-use treatment using the well-known drug hydroxychloroquine (HCQ). The drug was safe to use in any trimester of pregnancy and, if used early in infection, was shown to be highly effective for treating COVID-19.

Suspicions of a Link between COVID-19 mRNA Vaccination and Neurodegenerative Disease

As early as July 2020, doctors began to report rare, isolated cases in which adult patients already suffering from a severe but rare neurological disorder known as Creutzfeldt-Jakob disease (CJD) seemed to experience a rapid "turbo" acceleration of their dementia after a natural infection with the COVID-19 virus. Sporadic cases continued to be reported throughout 2021 and 2022, and while suspicious, these seemed to be rare and isolated events.[19-23]

In January 2023, this all changed when the late Professor Arne Burkhardt publicly documented his multiple organ/histological autopsy findings on patients who had died from COVID-19 mRNA vaccinations.[24] His data revealed that the toxic spike protein from the COVID-19 virus could definitely be deposited in the adult human brain.[25]

Research quickly began to focus on the possible neurodegenerative effects of multiple mRNA vaccinations and boosters.[26-27] The pharmaceutical-influenced major medical journals like the *New England Journal of Medicine* and *The Lancet* published very little on this subject. The CDC remained quiet, seemingly more preoccupied with trying to minimize the significance of the now recognized mRNA vaccine side effect of myocarditis in young adults and children.

In addition to the concerns of accelerating the disease course of pre-existing CJD patients or the possible cytokine-driven acceleration of an already ongoing case of Alzheimer disease, there was the question of whether the chronic viral spike protein production induced by the mRNA vaccines could produce its own CJD-type of neuropathology.

In 2023, French scientists described 23 cases in which mRNA vaccine recipients developed sudden symptoms of CJD within 15 days after their second injection of the Pfizer mRNA product. Three other cases of CJD were reported within 30 days of receiving the AstraZeneca DNA-based COVID-19 vaccine, which also had the viral spike protein as its antigenic target. Biochemical markers and imaging in these cases were consistent with CJD, but unfortunately no biopsy or histology was performed.[28] The mean time to patient death was less than 5 months. Considering that one author of this study was a Nobel Prize laureate and the co-discoverer of the AIDS virus, this should have prompted an immediate reexamination of the mRNA mass vaccination program. A follow-on summation article quickly appeared outlining the viral spike protein as a molecule toxic to nervous tissue.[29]

In April 2023, Rong et al. published a seminal peer-reviewed paper focused on both a mouse animal model and human autopsy material.[30] The animal portion of the study was intensive, and it provided imaging evidence that mRNA vaccine-generated COVID-19 viral spike protein could indeed traffic from the arm into depots in the blood-forming cavities of the skull, and from there into the brains of mice. The injection of purified spike protein into the mice was enough to cause brain cell death and the appearance of biomarkers normally associated with Alzheimer disease and CJD. The study of adult human autopsy material in this paper revealed the same accumulation of spike protein plaques in the bone marrow of the skull, the meninges, and the cortex of the brain, accompanied by a background of chronic inflammation.

It must be noted that gravid women had been excluded from initial mRNA vaccine trials, prohibiting any data collection on safety, efficacy, and the optimal timing for vaccine use in pregnancy or on its possible fetal impacts.

Yet the literature abounds with poorly reviewed studies claiming "overwhelming" evidence of maternal protection against COVID-19 after mRNA vaccination during pregnancy. One example is provided by Butt and Chemaitelly, et al., which claims mRNA vaccine effectiveness to be 86.8% (95%CI 47.5%-98.5%) for at least 14 days after the second dose.[31] This is difficult to reconcile when six additional studies conclusively prove the mRNA vaccines demonstrate a negative benefit-to-risk ratio.[32-37] The mRNA vaccines never had data to show they could actually prevent a COVID-19 infection.

During 2022, several studies also claimed that the transplacental transfer of mRNA vaccine products to the fetus was not occurring to any significant degree.[38] Yet, it is not the amount of degradation-resistant mRNA that breaks through the maternal/placental barrier that is important. Rather, it is the amount of the persisting spike protein that is created and the magnitude of the resulting cytokine response in the placenta, which may leak over into the fetal circulation.

