Dr. Tom Cowan: Do COVID “mRNA Shots” Actually Contain mRNA? Let’s Look at the Science

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Truth Comes to Light editor’s note:

We are providing a transcript of one of Dr. Tom Cowan’s recent weekly webinars. His research (and that of many others) that shreds the heavy veil of lies about our human biology (and the biology of the animal world) is essential for us all to understand. The mind control involved in modern “medicine” is deeply entrenched.

Just as we as a species have been easy to control via politics, religions, and false narratives about our true nature and our history, “science” has been used in the same way. These deceptive narratives keep us trapped in a world of ever-spawning sub-narratives laced with fear. This latest whirlwind of information related to mRNA vaccines, spike protein, DNA contamination, shedding, etc. pushes us to get a better grip on what is really possible and ultimately what is true.

~ Kathleen

> ***“You see, the tendency here, especially amongst the so-called freedom community, is they like to pick up on these***

studies to attempt to demonstrate or prove that these vaccines, so-called, are horrible, and they're causing myocarditis, and they're doing so through the mechanism of the creation of this so-called spike protein.

"I am not arguing against the fact that the injections are horrible, or that they give people myocarditis or otherwise heart problems. I'm talking about the mechanism. Because the mechanism is everything. It has to do with, eventually, how you think about this whole thing. What is actually happening. And even, eventually, how to treat it.

"Because I have no sympathy for the argument advanced by so many doctors. 'Tom, what difference does it make whether there's actually mRNA in the injections or whether there's spike proteins or whether there's a virus?'

"It makes all the difference in the world. Because if you can't understand what's happening or at least disprove that this particular thing is happening, you will will eventually be led astray.

"You will also eventually scare and frighten people more than you should. And there is no benefit from being ignorant about what happens and using anti-scientific thinking to make claims about what's happening that are easily disproven."

[…]

"So there is no such thing as a monoclonal or antibody specificity. So all these papers alleging that they found the spike protein, that the spike protein is a mechanism of damage, need to be tossed out as uncontrolled anti-scientific garbage."

[…]

"So again, there is no actual clear scientific evidence that this process would result in pure mRNA of a specific type that could be put into these vials, that could produce a spike protein, and that could be the saving grace of the pharmaceutical industry with further mRNA vaccines.

> ***"It's simply the old culturing non-specific stuff that they've been doing all along with viruses and claiming they're actually doing something a lot more sophisticated then they actually know how to do."***

Do COVID Shots Actually Contain mRNA? Let's Look At The Science- Webinar from 9/27/23

by **Dr. Tom Cowan**
webinar September 27, 2023

Watch at Rumble:

or Odysee:

Transcript prepared by Truth Comes to Light

Starting at approximate time marker 01:30.

Dr. Tom Cowan:

So today I wanted to talk about the question again, which we've dealt with a little bit.

Is there spike proteins being made as a result of COVID shots?

But then taking it back even a step further. So this, we're told, is a new mRNA technology that has been developed over many years. Robert Malone was one of the people who worked on the development of this technique, we're told.

And I received an interesting series of short papers by a friend and colleague, Saeed Qureshi.

[TCTL editor's note:

https://bioanalyticx.com/author/saeed-qureshi/].

So many of you know him. I believe he's a biochemist and works in pharmacy kind of things, who's been very vocal about the non-existence of the virus, or at least the inability to prove that viruses actually exist.

And he sent me some papers where he goes through the argument of whether there is actually mRNA in the mRNA shots. Imagine that.

And I can imagine that most of you can imagine that because we've heard so many things that simply aren't true.

When people say, 'but there's got to be something that is true'… And right now I'd be hard pressed to think of what in modern medicine and biology is, in fact, accurate. I'm sure there's something. Like we have a head on top of our chest, sort of.

So we're going to take a look at that. Before we look at that, we need some background, which is again, going over old hat.

