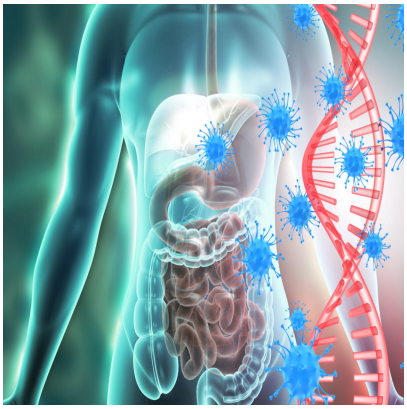

Why the Body Attacks Itself After COVID-19 Vaccination

Description

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 that may be permanent.

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 nine 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 U.S. Military Defense Advanced Research Projects Agency in the ADEPT P3 [Pandemic Prevention Platform] 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 percent of the U.S. population injected at least once according to the Centers for Disease Control and Prevention. As a result, we have nearly the entire U.S. population at risk for or with some subclinical manifestation of autoimmunity.

At this point, the best course is to remove the COVID-19 vaccines from human use as I have testified in the U.S. Senate on Dec. 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.

Reposted from Peter A. McCullough’s Substack

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