Why the Body Attacks Itself After COVID-19 Vaccination

Autoimmunity is a Direct Consequence of Poorly Conceived Genetic Vaccines

By Dr. Peter McCullough

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The human immune system is designed to recognize foreign invaders (microbes, other substances) attack, kill, and then clear the debris away. For that reason, we must be sure that our bodies recognize our own cells as "protected" and the foreign ones as targets. For the first time, mRNA (Pfizer, Moderna) and adenoviral DNA (Janssen) COVID-19 vaccines install the genetic code for our bodies to make a deadly foreign protein with the aspiration that our immune system would not only respond and protect us, but also form live saving immunity from SARS-CoV-2. We have come to learn this was the drug development miscalculation of all time. Production of a foreign protein in the human body has turned out to be a disaster as illustrated by Polykretis et al in a recent paper. Here are some of the reasons why: 1) each cell that takes up the vaccine expresses the protein in the cell surface initiating autoimmune attack, 2) the tissue distribution appears to be wide involving organs where this attack could be lethal (heart, brain, bone marrow, etc.), 3) both the genetic material and the Spike protein are long lasting (months to years) which is long enough to cause an autoimmune syndrome which may be permanent.

Review

Autoimmune Inflammatory Reactions Triggered by the COVID-19 Genetic Vaccines in Terminally Differentiated Tissues

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Abstract: As a result of the spread of SARS-CoV-2, a global pandemic was declared. Indiscriminate COVID-19 vaccination has been extended to include age groups and naturally immune people with minimal danger of suffering serious complications due to COVID-19. Solid immuno-histopathological evidence demonstrates that the COVID-19 genetic vaccines can display an off-target distribution in tissues that are terminally differentiated, triggering autoimmune reactions. These include the heart and brain, which may incur *in situ* production of spike protein eliciting a strong autoimmunological inflammatory response. Due to the fact that every human cell which synthesizes non-self antigens becomes inevitably the target of the immune system, and since the human body is not a strictly compartmentalized system, accurate pharmacokinetic and pharmacodynamic studies are needed in order to determine precisely which tissues can be harmed. Therefore, our article aims to draw the attention of the scientific and regulatory communities on the critical need of bio-distribution studies for the genetic vaccines against COVID-19, as well as of rational harm-benefit assessments by age group.

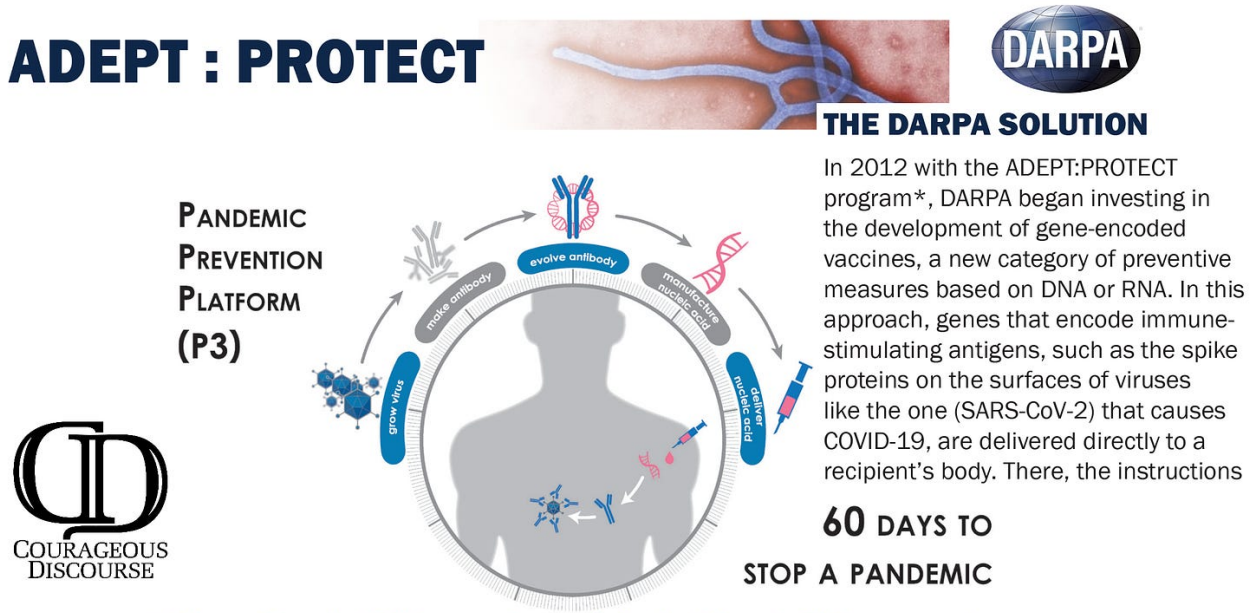
Keywords: COVID-19; genetic vaccines; adverse reactions; autoimmunity; immunohistochemistry; spike protein