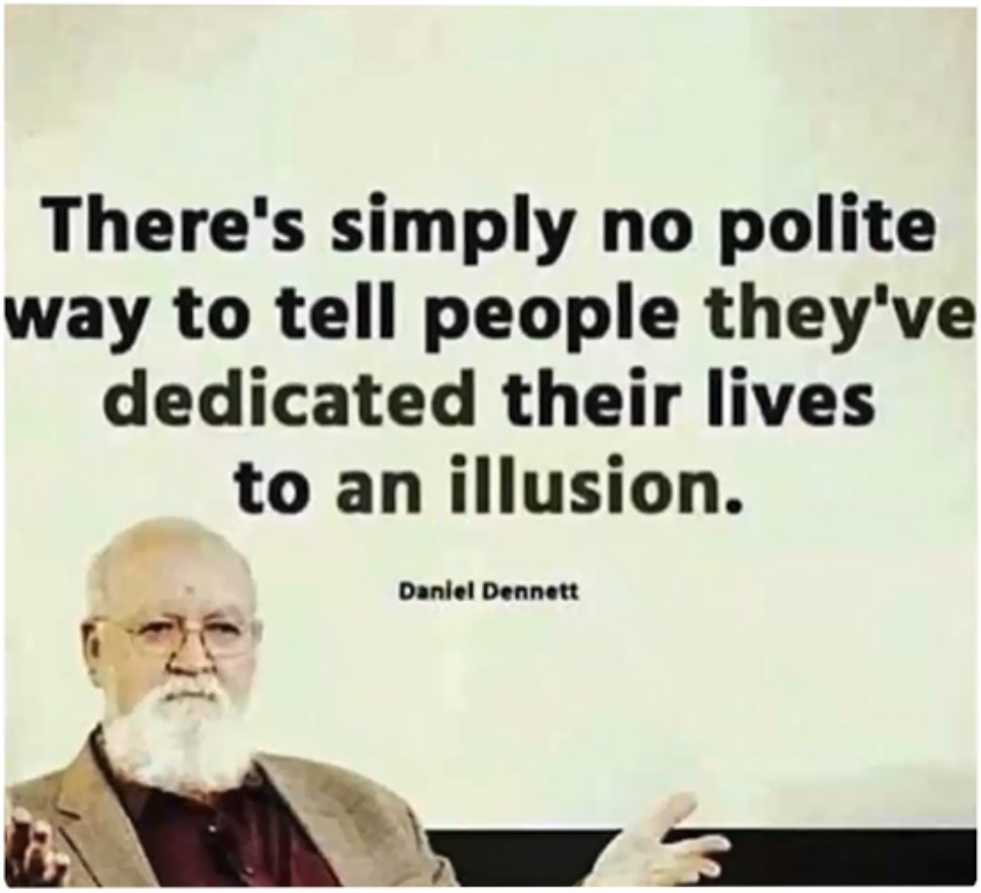
Most of things, probably these days have a little bit of old hat in them. And that is, we have to really understand what this question of antibody specificity – and I'll tell you a little more about what I mean by that.

But I also want to point out that probably the best paper that was written on this was written by our friend Mike Stone at Viroliegy called Antibody Specificity?

[TCTL editor's note: https://viroliegy.com/2021/11/12/antibody-specificity/].

So if you're really interested in this subject you should check out that paper on that website. So this is, again, me lifting things from other people. But as I always say, at least I acknowledge that.

So let’s get into the question first of antibody specificity. And before I do that, I have something I wanted to show you. So share the screen.



I don’t know this guy Daniel Dennett.

“There’s simply no polite way to tell people they’ve dedicated their lives to an illusion.”

So, I guess you can forget about worrying about that, because if there’s actually no way to do that and “be polite’ or maintain connection, then you don’t have to bother trying to think about what the best way would be, because there’s no way. So you might as well just say it the best way you know how.

So here’s some papers – some quotes from peer reviewed journals. The first three that I’ve probably shown before. (Can make this a little bigger.) This is about antibodies. Again, these were all lifted from peer reviewed journals.

[TCTL editor's note: Here Tom Cowan shares some images of papers and reads from them.]