Placental ultrasound evidence (Figure 1) does indeed show pathological changes consistent with mRNA vaccine-induced damage to the microvascular and larger vascular stroma in the placenta of vaccinated mothers.[39] This is not surprising as COVID-19 mRNA vaccine particles are known to spread systemically from the injection site and cross through the blood-milk barrier in the breast.[40] As mentioned above, mRNA vaccines can cross the blood-brain barrier. And there is evidence that variable amounts of vaccine mRNA can undergo transplacental transmission into the fetus.[41]

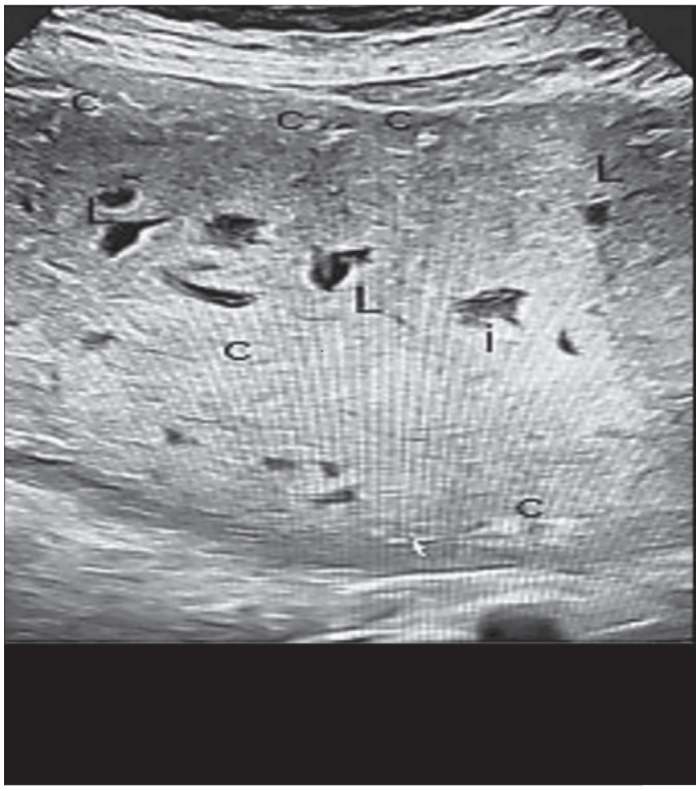

Figure 1. Placenta post mRNA vaccination: calcifications (C), lacunae (L), infarcts (I) [with permission from James Thorp, M.D.]

There is also a functional indication that the transplacental mRNA nanoparticles are exerting a physiological effect either by means of a direct-stimulated apoptosis reduction of the CD34+ hematopoietic stem and progenitor cell (HSPC) stem cell population in the umbilical cord blood from the fetus, or as the result of a spike protein-generated cytokine response.[42]

Can the mRNA-Derived Spike Protein Be Considered a Prion?

Prions are considered a special type of misfolded amyloid protein derived from a normal pre-existing protein in the body. After its misfolding and deposition into the tissues, a prion breaks down into neurotoxic threads called fibrils, which have the ability to "infectiously" transmit their abnormal folding pattern to other normal proteins of the same type. At present, we know of only two human prions.

The first is the PrP prion that causes classical CJD, variant CJD ("mad cow disease"), and a number of other spongiform encephalopathies in humans. The second prion was discovered in 2022, and it is an amyloid variant of the α-synuclein protein associated with Parkinson disease, which has the capability to cause transmissible multiple system atrophy.[43]

Because the mRNA-coded viral spike protein in the body does not have a normal counterpart in humans, it is unlikely that it can be infectiously transmitted from person to person like CJD, so technically it is not a prion. However, we know that after injection the mRNA vaccine can continuously cause spike protein production for months, and that the spike protein can be found in the cord blood from the fetus. The question is whether the resulting amyloid precipitation of either the spike protein or the active S1 fragment can reach the fetal brain from the vaccinated mother, deposit, and generate enough inflammation/cytokine production to interfere with normal neurodevelopment.

Some scientists now suspect that the amyloidogenic nucleotide sequences might have been removed from the mRNA insert in the new COMIRNATY mRNA product, along with the SEB-motif in the S1 fragment.[44-45] A determination will require comparative nucleic acid sequencing of the entire range of mRNA vaccine products with the original Wuhan strain of the vaccine serving as the reference point.

Federal Health Agencies Intentionally Obstructed the Mounting Evidence of mRNA Vaccine Harm

Throughout the COVID-19 pandemic, the FDA, CDC, NIH, and the vaccine manufacturers systematically ignored multiple FOIA requests by numerous outside investigators trying to understand the ongoing pandemic debacle. Their obstructionist actions forced entities, such as America's First Legal, Judicial Watch, and the *Epoch Times*, to initiate multiple time-consuming lawsuits, only to receive redacted documents in return. It was inexcusable civil-servant and private-sector behavior. The many mistakes made by these unelected senior medical bureaucrats were not a national secret. Nor were their potential conflicts of interest.

