Why the COVID “mRNA” vaccines are actually DNA gene therapies that must be removed from the market

Steven Greer with Sucharit Bhakdi and Kevin McKernan

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Kevin McKernan: Nepetalactone Newsletter by anandamide

Sucharit Bhakdi: Doctors for Covid Ethics

Steven Greer, MD Okay. Good afternoon, folks. It's a pleasure to have Kevin McKiernan and Dr. Sucharit Bhakdi. Did I pronounce your name? How do you pronounce your name? Dr. Bhakdi.

Sucharit Bhakdi, MD Sucharit Bhakdi.

Steven Greer, MD Wonderful. And the reason I set this up was on children's health defense. I saw Dr. Bhakdi give a talk about how... Well, we'll get into those details later. And I said, this is really important because it's something I've been wondering about. And I started to dig into it. And it turns out that Kevin McKernan's work is the heart of it. So that's why we have both of you on. And no one's done this before, so this would be really interesting. And before that I saw Bobby Kennedy Jr, presidential candidate, give a talk recently on a podcast and it was fascinating where you can watch the video here.

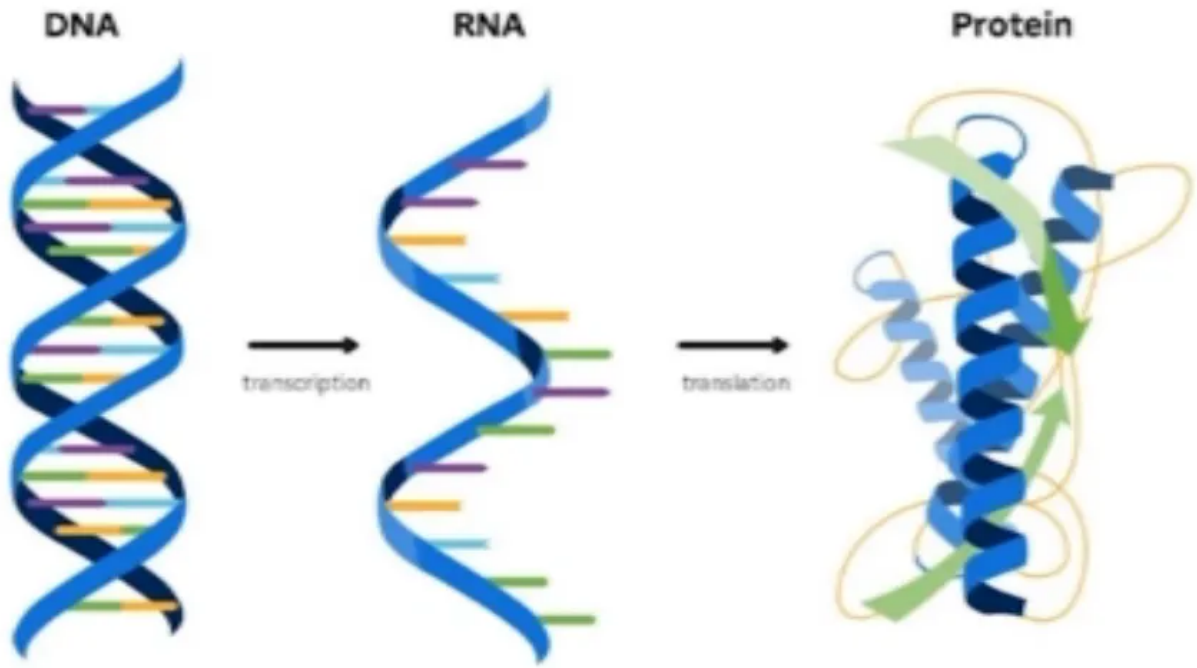
Robert F. Kennedy FDA. We're back as the organizational charts, which were classified up to that time and when when Warp Speed turned over the organizational charts, the way they shocked everybody because the top organization that had managed warp speed was not HHS, which is a public health agency. It wasn't CDC or NIH or FDA. It was the NSA, a spy agency. That was the top that was the top agency, the lead agency on Operation Warp Speed and the pandemic was the NSA, and a second agency was the Pentagon. And when you start looking at it, as it turns out, you know, the vaccines were developed not by Moderna and Pfizer. They were developed by NIH. The patents are owned 50% by NIH, nor were they manufactured by Pfizer or by Moderna. They were manufactured by military contractors. And basically Pfizer and Moderna were paid to put their. Stamps. On those vaccines as if they came from the pharmaceutical industry. But, you know, that's not what they were doing. They were coming from you know, this was a this was a military project from the beginning.