> "The idea of poison and antidote led to the belief that the antidote would precisely combine with the poison and thus neutralize it. Even if death occurred when treated with the antidotes, which was often the case with mercury and arsenic, the justification was that it would prevent infecting others or that the person would have died more quickly without treatment.
>
> "When Paul Ehrlich, who invented chemotherapy and the immune theory, slowly poisoned horses with toxic plant extracts so that they could survive otherwise lethal concentrations of the poison for a time, he found that there was an increase in protein in the blood. Since that time, these proteins have been referred to as an antidote and, in the modern version, as an anti-body.
>
> "In reality, the body builds new vessels with these proteins, called globulins, seal all other cells and tissues with them, regulates blood clotting and thus wound healing. Paul Ehrlich's misconception that these antidote proteins fit the toxins exactly like a key in a lock is the basis of all immune theories."

So this paragraph essentially encapsulates the reason why I keep saying there's no immune system.

This is the foundation of the immune theory – that we make proteins called antibodies, which are, in fact, globulins – which I would say are non-specific, unlike the specificity which is claimed. And I'll get into more what I mean by that in a minute. So they're not specific to anything in any virus or any protein.

They are non-specific proteins that regulate clotting and wound healing. So they cannot be used in any way to identify the protein. That's what it means by specificity.

And since the time of Ehrlich, there have been probably thousands of papers going into the molecular details of how this specificity comes about. But the fact of the matter is, nobody has been able to prove specificity – meaning one antibody is specific, that binds and only binds to one specific antigen or protein or part of a protein or toxin. That's what we mean by specific.

The antibody, if it was specific, could be used to identify the protein. If it's not specific, it can't be used to identify the protein. That should be obvious.

And so specific means it's unique to that protein. Non-specific means it's not unique to that protein.

If it's specific, it can be used to identify the protein, since that's the only possible thing it could be reacting to. If it's non-specific, then it can't possibly be used to identify the protein.

So next:

> "In reality, these globulins, which are presented as antibodies and used in antibody tests, only come in a few size classes and different charge states. Only the size and the state of charge on the one hand and the composition of the liquids on the other hand in which the antibodies are supposed to react with the 'bodies' decide whether a reaction will occur or not. Even a slight change in fluid composition, temperature, or pH can cause antibodies to bind to all substances or none."

And this is the case that the antibodies are not specific, and that they're reacting to non-specific proteins. And the reaction is more based on the composition of the fluid, such as the temperature or the pH, or maybe the oxidation reduction potential, or maybe some other things, but they are not reacting to a specific antigen protein or toxin at all.

> “This is the reason why all antibody tests, e.g. against pathogens, types of cancer etc. can be easily manipulated, are arbitrary and without any meaningfulness. Even the package inserts for these tests state that there is no (calibration) standard. Even if the disease-causing viruses existed, ‘antibody tests’ could not detect them.”

So, that is the basic argument that they’re manipulatable, they’re changed depending on the conditions of the fluid that they’re in.
They can’t possibly identify a protein or a virus or a toxin. They’re just, as they say, non-specific proteins that regulate blood clotting and wound healing. And so this is a very important fact as we go forward in this discussion.

Okay, next.

So I’m going to switch here to a slightly different.

Before I get into the spike protein and the mRNA –

This, unfortunately, title is called “Biden Quotes”. I don’t know if I’ve ever seen this. Apparently Biden said:

> “I said I’d cure cancer. They looked at me like, ‘Why cancer’? Because no one thinks we can. That’s why. And we can. We ended cancer as we know it,” Biden said during a speech in the East Room of the White House.

Well, that’s good to know. So one less thing we all have to worry about, according to Joe Biden.

And then just highlight this and then I’m going to bring this up.

https://open.substack.com/pub/usmortality/p/has-the-measles-mmr-vaccine-scientifically

Okay. So this is a little bit of a switch of subjects. But I found this interesting and you’ll see how it relates to the

topic. This was posted on something called US Mortality by someone who I don't think I know. I may know them, named Ben. So I don't really know who Ben is. I've seen some of his stuff just recently and it looks great. So I applaud Ben, whoever you are, you're doing some great stuff. And, in particular, for thinking properly, because that's what it all is based on.

And so this little piece he did was something that we've all heard about: "Has the Measles vaccine (otherwise known as MMR) scientifically been shown to reduce measles cases or deaths?".

