


Of all the ways mRNA injections cause harm, the vaccine-induced immune response is the worst

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A paper published on 1 May 2023 by Doctors for Covid Ethics summarised three potential ways the mRNA covid “vaccines” cause disease: toxicity of the lipid nanoparticles, the toxicity of the spike proteins and the destructive effects of the immune response to the spike protein. The paper argues that the latter, the destructive effects of the immune response induced by the “vaccine,” is likely the most important.

“If this conclusion is correct, then essentially the same level of toxicity must be expected with future mRNA vaccines against any other pathogenic microbes,” wrote the paper’s author paper, Dr. Michael Palmer.

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The paper, which you can read [HERE](#), begins with an easy-to-understand explanation of how mRNA “vaccines” provoke an immune response.

The mRNA is enveloped in the lipid nanoparticle (“LNP”) which protects the mRNA in transit and facilitates its uptake by our bodies’ cells. Once inside the cells, the mRNA binds to ribosomes which read the mRNA sequence and then assemble the spike protein. The spike protein will be taken to the cell surface and may be bound by antibodies.

“Those bound antibodies will activate the complement system, a cascade of serum proteins which culminates in the formation of a membrane attack complex. Such complexes create large holes in the cell membrane, ultimately killing the cell,” Dr. Palmer wrote.

If the spike protein breaks into fragments within the cell and these fragments are taken to the cell surface, then they will be recognised by T-killer cells. The T-killer cells will attack and kill that cell.

“The above assumes that we already have antibodies which recognise the spike protein or its fragments,” Dr. Palmer noted.

Differences between live viruses and mRNA “vaccines”

For those who argue that the mechanism described above happens in an immune response to live viruses and live virus vaccines as well, Dr. Palmer points out that there are three key differences between live virus vaccines and mRNA “vaccines” and summarised these differences in the table below.

1.2. Three key differences between live virus vaccines and mRNA vaccines

	Live virus vaccines	mRNA vaccines
Replication inside the host cell	yes	no
Vaccine particles contain protein antigens	yes	no
Vaccine particles infect blood vessel walls	no	yes

Alternate mechanisms of mRNA vaccine toxicity: which one is the main culprit?

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The paper explains in detail why these differences are important.

From the outset, it’s important to note that if we are infected with a natural virus or inoculated with a live virus vaccine, the initial viral load is small. And, a secondary infection will trigger a memory response, which curbs the multiplication of the virus early on. “Neither with the primary infection nor with a secondary one will peak viral load and peak immune response clash head-on. This limits the intensity of inflammation,” Dr. Palmer explained.

Replication inside the host cell

Unlike viruses mRNA “vaccines” do not replicate. This makes it necessary to inject the full amount of vaccine particles all at once and every time.

If the antigen, the substance or particle that induces an immune response, declined over a matter of days, and no immunity yet exists, a clash between peak antigen expression and peak immune response may be avoided.

“However, with a repeat injection, and also in case of natural immunity due to a previous infection with the virus, we must expect antigen expression to clash head-on with an intense immune response, resulting in accordingly intense inflammation. Thus, both acute side effects and long-term ones such as autoimmune disorders will become more likely after the second shot,” Dr. Palmer wrote.

The high viral load clashing with the intense immune response that is expected with repeat injections promotes intense inflammation, with severe tissue destruction and the risk of triggering autoimmunity.

Vaccine particles contain protein antigens

The mRNA “vaccine” particles do not contain any copies of the encoded protein antigen on their surfaces. As this concept is important to understand, we have copied Dr. Palmer’s explanation below.

The presence of protein antigens on virus particles means that these can be bound by antibodies that are already present, which will prevent those virus particles from infecting our body cells. Even though some particles may still manage to get through, the antibodies will at least mitigate the infection.

In contrast, mRNA vaccine particles cannot be stopped by antibodies at all, for the simple reason that they contain only the nucleic acid blueprint for the protein but not the actual protein itself. Therefore, these particles will be taken up by our body cells regardless of immunity. Any immunity already present will then be directed against those unlucky cells

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As with the clashing of the high viral load and intense immune response, particles that “fly under the radar” of antibody surveillance before entering cells, directing an “angry” immune system against those cells promotes intense inflammation, with severe tissue destruction and the risk of triggering autoimmunity.