Steven Greer, MD And so, as you see, it's true that the whole whole warp speed program that President Trump initiated was not being organized by who you think it would be, which is the HHS is either the CDC or the NIH. It was being run by the

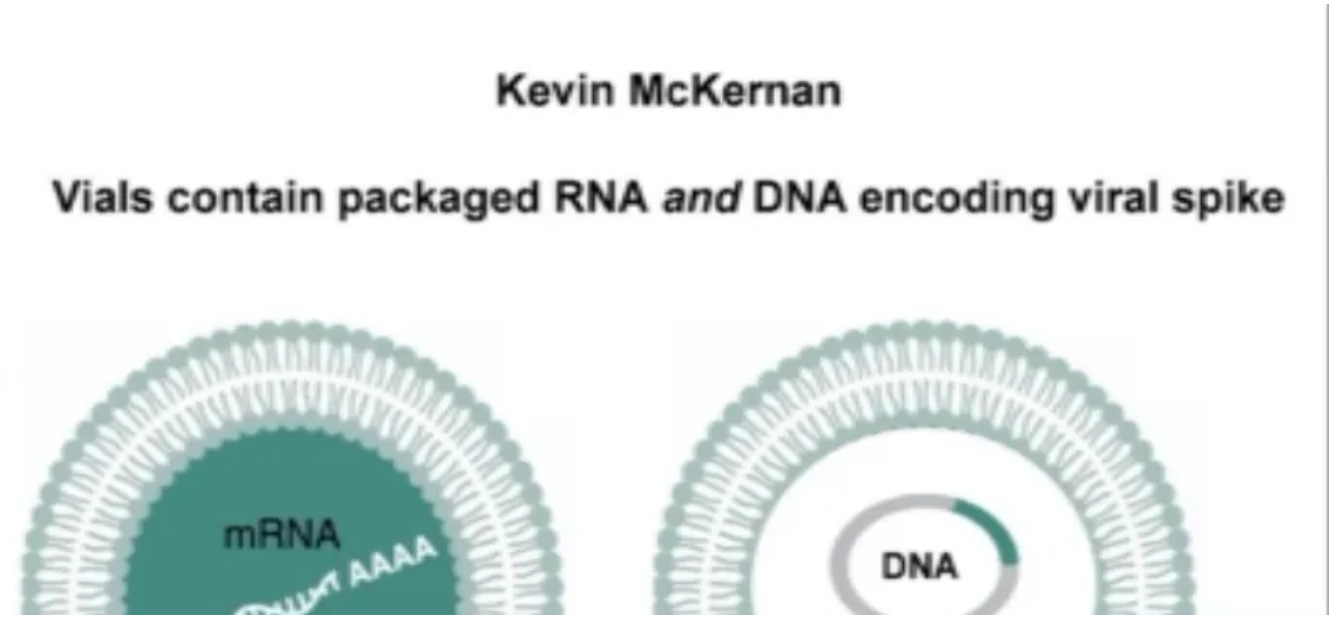
military and their NSA, which is within the military. The NSA is a spy agency. That's odd. And then Mr. Kennedy said that the manufacturing isn't even being done by Pfizer or Moderna. So those are some strange things that indicate we're being misled. And now let's talk about the science here. So, okay, So, Dr. Bhakdi, if you could please introduce yourself, explain your background, where you live now, why and what's made you relevant over the last three years with this pandemic?

Sucharit Bhakdi, MD Well, I'm a US born Thai citizen who studied medicine in Germany, and after completing completing my medical degree, I went into research in infectious disease, medical, microbiology, immunology, and I became professor and chair of the Institute of Medical Microbiology at the University of Mainz microbiology, bacteriology, virology, parasitology. And I was actually living in happy retirement with a small family when this corona business came up.

And because I've been teaching and researching this field for 35 years, it immediately became apparent to me that something very fishy was going on, something very wrong. People were telling stories that were not in line with textbook knowledge on microbiology. And so I stood up to tell people what was wrong about the whole story. So the question is RNA vaccines, mRNA vaccines, how does it differ from conventional dead vaccines, which is good to talk about, the conventional protein vaccines.



So back to school again. On the left, we see a chromosome, which is like the book of recipes, okay, that can be opened. If you need a recipe, a recipe will be copied. And the copy of this recipe is the RNA and the baker takes the recipe, the copy, but not the recipe itself—the copy—and goes to the bakery that's on the right side and the cake is made. Normal, conventional vaccines are the proteins themselves, but the RNA vaccines are new.



And these RNA vaccines, next slide, the RNA vaccines have to be packaged because they are unstable. You can't inject RNA into your body. It would be gone within minutes. So they are packaged in these so-called lipid nanoparticles. It's like an envelope. Okay? And the RNA is then stable, stabilized, and this packaging is made of unnatural substances. These are lipids that do not occur in nature, but they enable the RNA to be protected from destruction on the one hand, and on the other hand, it enables this RNA to be taken up because the packaging is is taken up by all cells automatically the moment they gain contact with them for long enough. Okay? Now the RNA is the copy that was made of the recipe. The recipe is the DNA. Okay, What you need to get billions and trillions of these copies are also billions and trillions of the DNA of the book itself. Okay? And after the RNA has been produced before, it's packaged with it.

Steven Greer, MD Now, you're talking about the manufacturing process to make a bunch of mRNA vaccines, you have to make billions and trillions of DNA. Is that what you're talking about?