So we all know that it certainly doesn't reduce the death rate. That's easy to show with just epidemiology. But here's the question – because people, including myself before I really toned or honed my thinking process had questions about this. Because it seems like in previous times, 50-60 years ago, there was more of a disease called measles than there is now. And so, now that I know more about it, I know how difficult it is to make that diagnosis. And how difficult that kind of conclusion is to make on pure epidemiology or pure observation.

So it's one of those things that – it seems like there's less measles. But the question here is, has it been actually proven whether or not there's more or less measles? That the MMR vaccine has been shown to reduce the number of measles cases?

So, again, the thinking process is: this is a claim. You don't have to know anything else about the situation but the claim is the MMR vaccine has reduced the number of measles cases.

So that claim should be provable or disprovable by doing a proper study with a control – giving one group of people or children who haven't had measles the MMR and another group of more or less identical children, not giving them the MMR, and then looking at the cases and seeing if you can detect a difference.

Anything else but that, any observation or any other

epidemiological information can't come up with that answer. This is the only way to do it. That should be obvious.

So we're investigating the claim that the MMR vaccine reduced the cases of measles.

So here's what the CDC says: that the MMR vaccine protects against measles, mumps and rubella. Two MMR vaccines are available – MMR II and PRIORIX, fully interchangeable. So you can use either one.

And then they go according to the Mayo Clinic – What is Measles? So they give you a bunch of of symptoms. And in particular I want to mention they tell you about Koplik's spots, the white spots with the bluish white centers on a red background inside the lining of a cheek.

And as I said, this is the so-called pathonomonic feature of a case of measles, except 40% or so of children who are told they have measles don't have Koplik's spots. So that's apparently non-Koplik's spots measles, which is odd because that's how you know it's measles. So how can there be a non-Koplik's spot measles? But anyways. So these are the symptoms of a child or a person with measles. Occurs in stages over two weeks.

So now that we know what measles looks like, let's look at the package insert of the two products, he says.

So, these were the clinical trials that demonstrated that these vaccines reduce the case of measles. And as he points out this is the MMR II, quoting here they "demonstrate that the antibody response rates to measles, mumps, and rubella among children who received MMR II manufactured with rHA will be similar to the antibody response rates among children who receive MMR manufactured with" some other antigen and to demonstrate that MMR II will induce acceptable antibody response rates to measles, mumps, and rubella. And it's well tolerated.

So in other words, the demonstration that the MMR II works to prevent cases of measles has no clinical indications as endpoints, no placebo was used. They only looked at antibodies under the claim that the antibodies tell you specifically that this child had or didn't have measles. And as we now know that isn't possible with an antibody test.

So this is an anti-scientific study, which can tell you nothing about whether the MMR II vaccine reduced the actual cases of clinical measles or not.

So let's look at the other one, the PRIORIX. The second current vaccine was also compared to antibody responses, this time to the antibody responses of MMR II.

In other words, they inject a poison in you. They see that you have a non-specific repair mechanism activated by this injection of the poison. They claim that that means that you have an immunity against measles. And then the second vaccine, they compare it to the first one, which was fraudulently and anti-scientifically done. And then they compare the antibody response relative to MMR II, and they find that it's basically similar. Therefore, they both protect you against measles.

When in reality that just means they both created approximately the same sort of tissue damage because they're both poisons. And they, therefore, create the same amount of bodily response, non-specifically to heal the damage.

Now third one, MMR II (HSA), since 1978, they say that the efficacy of measles, mumps, rubella was established in a series of double-blind controlled trials, of which only these two references mentioned measles. So only this one study is – so that's the only study that actually has anything to do with measles. And so here he has a link to the studies. And according to the study, the vaccines were compared for their clinical reaction and their antibody response.

He says he doesn't have access to the full text, but according

to the abstract the endpoints did not include the case rate of measles or deaths.

And here you can see the clinical reaction rate and antibody, were compared in children given three vaccines – so they're compared these to the previous two. And they say they did it with the clinical reaction. So finally we get actually a trial that's looking at whether the children got sick or not. But how did they do it?

So they did it with a clinical trial of 300 children that did not have measles. They split them into three groups. They use two measles vaccines and a placebo. And then they monitored them for three weeks.