Polykretis, P.; Donzelli, A.; Lindsay, J.C.; Wiseman, D.; Kyriakopoulos, A.M.; Mörz, M.; Bellavite, P.; Fukushima, M.; Seneff, S.; McCullough, P.A. Autoimmune Inflammatory Reactions Triggered by the COVID-19 Genetic Vaccines in Terminally Differentiated Tissues. Preprints 2023, 2023030140. https://doi.org/10.20944/preprints202303.0140.v1.

Polykretis elaborates: " Strong histological evidence from biopsies and autopsies have demonstrated that the vaccine-derived spike protein was synthesized in terminally differentiated tissues (Baumeier et al., 2022; Schwab et al., 2022; Mörz, 2022). Baumeier et al. detected the vaccine-derived spike protein on the cardiomyocytes of 9 out of 15 patients with clinical suspicion of myocarditis (which were negatively tested for SARS-CoV-2), proving that the viral protein has been synthesized in the heart tissue and suggesting an autoimmune response due to vaccination (Baumeier et al., 2022). Schwab et al. describe the histopathological findings from standardized autopsies performed on 25 people who had passed away unexpectedly and within 20 days from vaccination (none of the deceased persons had SARS-CoV-2 infection prior to vaccination) (Schwab et al., 2022). Both the aforementioned studies support the idea that vaccine-induced myocardial inflammation was a consequence of excessive T-lymphocytic infiltration, predominantly CD4+ T-cells, which are the main drivers of autoimmunological myocardial injury. Mörz described the expression

of the vaccine-derived spike protein in the brain and the heart of a patient who developed multifocal necrotizing encephalitis upon vaccination with BNT162b2 (Mörz, 2022). Immunohistochemistry also revealed the expression of the vaccine-encoded spike protein in the vesicular keratinocytes and the endothelial cells in the dermis (Yamamoto et al., 2022)."

Despite having a long development pathway driven by the US Military DARPA in the ADEPT P3 Program announced in 2012, genetic vaccines have been poorly conceived by contractors without careful consideration of the biological ramifications of autoimmunity. To make matters worse, they were rushed through human clinical development by Operation Warp Speed and were too widely deployed, with 92% of the US population injected at least once according to the CDC. As a result, we have nearly the entire US population at risk for or with some subclinical manifestation of autoimmunity.



A follow-on effort to the ADEPT program, known as the Pandemic Prevention Platform program, aims to take pandemics off of the list of humanity's angsts with a range of technologies and practices marked by early detection of an outbreak and, within 60 days, development and widescale deployment of protective countermeasures.

See this

At this point, the best course is to remove the COVID-19 vaccines from human use as I have testified in the US Senate on December 7, 2022. The medical community needs to pick up the pieces with a giant research effort on vaccine injury pathophysiology with a major focus on autoimmunity.

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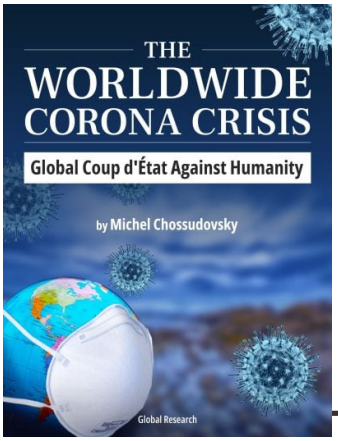

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