Sucharit Bhakdi, MD Yes, exactly.

Steven Greer, MD So now Pfizer or Moderna, to get this messenger RNA that's going to be part of the vaccine, they have to first make it in E coli or bacteria DNA.

Sucharit Bhakdi, MD Yes, because you can't get enough books of life from humans. You need to get them out of bacteria. And that is the terrible thing about it. You have trillions and billions of DNA molecules floating around beside the RNA, and you have to get rid of that DNA. If you don't do that, this DNA that is contaminating the whole soup will also get packaged into the lipid nanoparticles.

Now, bacterial DNA that gets into your body will never survive. It will never get into your cells. However, if it is packaged—and this is the big difference, this has never been done before—packaged as the mRNA is being packaged, then you're in for a really bad time because these packaged DNA will reach your cells from top to bottom, head to foot.

And the first cells that are going to be reached, of course, are the blood cells and the cells that line the vessel wall. And that's why for three years now we've been saying, so be so careful, guys, because this can be deadly dangerous. Now, the DNA is going to get in. And if that is true, this means that the genome of that cell is altered. That cell is genetically altered. This is a definition the moment you alter the DNA, the genetic content.

Steven Greer, MD Let's talk about that: if the vaccines have been advertised to us as short term messenger RNA, they don't permanently alter your genes and so forth. But if this contaminated DNA gets put into a Trojan horse, as you said, the Liposome, then we're talking about permanent gene altering gene therapies instead of a messenger RNA, correct?

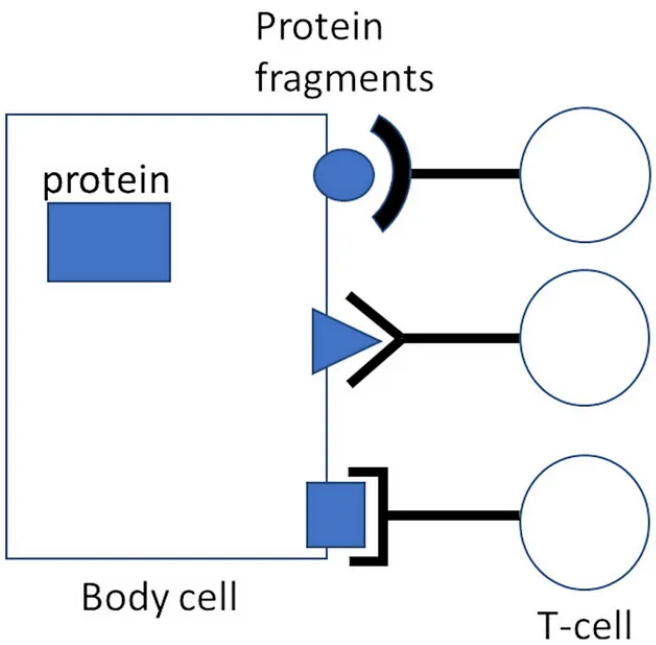
Sucharit Bhakdi, MD Well, not potentially. You don't even have to have genomic insertion. The very fact that a cell contains and expresses a foreign gene makes it genetically altered. By definition. On top of that, you could even get permanent integration. So what would be a very, very bad finding? It would be if anyone would discover DNA in these vaccines. And did anyone discover DNA that was packaged in

lipid nanoparticles? Question Mark? Answer: Yes. And he's sitting right here, Kevin.

And for this discovery, Kevin deserves a medal, at least. Because he's this... At least a medal. Because this, you know, it's historic. It's historic. It's telling you that for the first time in the history of mankind, people have been injected, millions of people, because Kevin has looked at several charges. And every charge that he's looked at contained DNA. Okay? And packaged. This is so important. Packaged.

And because it was packaged, it is being protected from destruction, and it will certainly have entered the cells of the poor recipients. Now, unless anyone can guarantee that this finding will never be made again, you cannot simply inject. Because now, I'd like to come to: *what is the danger of having your genome altered so that your cell starts to produce a foreign protein?* Not for one day, not for two days or... What happens if a single cell starts to make an alien protein?