So even though they did use a placebo, they gave them these two different measles vaccines. And then they monitor them for a total of three weeks to see whether that protected them against measles.

And what did they actually do? Did they actually look for all the clinical signs of measles? No, they simply did a rectal temperature every day, I guess, for those three weeks. And that was the only clinical sign that they measured. And if they had no more signs of a rectal increase in temperature that, apparently, meant they were protected for life against measles or three weeks.

So this is about as crazy as you can get. It goes back to an experiment in '69 in Honduras where 300 children were monitored for three weeks. No efficacy for measles cases or deaths was established. All subsequent studies rely on this original study.

This is yet another example of these doctors thinking that somebody must have proved this. Somebody must have shown that the cases go down. When this is the only trial, apparently, that actually did anything clinical at all. And it was – all they did was measure the rectal temperature for three weeks,

which has nothing to do with the alleged protection against measles or the reduction of cases or death or anything else that is claimed for this measles vaccine.

So you would have to say that there is no evidence that any MMR shot or any measles vaccine, reduced the cases of measles or the death rate for measles. Full stop.

And if you disagree with that, you're going to have to send us a study that shows that that's the case. And my guess is you will not be able to do that.

Okay. So now with that background, we can then go to the first question. Are we, as this paper claims… one of the most important papers on the molecular mechanism of the detection of recombinant spike protein in the blood of individuals vaccinated against SARS-CoV-2.

[TCTL editor's note: **Detection of recombinant Spike protein in the blood of individuals vaccinated against SARS-CoV-2: Possible molecular mechanisms** – https://onlinelibrary.wiley.com/doi/10.1002/prca.202300048]

Here is the author [Carlo Brogna], apparently in Italy.

So, of course, we go down to the methods section and ask. So how did he detect this recombinant spike protein in the blood of individuals vaccinated against SARS-CoV-2?

And lo and behold, no surprise, probably. We go down to the experimental procedures… informed consent… 20 human samples were collected from vaccinated subjects with informed consent. The geometric mean of their antibodies´ titer versus spike protein was such and such after 60 days. In addition 20 human biological samples were collected from unvaccinated subjects wtih informed consent.

And so they were different. These ones who had not undergone COVID-19 and didn't have the vaccine, and presumably had less

tissue breakdown, were negative for these antibodies – which according to them, proves that the spike protein is created in the blood through vaccination, and is part of the illness they're calling COVID-19.

So again, the whole thing rests on the fact that the only thing that they measured here were antibodies. They were claiming that the antibodies were specific for the spike protein. Therefore, if they find the spike protein in the blood of vaccinated or people who allegedly had COVID, that means that they had spike protein disease. Whereas the people who were healthy and then, presumably not breaking down their tissues, didn't have to make non-specific antibodies. So the antibody tests were negative.

It has nothing to do with spike proteins or viruses at all.

So again, it doesn't mean that I'm saying – we're talking the mechanism here, not whether some people who allegedly had some non-specific illness called COVID-19 were sick. Maybe they were and maybe they were breaking down. And I'm not exonerating these injections.

For sure, if you inject somebody, as we'll see with non-specific cell culture goop, you will make them sick. Their tissues will break down and they will have increased antibodies.

The question we're dealing with here is not whether things can make people sick, or injections of poisons can make people sick. It's whether the antibodies prove that this is a spike protein or a spike protein coming from a virus, and the spike protein is made by the alleged mRNA in the injection.

So, let me just go through, well, let me go to the next one here.

So another big study that people sent me and wanted to know about doesn't this study. "Circulating Spike Protein Detected

in Post-COVID-19 mRNA Vaccine Myocarditis".

[TCTL editor's note: https://pubmed.ncbi.nlm.nih.gov/36597886/]

You see, the tendency here, especially amongst the so-called freedom community, is they like to pick up on these studies to attempt to demonstrate or prove that these vaccines, so-called, are horrible, and they're causing myocarditis, and they're doing so through the mechanism of the creation of this so-called spike protein.

I am not arguing against the fact that the injections are horrible, or that they give people myocarditis or otherwise heart problems. I'm talking about the mechanism because the mechanism is everything. It has to do with, eventually, how you think about this whole thing. What is actually happening. And even, eventually, how to treat it.

