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Coming Soon — mRNA Cancer and Flu 'Vaccines'

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Even though the mRNA COVID jabs are the most dangerous medical products ever to hit the market, vaccine makers and U.S. health agencies are steamrolling ahead with a long list of mRNA-based shots, including combination shots to cover multiple viral infections at the same time.

If the COVID shots are the most dangerous injections we've ever seen, what makes them think mRNA shots for cancer, heart disease, influenza, respiratory syncytial virus (RSV), HIV

or any other condition will be any safer?

It's a science experiment gone completely off the rails. No one is safeguarding public health anymore. You could say our health agencies have sold out the public to the drug industry, allowing them to conduct wild population-wide genetic experimentation aimed at furthering the transhumanist agenda at breakneck speed.

Personalized Cancer Shot Is Being Fast-Tracked

As reported by The Guardian in early April 2023,[1] Moderna, for example, is planning to offer a personalized cancer shot by the end of 2028. The U.S. Food and Drug Administration has already designated it as a "breakthrough therapy," which means the regulatory review will be expedited.

The European Medicines Agency (EMA) is also fast-tracking it under the European "priority medicines" (PRIME) scheme.[2] Here's how Moderna's personalized cancer gene therapy is said to work:[3]

1. A biopsy of your cancerous tumor is collected
2. Mutations in the genetic sequence of the tumor are identified
3. A machine learning algorithm determines which of the identified mutations might be driving the cancer's growth. Abnormal proteins produced by those mutations are also identified
4. A synthetic mRNA molecule is created, containing instructions for your cells to make an antigen that your immune system will respond to
5. Once injected, the mRNA is translated into proteins that are, supposedly, "identical" to those found in your tumor. When immune cells encounter cancer cells that carry these proteins, they destroy them

It sounds good in theory, but as we've seen with the COVID shots, any number of things can go wrong once your cells are turned into toxic protein factories. Contrary to transhumanist belief, your body is not a "hardware platform" and your immune system is not like a piece of software that can simply be "updated" with a new set of genetic instructions.

Not even close. It's more like a spider's web of interconnected systems and pathways. Pull on one string and the whole network responds with cascades of activity, much of which we still do not understand. It's beyond foolish to think you can just insert a new genetic instruction on one of the strings and not disturb or impact the rest of the web.

mRNA Flu Jabs Coming Soon

mRNA-based influenza shots are also in the works. Pfizer and Moderna both launched mRNA flu jab trials in the fall of 2022.[4] We now know the COVID shot doesn't protect you against SARS-CoV-2 infection or transmission, so will the flu shot be any different? Are they tweaking it somehow to block infection? Or will it be a repeat of COVID — all risk and no benefit?

In my view, there's cause for additional concern when it comes to mRNA flu shots, because they've already admitted that the viral strains targeted can and will be updated on the fly in the middle of the flu season, should it turn out that the flu strains selected in February are a

mismatch to the circulating strains that following winter.[5]

The industry wants you to believe that changing the antigen has no bearing on the potential side effects, but they have no evidence to support that assertion. Whenever you change the antigen, you run the risk of new side effects, because not all antigens affect your immune system the same way.

For example, the reason why no coronavirus vaccine was ever brought to market despite 20 years of research and experimentation was because they kept causing worse infection. Many vaccines against other viruses don't have this effect.

And, even though the mRNA platform is completely different from conventional vaccine manufacturing that uses live or attenuated coronaviruses, the effect on the immune system is still clearly an adverse one. So, changing the method didn't eliminate the problem.

Since the mRNA platform allows for endless customization without additional safety testing to make sure the antigen chosen won't cause unsuspected problems, it poses a unique threat to public health. Millions will likely be injected before a problem is identified.

Gene Therapies Don't Work Like Vaccines Do

It's important to remember that mRNA-based "vaccines" aren't vaccines. They're gene therapies. The only reason drug companies and health agencies now insist on calling them vaccines is because they changed the definition of the word so that a vaccine no longer has to protect you from the infection in question. All it must do is stimulate your body's immune response against the disease.