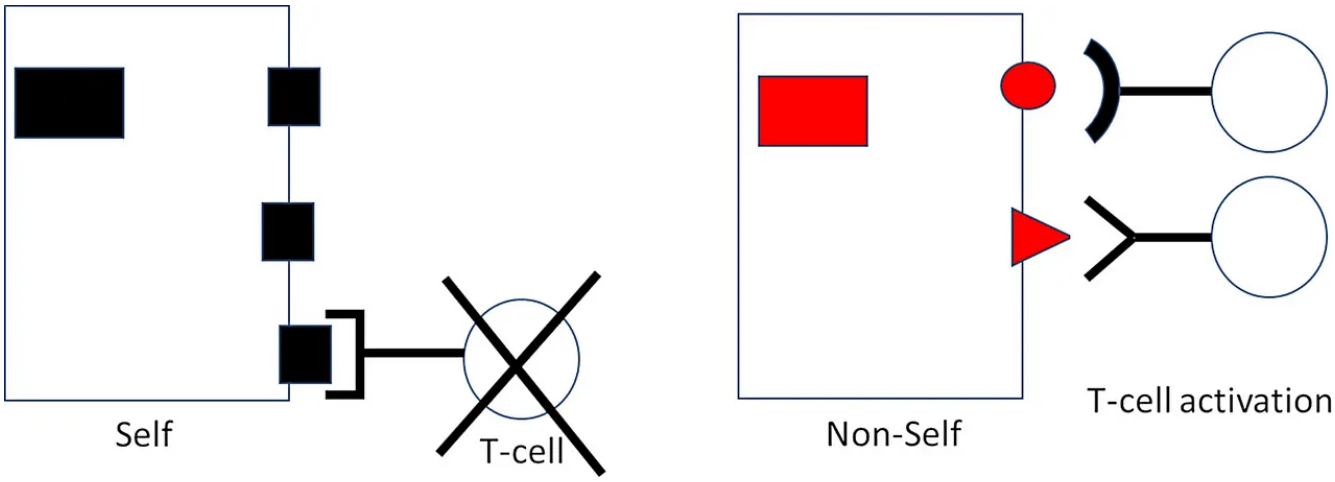
Now, I'm going to tell you something that virtually no one knows, although every doctor should know this. While a child is developing in his mother's womb, in the last months of development, the immune system develops, and the immune system consists of many components. But I'll talk just about the T cells and the B cells. Now the T cells and the B cells, they have myriad...



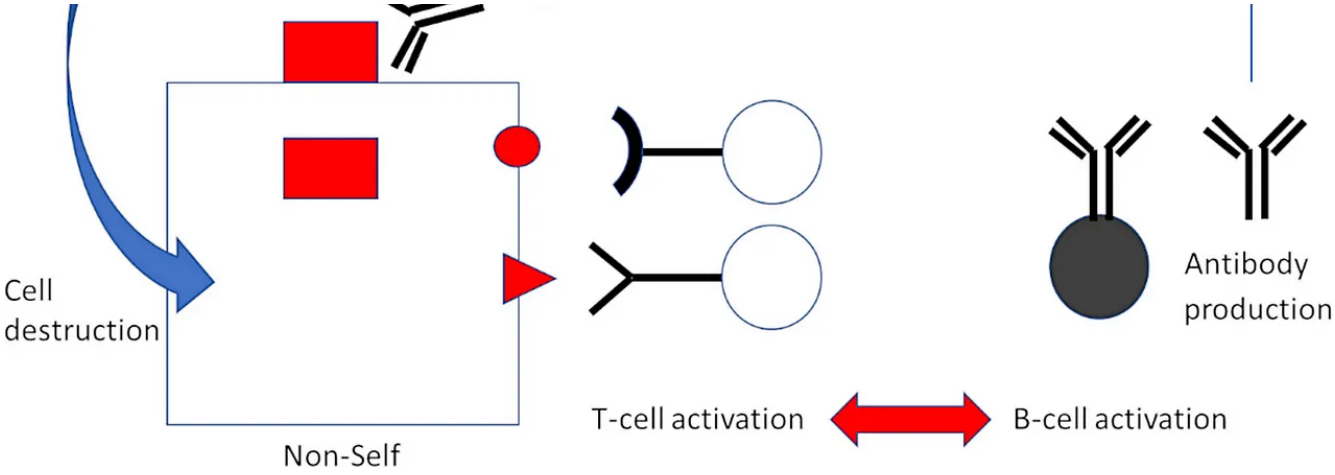
Steven Greer, MD This is your specialty. You are an immunologist. Is that right?

Sucharit Bhakdi, MD I'm an immunologist, true, yes. And they recognize things. All right. And what they do is if a protein is being made, look at the left cell, black. Proteins on the surface of the cell. During its production, there are fragments of this protein that, like sawdust, you know, when wood is being sawed. And this “sawdust” —fragments, appear on the front of the cell. And we have T lymphocytes that recognize all fragments of all proteins in existence. This is incredible. And people never understood until 60 years ago how this could be. Okay?

And it doesn't matter what protein it is. It can be a viral protein, it can be your protein, but if it is your protein, self, these T cells are silenced and kept in check throughout life. Once upon a time, an accident will happen and then you have autoimmune disease because these cells that recognize these fragments will attack the cell that they recognize and kill it.



Now, on the right hand side, you see a cell that has been infected by a virus. And now that cell makes a foreign protein. All children at the day of birth have T cells that recognize these fragments. This is something that, incredibly enough, most doctors in the world have forgotten. That's the reason why you can vaccinate a child immediately, on the first day of birth, because the cells that recognize this foreign protein are there, ready to be awakened to life. Okay, so what? The next slide, please.