Because I have no sympathy for the argument advanced by so many doctors. 'Tom, what difference does it make whether there's actually mRNA in the injections or whether there's spike proteins or whether there's a virus.'

It makes all the difference in the world. Because if you can't understand what's happening or at least disprove that this particular thing is happening, you will will eventually be led astray.

You will also eventually scare and frighten people more than you should. And there is no benefit from being ignorant about what happens and using anti-scientific thinking to make claims about what's happening that are easily disproven.

So when you say, okay, well, how did this paper that's so crucial to our understanding that it's the spike protein that's causing myocarditis – how did they detect the spike protein?

And no surprise there. If you go to the method section, you see:

“We performed extensive antibody profiling…” and then there’s a whole other bunch of immune profiles, antibodies against the human-relevant virome. These are all downstream antibody testing, all of which are non-specific and can’t possibly tell you that there was a spike protein.

And here again you see this immunophenotyping, and it’s all about detecting antibodies against previous infection, SARS-Cov-2 spike protein specific T-cell responses and other antibodies.

They never actually assay for spike protein directly in the fluids. They sometimes look for pieces which they allege, through other antibody testing previously done, that those come from the spike protein.

It all basically boils down to: Are antibodies specific? And the answer, as I said, is clearly no.

So, this brings up another interesting question.

So somebody could say, ‘Okay, Cowan, how can you actually go about proving whether these antibodies are specific or not? Like what should we do?’

Just like we outlined with how they should go about proving there is a virus or not with our viral challenge, here I will outline how you would go about, if you wanted to do proper, reasonable, logical science, proving that antibodies are specific and not just non-specific reactions to tissue breakdown. So it would go something like this:

You would give a substance, preferably a toxic substance or a substance that causes damage, like a vaccine (so-called), or an injection, or some sort of cell culture goop or nanoparticles. And

then you would get breakdown of the tissue. If you don't give any toxic substance, you won't get any tissue breakdown, presumably, and then you won't get any antibodies produced, and then you don't have anything to study. So you give the substance, you get the tissue breakdown.

And then you inject the antibody or take a sample and mix it with the antibody that you believe – this is what you're going to test – is specific for a certain protein.

They say that if this antibody binds, and therefore makes some sort of reaction, that's proof of specificity. But what they should do is give the same person or animal a different substance that couldn't possibly have a spike protein in it, but is also toxic to the tissues and causes a similar amount of tissue damage. Then you once you get the tissue damage, you take a sample or inject the antibodies, or mix it with antibodies in the sample, or inject the antibody into the person, and see if it binds the same antibody.

If it binds – and obviously the insult, the toxin, was different – that proves that the antibodies are not binding to a specific toxin, they're binding to non-specific toxins and, in particular, they're being produced in reaction to tissue damage.

So that's the first of two controls that you would do.

The second is you would give this toxic substance – let's say something you claim is a spike protein or an mRNA – you would see the tissue damage. And then you would inject it with the antibody that you claim is specific, see if it binds. and see if it lights up and you can detect it. And if it does, you claim that that binding proves that it's protein specific.

But then, give the same substance (your so-called spike protein), you get the tissue breakdown, but this time you inject or mix it with a different antibody, not the antibody that you say is specific to the spike protein, but a totally

different antibody. That of course shouldn't bind. And if it does, it tells you that antibodies are binding non-specifically, and you cannot use it to prove the existence of that antigen or that protein in the first place.

Every single paper that does that, that uses antibodies to make this claim, should obviously include both of those steps. And yet, none of us can find a paper that ever includes both of those steps. Therefore, they're all anti-scientific. They are not using appropriate controls and not following the scientific method.

And this is why one of the world's leading authorities on antibodies, and particularly monoclonal antibodies (monoclonal means they're specific to one antigen) and that's Clifford Saper, Harvard Medical School Professor. And this is a quote from one of his papers.

> "No, there is no such thing as a monoclonal antibody that, because it is monoclonal, recognizes only one protein or only one virus. It will bind to any protein having the same (or a very similar) sequence."

So there is no such thing as a monoclonal or antibody specificity. So all these papers alleging that they found the spike protein, that the spike protein is a mechanism of damage, need to be tossed out as uncontrolled anti-scientific garbage.