At the same time, the Department of Health and Human Services (HHS) would waste almost $1 billion to fund a sophisticated national propaganda program that promoted masking, social distancing, and mRNA vaccine compliance. Titled *"We Can Do This,"* the campaign was designed and operated by the Fors Marsh Group (FMG), and it ran until June 2023.[46]

FMG is a professional media research/consulting firm using advanced group psychological methods to modify human behavior. For the HHS campaign, FMG was forced to use the CDC's own false narratives concerning the safety and efficacy of the mRNA vaccines. On May 6, 2024, HHS had the audacity to announce that its *"We Can Do This"* propaganda campaign had saved lives, prevented mass hospitalizations, and blocked millions of infections.[47] In support, it cited a poorly peer-reviewed study published in the *American Journal of Preventive Medicine*.[48] This flawed paper concluded that between April 2021 and March 022 the campaign had encouraged 22.3 million people to take their COVID-19 vaccination series, and this had prevented nearly 2.6 million COVID-19 infections and 244,000 hospitalizations.

Left unexplained was how a vaccine with a proven and admitted inability to prevent infection and transmission, and with a conclusively documented negative benefit-to-harm ratio, could possibly comport with the figures quoted in this and other studies.

The historic HHS overspending for propaganda eventually raised eyebrows on Capitol Hill. As part of its mandate to examine national health affairs, the House Committee on Energy and Commerce's Subcommittee on Oversight and Investigations soon initiated a deep investigation of the effectiveness, financing, and scientific accuracy of the CDC-directed *"We Can Do This"* propaganda effort. While intending to focus on the indefinite-delivery-indefinite-quantity (IDIQ) federal contracts awarded to FMG, the Subcommittee's report quickly expanded into a detailed 113-page document.[49]

Its contents outlined the inaccurate CDC narratives falsely validating the health agencies' mRNA vaccine recommendations and mandates. The release of this report in October 2024 was met by a deafening silence from the mainstream media while the public, and many doctors, remained ignorant of the actual harm the vaccines were inflicting on female reproductive health. How did we as a nation end up in such a situation?

American College of Obstetrics and Gynecology (ACOG) Recommendations

From its initial cautious approach to mRNA vaccination, on Jul 21, 2021, ACOG made a sudden about-face and began to strongly promote it. Current guidance is that "all eligible persons aged 6 months and older, including pregnant and lactating individuals, receive an updated 2024–2025 COVID-19 vaccine."[50] On Nov 17, 2023, the COVID-19 mRNA vaccines were added to the already overloaded U.S. Childhood Immunization Schedule.

In 2023, documents obtained through a FOIA request by OB/GYN specialist James Thorp, M.D., and his associates indicate that the CDC paid ACOG roughly $11 million to promote COVID-19 vaccination as both "safe and effective" for pregnant women.[51] The award was contingent upon ACOG's compliance with the false CDC-directed "We Can Do This" propaganda campaign. This can be considered illegal paid federal propaganda unsupported by the preponderance of scientific evidence, apparently constituting a conflict of interest.

The U.S. had two highly effective, safe, outpatient drug treatments for COVID-19 that were incorrectly and intentionally maligned. Under the FDA's own EUA rules, not a single human should have been given a COVID-19 vaccine.[52-53]

Millions of pregnant mothers and children have now been used as experimental animals without informed consent. With limited data at the moment, we must wait to see whether the ill-advised repeated injections of the COVID-19 mRNA vaccine and boosters will be associated with variable neurodevelopmental (NDV) damage within the upcoming generation of children.

The current prevalence of autism spectrum disorder (ASD) is one out of every 36 children.[54] Only time and *proper* surveillance will tell whether the repeated variable mega-antigen dosing afforded by repeated COVID-19 mRNA vaccine administration before 12 months of age will increase this incidence of autism in the nation. The educational and community mental health systems of the U.S. are not equipped to handle a large sudden influx of any of the neurologic disorders mentioned in this paper. This research is urgently needed not only to call a halt to the ineffective mRNA program, but to gain the time necessary to prepare educational resources for these children if this scenario develops on a large-scale.

Conclusion

The spike protein induced by COVID mRNA vaccines can penetrate the blood-brain barrier and induce inflammation and possibly neurodegenerative changes. There is evidence that the fetal brain can also be affected, resulting in serious neurologic and behavioral effects. Such intergenerational damage would constitute a catastrophic burden on society. Further damage needs to be prevented, and we need to prepare resources to care for children already harmed.

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