Next on the left side, you see the cell that you've seen before. If you start producing an alien protein because you've been vaccinated, the immune system doesn't know this. Immune system thinks, oh, there's a virus in that cell. So the T lymphocytes go and attack that cell and will try to kill it. And that is very good, because normally when you have a respiratory disease, the cells of the respiratory tract that are infected will be killed by your own immune system. And then you get well, again, the factory is destroyed. During this attack, the T cells are also going to communicate with their brothers, the B cells, and those are the cells and make the antibodies the antibodies as this Y-shaped molecule that will then go and attach to the finished product, to the protein, in this case the spike. Okay? And that will trigger the second arm of the immune system, which is the complement system. The T cells are like. So.

Steven Greer, MD Let me just interject. The spike protein attaches to ACE 2 inhibitors that are on our cells. And so any cell with an ACE 2 inhibitor that's combined with the spike protein is now going to be attacked by these T cells and B cells, right?

Sucharit Bhakdi, MD Also, no. Yeah. Not only that, the cell that is producing the spike itself will. Because the spike at the beginning is sitting on the cell that produces it. Okay for it on top of this. On top of this. And that's very, very true. If that spike drops off the cell and attaches to another cell anywhere in the body, those antibodies are going to seek out and find that. And then they're going to trigger the so-called complement system. And the complement system is like a machine gun. It rattles off bullets and those bullets kill the poor cell that has bound this antibody now.

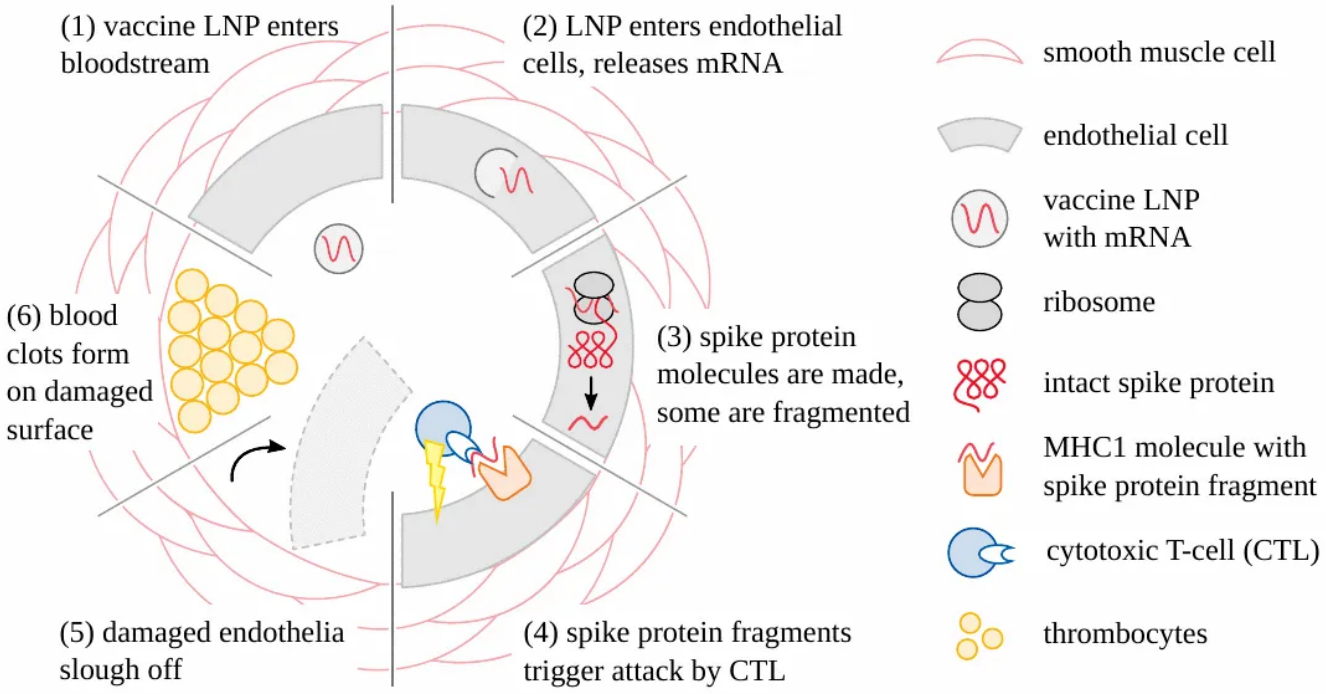
Steven Greer, MD This is worse because our own cells have spike protein on them. So

it's basically an autoimmune response isn't it?

Sucharit Bhakdi, MD Of course. What you're seeing is the essence of a terrible immune attack by both arms of the immune system, the T cells and the complement system. You know, how the complement system kills a cell was unknown until I discovered it. I was the discoverer of the magic bullet and how it works 40 years ago. 45 years ago. Okay, so I really know what I'm talking about. Now, can we go to the next?

Kevin McKernan And I can just interject. It may help to know some of the numbers here. We're dealing with over 40 trillion mRNAs that are injected with the Moderna shot with 100 micrograms, and you've got about 30 trillion cells and probably each one of those mRNAs makes more than one protein. It might make 10, 100, a thousand. We don't know. But this is a very, very large dose that's happening to trigger this.