But if a vaccine doesn't prevent you from infection, what is the point of it? Natural infection also stimulates your immune response, but you develop immunity. So, all the shot is doing is stimulating — and possibly overstimulating and contributing to autoimmune diseases — your immune system without providing immunity.

mRNA Dosing Conundrum Has yet to be Solved

Originally, modified mRNA was thought to hold the key to a new source of embryonic stem cells that researchers planned to use to treat anything from Parkinson's disease to spinal cord injuries. Using modified synthetic mRNA, they hoped to sidestep the controversy of using stem cells from aborted fetuses.

The promise hinged on safe dosing, but in animal studies scientists ran into a now-familiar problem with the mRNA doses. The therapy triggered dangerous immune reactions, yet the lower doses were too weak to show benefit.

There's no compelling evidence that this dosing problem was ever solved. In fact, it appears sloppy COVID jab manufacturing has resulted in varying strengths of the shots, with some batches being associated with vastly higher rates of injury and death, as detailed on HowBadIsMyBatch.com.[6]

Also, let's not forget that the COVID shots appear to be massively accelerating cancer development, as "turbo-charged cancers" are now becoming more common. So, what can we expect from an improperly dosed mRNA cancer jab?

Will mRNA Shots for Herpes and Shingles Prevent Infection?

Moderna is also developing mRNA shots for shingles and genital herpes[7] based on the same platform used for its COVID jab — a technology that doesn't stop infection and can depress your immune function such that you become more prone to infections and chronic diseases of all kinds.

The mRNA COVID shots are also suspected of causing autoimmune conditions by way of molecular mimicry.[8] This occurs when similarities between different antigens confuse your immune system.

So, will mRNA shots against herpes and shingles prevent infection? Or will they increase your risk, just like the COVID shots have done? We'll have to wait and see, but I wouldn't recommend lining up to test them.

mRNA Integrity Is Another Technical Difficulty

Another technical difficulty that is unlikely to have been solved is the mRNA integrity. As detailed in "Data Leaks Reveal Disturbing Facts About mRNA Instability," hacked Pfizer COVID jab data show European regulators had significant concerns over the lack of intact mRNA in the commercial batches sampled.

Compared to the clinical batches, i.e., the shots used in the clinical trial, 55% to 78% of the commercial shots had "a significant difference in % RNA integrity/truncated species."

This is important because intact mRNA is essential for efficacy. According to Daan Crommelin, a professor of biopharmaceutics, "Even a minor degradation reaction, anywhere along a mRNA strand, can severely slow or stop proper translation performance of that strand and thus result in the incomplete expression of the target antigen."

For an effective product, mRNA integrity needs to be 100%. Considering how ineffective the jabs are, it seems fair to question whether lack of mRNA integrity might be to blame. We also do not know whether fragmented mRNA might be harmful, and to what degree.

While public health agencies claim fragmented RNA poses no health risk, just how do they know that? The leaked documents revealed they did not have an answer to that question. There's also no evidence that manufacturing processes have been perfected to prevent the fragmentation of mRNA. Like so many other things, the ins and outs of the manufacturing process of mRNA injections are not disclosed or discussed.

The Transhumanist Race Toward Human 2.0

It's hard to assess the recklessness with which drug companies and health agencies approach mRNA therapy as anything other than an attempt to fulfill a transhumanist dream in the quickest way possible. To perfect the genetic manipulation of human beings would under normal circumstances take many decades, perhaps close to a century, or more.

It would seem the globalist cabal driving the transhumanist agenda decided instead to launch population-wide experimentation to speed up the process. Large-scale studies are always required when you want to prove safety and effectiveness, and the global population has basically been turned into guinea pigs. They don't care how many are injured or killed in

the process. They've proven this much by ignoring the mounting death toll.

To the cabal, it's probably a numbers game. Inject billions of people with gene therapies of various kinds in varying dosages, see what happens and tweak from there. Ultimately, the general population are not the intended beneficiaries of this large-scale experimentation. The globalists are. The guinea pigs are expendable.

The transhumanists cannot fulfill the dream of Humanity 2.0 without casualties, and what better victims than people whose future Social Security funds have already been looted and squandered?

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Notes

[1, 3] The Guardian April 8, 2023

[2] Zacks.com April 10, 2023

[4, 5] Time September 14, 2022

[6] How Bad Is My Batch

[7] Newsmax Health February 18, 2022

[8] Journal of Hepatology June 17, 2021; 75(5): 1250-1252

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