If you want an analogy, I came up with one just before this that may help.

So let's say you have a balloon and you cut the balloon with a knife or some object. And then you put duct tape on it to fix the balloon. And then you claim that because you were able to fix the balloon with duct tape this proves that the knife was the mechanism that cut the balloon.

That's essentially what they're doing. They're saying

essentially that the duct tape is somehow specific to the mechanism of injury, which is a knife.

So the first control experiment you would need to do is take the balloon and cut it with a scissors, and then use your duct tape and see if you could fix the balloon. Because if you could, this would demonstrate that your conclusion originally was wrong, that it is not specific to a knife, because it works just as well with a balloon cut with a scissors.

And then the next control experiment you would do is you would take the balloon and you would cut it with a knife. But this time you would try to fix the balloon with, say, elephant tape. I'm not sure what that is, but I've heard that that actually works sort of like duct tape. And if that works to fix the balloon, which it would, that would tell you that the type of tape, i.e. the antibody, is not specific to the mechanism of injury, that is to say a knife – that any similar tape would work.

So again, similarly, many antibodies will bind to that protein, or to that injured tissue, because the antibodies are not specific to the protein. They're specific to the tissue injury.

So many different mechanisms of injury, and many different antibodies will work. And if you don't believe me, send me a paper where they did both of those controls, and I and others will admit we're wrong. Except that won't happen, because none of the so-called scientists will be able to do that. Because, as far as we can see, it doesn't exist.

And so, once again, we are putting out very specific guidelines to prove us wrong. And the people who are attempting to do that seemingly never are able to do that, because those papers don't exist.

And then, finally, we get to the issue of Dr. Qureshi's paper of 'Is there actually mRNA in these injections?'.

[TCTL editor's note: "mRNA Vaccine Is Not mRNA But Gunk – A Forensic Analysis" – Download PDF: https://bioanalyticx.com/wp-content/uploads/2023/09/No-mRNA.pdf]

So here's the paper. You can see the reference here, and I don't know exactly how to find it but I think if you put this in somehow you'll be able to find it. And he talks about how they claim that there is mRNA in these injections. I mean that's the whole point.

You put the mRNA for the spike protein, then that goes to the imaginary ribosomes and makes the spike proteins, and the spike proteins make non-specific antibodies to a protein that couldn't possibly have been made – or at least has never been demonstrated to have been made – and pretty soon you realize you're in La La Land.

So, here he goes through the steps. And I think basically, he talks about the fact that the mRNA… Let's just read it and so we go there from a pharmaceutical perspective.

[TCTL editor's note: Here, Tom skips through, reading parts of pages 2 to 4 from Saeed Qureshi's paper and mixing with his own comments. To identify which words are Saeed's and which are Tom's, it might help to read the paper while listening. LINK]

"One must obtain the active ingredient, in this case mRNA"… either have to make it yourself or get it from a third party.

So he talks about this. There's the active ingredient, which is the mRNA and then there's all the other stuff that goes into the formulation.

So we're not interested in the other stuff. We're only interested in this so-called active ingredient, which is mRNA.

So during the product development, the active ingredient is

monitored, tested, to see if it is in the body, is expected in the expected amounts, the efficacy and toxicity relate to the active ingredient levels.

Therefore, a vaccine developer would first need an appropriate mRNA or its source to purchase such an active ingredient… should commonly be available from an independent third party supplier with appropriate certification for identification and purity.

However, the COVID-19 mRNA is proprietary. No information about its nature and purity is available in the public domain. So obviously that makes it difficult to know whether that's in there.

Therefore, as he says, appropriately, one must rely on general information regarding what is present in the vials, and how they may have been synthesized manufactured and purified.

So now we're getting to the crux of the matter.

In this regard a fermentation process using culturing microbes, such as bacteria is claimed to produce mRNA, which is then extracted, isolated, from the manufacturing perspective. The following diagram shows the steps. [see the bottom of page 2 for diagram]

You can see that steps – hard to see here. Culture has developed, some chemical reactions are performed. This stops the culturing fermentation, followed by purification. The last step is marked as formulation.