Sucharit Bhakdi, MD Very important, Kevin. You know, the numbers angle is never looked at by anyone. They don't realize how many seeds are planted for altering the attack. All right. Next, next slide. And then I'm virtually finished.



You see the first lie that was told to everyone and everyone seems to want to believe it, was that the vaccines would stay in the muscle, mainly at the site of injection. Now,

Pfizer and Biontech and Moderna knew full well that they were lying. And it has been known since the very beginning that these packages will reach and circulate in the bloodstream.

We have a vessel here and you see a package in the middle of the blood vessel in the blood. Now, the vessel lining is in one. Okay? Some cells would take up these packages and then, that's two. In three that spike is going to be produced. It's going to appear on the surface of the vessel wall and it will immediately contact the T lymphocytes, antibodies, if antibodies are there, antibodies are always there after ten days. Okay? And they get more and more after every boost.

They are going to be attacked. You're looking at four and five. And then, of course, the cells will die. You will have sloughing off of the vessel wall. That's where the clots will form, because clots always form when the wall is damaged. And those packages that are still circulating in the blood will leak out, seep out into the organs. Liver and brain—you name it, you have it. And this will happen all over the body.

And when the tissues start making spike, they also become the target of self destruction. Self-destruction. So you see how awful this is. You don't go around altering your genome. Not of a single cell. If you do that, that cell is doomed. That cell is doomed. This is something that people just must understand. You don't go around playing God Almighty and changing your genome. On the slide it says, the DNA, that, the alien DNA in your cell can also be integrated into your chromosome.

So this is a top kick. Every every every introduction of alien DNA into a cell alters the genome. However, permanent alteration can also take place. And this, the chances that this is going to happen are given, especially in cells that are dividing. Cells that divide and divide rapidly with it. Because, then the...

Steven Greer, MD Which is epithelial cells, the ACE2 inhibitors are all...

Sucharit Bhakdi, MD All of them! Yeah, all cells!

Steven Greer, MD Yeah. Yeah. But the epithelial cells overturn quite frequently, which happens to be where the ACE inhibitors are. And so, yeah.

Sucharit Bhakdi, MD Yeah, yeah, absolutely. This is also true about stem cells, you know, in the bone marrow. All right. Oh, or even cells that divide. Okay?

Steven Greer, MD [possibly: reproductive ?-ocytes], the germ cells and the sperm and egg. Yeah.

Sucharit Bhakdi, MD Yeah, everything. And if that occurs, then. Then, then you've altered. You're permanently genetically altered. That can also give it to the offspring. So a thought.

Steven Greer, MD Let's talk about that. So. So we first discussed contaminated circular, closed-in plasmids that, giving them the benefit of the doubt, just "accidentally" got in there. Okay? How would those circular plasmids become integrated into the chromosome of a human cell and passed on to the next generation?

Kevin McKernan I think most of the DNA is actually linear because they do go through a step trying to fragment this, and that has a higher propensity for integration than circular plasmid DNA.

Steven Greer, MD So the contaminated DNA inside a liposome or a Trojan horse gets inside the human cell and it's linear and therefore it can become incorporated into a chromosome without some sort of CRISPR gene enzyme? How does it happen?

Kevin McKernan It's usually through a process of like, non-homologous recombination and or during cell division. Rudy Jaenisch has already shown this with the actual viral RNA, where he's demonstrated it gets reverse-transcribed into DNA first and then gets integrated into the genome. I think he showed a 1400 base per piece of the coronavirus RNA getting reverse transcribed and integrated. Here, the likelihood is even higher because we don't have to go through a reverse transcription step to get to DNA. We already have the DNA packaged in a liposome being delivered to a cell that can potentially even get into the nucleus, or if it's during cell division, there's no nucleus and the integration potential is much higher.

Steven Greer, MD Okay. Well, I was. That leads you here. So introduce yourself, please. So your work is so crucial to all of this. And we're living in the dark ages. Literally the dark ages of science, meaning everything's upside down. The medical centers and the

NIH are not doing what they should be doing and it's up to Paul Revere of the Revolutionary War to do it, you know. So it's going to take someone like you to do this work. Who are you and why should we trust your work?

Kevin McKernan Okay. I've been in the genomics field for 25 years. I don't have a Ph.D. I dropped out of a program to start a couple of companies, but my beginning in this field started at Emory University, where I was doing radioactive sequencing of norepinephrine transporter genes. That quickly landed me a job in the Human Genome Project at MIT, working with Eric Lander. I became their team leader for ...

Steven Greer, MD That's important there. So you've worked with Eric Lander, MIT? Okay.