Thus, in a nutshell, with real viruses existing immunity will inhibit cell damage and inflammation, while with mRNA vaccines existing immunity will make things worse.

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Dr. Palmer then presented graphs which demonstrated the adverse event severity and cardiac symptoms seen in teens after the first and second doses of covid mRNA injections. He also presented graphs of myocarditis reported to VAERS. All the graphs show incidences are more severe or higher in number after the second dose compared to the first.

In a graph showing ‘Days to death by age and dose’ according to VAERS data, “the story is a little more complicated,” Dr. Palmer said. “Apparently, there are more delayed deaths, but fewer early ones after the second dose.”

Other mechanisms of vaccine injury

Dr. Palmer previously explored the induction of genetic mutations by the mRNA and by contaminating DNA. So, in this paper, he focused on the chemical toxicity of the LNPs, the

spike protein toxicity and the immune response to the “foreign” spike protein.

Cationic lipids are highly inflammatory and can also induce programmed cell death. Programmed cell death is called “apoptosis.” Even if outright apoptosis is not reached, “cationic lipids have been confirmed in multiple studies ... [to] pose a risk of DNA damage,” Dr. Palmer wrote.

The spike protein itself is toxic. Also, spike protein within cells can inhibit DNA repair, compounding the mutagenic risks posed by the RNA and contaminating DNA as well as the cationic lipids. But that’s not the only danger the spike proteins pose.

The spike protein on the surface of cells can be cleaved off and enter the bloodstream. This begins a set of processes which ultimately lead to elevated blood pressure, activation of blood clotting and increased inflammation.

To demonstrate the immune system response to the spike protein Dr. Palmer uses images produced by three sources: pathologist Prof. Arne Burkhardt – who famously used the term “lymphocytes amok” – a case report of a patient who died from vaccine-induced encephalitis and a case of myocarditis with sudden death reported by Choi et al.

Lymphocytes are a type of white blood cell that is part of the immune system. There are two main types of lymphocytes: B cells and T cells. The B cells produce antibodies that are used to attack invading bacteria, viruses, and toxins. The T cells destroy the body’s own cells that have themselves been taken over by viruses or become cancerous.

The lymphocytes infiltrating the tissues that Prof. Burkhardt was referring to are T-lymphocytes, killer lymphocytes. What he and his colleague found was that these lymphocytes are running amok in all organs post covid vaccination and it was “very alarming.”

Further reading:

- ‘Lymphocytes Amok’ Post-Covid Injection Is Very Alarming, Says Pathologist
- Scientific evidence suggests the Covid Vaccines reprogram the innate Immune System & cause lymphocytes to attack the body’s organs
- Dr Bhakdi – “Covid-19 Vaccines are killing people by causing an autoimmune attack of killer Lymphocytes”
- Scientists conclude COVID Vaccines reprogram the Immune System causing Lymphocytes to attack Vital Organs

Which of the three mechanisms is the dominant one?

While the toxicity of the LNPs and the spike proteins cannot be ignored, the immune

response to the spike protein is most likely the dominant mechanism of mRNA vaccine toxicity.

Why does it matter which of the pathogenetic mechanisms is predominant? Dr. Palmer explained:

There are plans to convert existing vaccines, including childhood vaccines, to mRNA technology. If direct toxicity of the SARS-CoV-2 spike protein were mainly responsible for the adverse events caused by the covid-19 mRNA vaccines, then future mRNA vaccines might be more benign, as long as the antigenic proteins which they encode are less toxic than the SARS-CoV-2 spike protein.

On the other hand, every mRNA vaccine will induce an immune response in the same manner as the covid-19 mRNA vaccines. Therefore, **if that immune response were mainly responsible for toxicity, then we must expect similarly catastrophic outcomes with all future mRNA vaccines.** [Emphasis our own]

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