This production process of mRNA is simple, yet very confusing, which may be why people do not correctly understand the manufacturing of the vaccine and its adverse effect.

As explained above, the active ingredient is mRNA.

And this is the key of all this.

But no step describes mRNA production. We go through this in detail.

There is no step proving that this bacteria in this fermentation mat are making a specific mRNA.

The last step in the diagram is formulation or vaccine. Therefore this is vaccine production, not mRNA per se.

He says they use the words mRNA and vaccine interchangeably which is incorrect. Calling the end stages formulation indicates that the mRNA has never been produced, but is assumed to be there. So there is no step in here that proves, or demonstrates the specific production of mRNA.

It's only assumed to be there.

The last step in the manufacturing should be a pure and isolated mRNA compound. However, it is an "isolate", culture or gunk, possibly selectively concentrated compared to the one in the productive chamber.

In other words, all they have is the breakdown of the culture or gunk, culture gunk, not specifically isolated purified mRNA, which then they could use as the active ingredient to put into the vials.

And he says they don't appreciate the difference between culture isolate gunk and pure isolated component which is a critical misunderstanding as the relevant science, the same as the virus issue.

So mRNA has not been produced, but a culture isolate, gunk, is considered and sold as mRNA or vaccine.

And this is another crucial point he makes.

It may be argued that the manufacturing processes or steps shown in the figure above have multiple filtration separation or isolation steps, like gradient ultra centrifugation for

virus isolation, ensuring the production of pure mRNA.

And this is the part that I can't verify myself. But I know Saeed, and I think this is a worthy place to start.

"Considering my extensive expertise and experience 40 plus years in separation science, including exhaustive training and experience in chromatography, I can confidently say that the steps described here would not be able to produce the claimed pure and isolated mRNA until shown otherwise."

"Another critical point is that it is impossible to monitor mRNA production because no test may be developed without the availability of the pure and isolated reference (mRNA) standard. Therefore, it is safe to conclude that mRNA production is based on assumption, not scientific or valid testing."

In other words, if they can't come up with the pure isolated mRNA, there's no way to validate this procedure. And therefore, there's no way to claim that this procedure made the mRNA that they're saying is in there. Therefore, there's no way to even know that the mRNA is in there.

So what's in there?

He suspects that the presence of DNA contamination, which is becoming an issue now – they know that the DNA is contaminated – is simply because they're using culture gunk or chip particles of bacteria, which obviously have their own contaminating DNA. And this contamination would explain the widespread adverse reactions after the injection of these vials.

So we don't need to propose a mechanism of mRNA or spike protein. Simply injecting bacterial culture junk with all the stuff that's in there that is not properly purified.

And there's no way to assess the validity of the claim,

because they don’t have a pure mRNA to begin with, makes the whole burden of proof on the manufacturers to prove that there is the mRNA that they say there is in there.

And my guess is that is, again, a challenge that they will never undertake due to claims of proprietary, or this or that, or we don’t want to sell our secrets, or people would do nasty things with it as if (as if they’re not doing enough nasty things with what they’re doing already).

So again, there is no actual clear scientific evidence that this process would result in pure mRNA of a specific type that could be put into these vials, that could produce a spike protein, and that could be the saving grace of the pharmaceutical industry with further mRNA vaccines.

It’s simply the old culturing non-specific stuff that they’ve been doing all along with viruses and claiming they’re actually doing something a lot more sophisticated then they actually know how to do.

So I hope that clarifies things and alleviates people’s worries that they’re being genetically reprogrammed or that there’s some specific genetic modification going on.

I mean, again, it’s not to say that the injections aren’t bad enough. And I’m not exonerating the injections or saying they’re not causing the damage that they do. Far from it.

It’s just not the mechanism that we’ve been told. And anybody who claims that’s the mechanism, the burden of proof is on them to:

- **Show the pure isolated mRNA that comes from this process.**
- **Show us that mRNA is the same in all the vaccines.**
- **Show us by direct assay that the spike proteins are made as a result of these injections.**
- **Show that the spike protein injections create something**

called immunity to something called the virus.

And none of those four steps are possible, because the whole thing is a bunch of hooey.

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