Kevin McKernan Yeah, I was a team leader for research and development for the Human Genome Project there at MIT. So I know how to purify DNA. I know how to sequence DNA. After that, after that program came to a close, a lot of the intellectual property surrounding magnetic bead technology used to purify DNA. We licensed out and started a company called Agincourt. Agincourt became the largest DNA sequencing provider in the United States from 2000-2005 that was acquired by Beckman Coulter for a lot of the viral DNA isolation tools that we had in the genomics pipeline. During that acquisition, we had a skunkworks project to build a DNA sequencer known as the SOLiD sequencer that spun out of that acquisition into a new company, which a year later was acquired by Applied Biosystems, who then brought the SOLiD sequencer to market and competed with Illumina and many others for for many years. So a lot of the next generation sequencing race was fueled by a really intense competition between Illumina 454 and ABI through the SOLiD platform. I also worked on semiconductor sequencers at Life Tech. Life Tech came to acquire ABI. I was with that acquisition, so I spent five years in their genetic analysis division, building novel DNA sequencers. I've also applied these sequencers...

Steven Greer, MD So my background is I'm a doctor, I've done a lot of research, but in the year 2000, went into Wall Street, so I was an analyst, covering ABI and so forth.

Kevin McKernan You watched all this unfold? Yes.

Steven Greer, MD Yeah, I've been to many conferences back when the human genome was still a thing and the sequencing companies. Oh yeah, we have different perspectives here. It's very interesting. So I get it. We get your credentials.

Kevin McKernan Yeah. You've probably been to AGBT then. If you were following all that. That was a frequented conference. All right, so that's my background. I know.

Steven Greer, MD Now, what led you to take it upon yourself to find eight samples from the local pharmacy and sequence them, you know? How did that happen?

Kevin McKernan Yeah, so that was a little bit accidental in that I have been intrigued by the lack of sequencing information on these vaccines for many years, but I never really had a good reason I could justify sequencing them. The company I'm at now currently sequences medicinal organisms to better understand the chemical pathways that make various pharmaceutical or nutraceuticals, if you will.

So it wasn't really in our wheelhouse to go and sequence vaccines. However, I was in the process of sequencing a cannabis viroid that's plaguing the cannabis field, if you want to call it the covid of cannabis, it's something known as Hop Latent Viroid. And that RNA sequencing program was stumbling on doing an RNA extraction that wasn't working well. So I needed positive controls, controls that had mRNA polyadenylation signals on them that I could spike in and prove that our system was working.

And that's when I'd reached out to my network asking for anyone having any they could send me. And instead of sequencing some boring control I could buy from Life Tech. I decided to use the vials somebody sent me because they were the perfect control. They were 30 micrograms, high concentration, they had poly(A) tails, and if I couldn't get those to work in RNA sequencing, then something was wrong with my RNA sequencing process.

So it's a little bit serendipitous, the process upon which I came about sequencing these, and I wasn't necessarily looking for plasmid DNA. I was anticipating to find some transcriptional error in there, but lo and behold when the assemblies came out and we saw there was background plasmid in there, we were then kind of stuck. We had to, we couldn't just publish that and not follow up. We had to follow up with multiple other

methods to try and confirm that this wasn't an artifact. So after we got sequencing information that showed there was plasmid there, the next question was how to quantitate how much of it was there.

Sequencing methods that we used were sequencing RNA. They, they were, they selectively sequenced RNA more favorably over DNA. So we couldn't quantitate that way. So we used the sequence information to design quantitative PCR assays to PCR the plasmid and to PCR the spike protein sequence. And by using the ratio of those two, we can determine how much DNA or RNA was present using quantitative PCR, which only amplifies DNA and Rt-PCR, which amplifies both DNA and RNA.

We also used a couple other tools to triangulate this, from Oxford Nanopore sequencing, to fluorometers, to gel electrophoresis. We went through a host of things because we understand the gravity of the situation and we didn't want to just measure it with one method and give out a number. I think what's important for regulators to hear is, that number can vary quite a bit depending on the platform you use. But no matter which platform you use, you're over the regulatory limits. We had a great discussion before we went along.

Steven Greer, MD We're talking about now the 30% DNA contamination. Is that the number we're talking about?

Kevin McKernan That's the highest number that you'll get if you run it through a fluorometer. If you run it through quantitative PCR, you'll get a more conservative number. So we've been giving the benefit of the doubt to the companies making this using quantitative PCR because it's a more conservative number and the public's probably more familiar with quantitative PCR right now.

But to put it in perspective: Of people who are using quantitative PCR, you're probably swabbed with one of these nasal swabs to get a COVID PCR. And you'd be called positive of a CT under 40. We're getting CT's under 20 with the contamination of the vaccine. Ok? That's a million fold more contamination than you would be called positive for having a virus.

Now, the virus they're swabbing is outside of your mucosal membrane in your nose. All

right. We're talking about a contaminant that's getting injected, bypassing your mucosal defenses at a million fold higher concentrations. All right, So think of CT's less than 20 for the contaminant in a lot of these vials versus the CT of less than 40 that you're being condemned with for being positive for C-19. There's an enormous difference here in terms of the amount of material that's in there.

Now, we further went on to answer some questions about where this DNA is in the vaccine? Is it inside the lipid nanoparticles? Is it outside the lipid nanoparticles? Because it can have a biological difference. There's papers out there, I've put one in our private chat here that if you inject double stranded DNA, it can be prothrombotic. I'm assuming that's double stranded DNA without LNPs. If the DNA is actually in the LNP's, we have different risks, as Dr. Bhakdi has pointed out, that this will then transfect the mammalian cells and become a genetic alteration.

Now, whether it integrates into the genome is secondary. The fact that you're getting foreign DNA into the cell is a risk in and of itself, because it could partially get expressed. It could meddle around with other transcription and translation machinery that's in there.

So we did some work to apply nucleases, which are DNase that destroy DNA. However, they can't penetrate the LNP's. This is the whole point of making an LNP is to protect the mRNA and the DNA from nucleases that might be present in your bloodstream or in your muscle tissue. So if you apply DNase to this vaccine, very little of the DNA disappears. That tells you that it's packaged. If you break open the LNP's with heat and then repeat the process, it disappears. All right.

Steven Greer, MD Yeah, that was a big question I had for you is: *okay, this is contamination, but is it useful inside a Trojan horse liposome or not?* And you just explained why you think it is because the nucleases don't reduce it and therefore must be protected.

Kevin McKernan That's right. I'd say some weaknesses of our study is that we don't have tools yet that can fully quantitate what percent of the DNA is full length and circular. We haven't really tried hard on that because the regulations are agnostic to it. They shouldn't be. The FDA should care about full length plasmids because they can be

functional, do different things and create different problems. But most of their regulations have focused on just having DNA present that is at 330 nanograms per milligram.

Now, to Dr. Bhakdi's point: those regulations were not written in consideration of this DNA being delivered in a lipid nanoparticle. They're just considering 'what if they're in the injection at all?' I think the numbers should be revisited if they're packaged inside of a high efficiency transfection device like an LNP, because that means even less amount of DNA is probably problematic.

Steven Greer, MD Did you want to say something, Dr. Bhakdi?

Sucharit Bhakdi, MD Yeah. No, I agree completely with what Kevin said. It's ridiculous to accept any number that they say is the limit. They have no grounds to give any numbers. And there's no excuse for this. There's absolutely no excuse.

Steven Greer, MD Can we put this in perspective? Is there another therapy, another vaccine? You know, is this contamination normal, typical, or do we have any perspective?

Sucharit Bhakdi, MD Well, my opinion, my humble opinion is this is a problem that they will never solve because they will always have to use these bacterial plasmids. There simply is no way to mass produce mRNA. And therefore, the danger of contamination, which comes because of the mass production, you have to separate, you have to get rid of all the contaminating DNA. And that is not simple... It's too difficult.

Kevin McKernan There is one other therapy out there that's not a long mRNA that Alnylam is putting forward is a very short, like an RNA interference, approach where they synthesize the RNA and they inject this. However, this injection is done over like a six hour time frame and the patient has to be prepared with a lot of immunosuppressive drugs before doing this. It's not a bolus injection. So it's very different. It doesn't have these same risks as [garbled].

Steven Greer, MD Yeah, if you could get a hold of that, I'm sure it's a $100,000 drug, but if you could test that for contamination, that would be interesting for sure.

Kevin McKernan Yeah. I don't think they manufacture that through e-coli. They, I think they're just synthesized when the RNA is that short they can just synthesize it on an oligosynthesizer and it's much cleaner.

Sucharit Bhakdi, MD Correct. Yeah. That's the only...

Steven Greer, MD Go ahead.

Sucharit Bhakdi, MD The only clean way to do it is to synthesize. And they can't do that for mass production.

Kevin McKernan And not for 4000 bases either. It's just too big.

Steven Greer, MD So I've had this question now, I mentioned I did research in the late nineties, very prestigious NYU lab. My boss there is now running all of Stanford's research. You know, I was doing clinical trials actually on humans with wound care, but everyone else were bench science guys like you. And we would have our weekly meeting and I heard them fail time after time with messenger RNA experiments, and they would say, "this thing is so finicky it'll fall apart." So my layperson experience is that messenger RNA, even in a controlled laboratory, breaks down easily because of what you said. So I'm thinking like 'how in the world that they mass produce a vaccine where the messenger RNA is really not going to be breaking down?' At first, they tried 100 degree minus Celsius refrigerators and then they gave up on that. So with that background, is it conceivable that they're really mass producing messenger RNA?

Kevin McKernan Yeah, so they did make a change to address your issue there, and that is that our hands, in most laboratories, are coated with with RNanses that tend to destroy RNA very quickly. That's... The point of RNA is to express the message from the cell and quickly get rid of that message. If those messages persist. You have a task manager in your computer that just fills up with too much instruction. You need to be able to admit an instruction and erase an instruction.

What's happening with these mRNAs is that they put in a base that is resistant to RNase-L digestion. They put in N-Methylpseudouridine. That means these mRNAs don't break down very quickly. This is presumably why we're detecting them in breast milk and plasma, you know, 30 days, 60 days later. It could also be that the DNA is

floating around and is hard to degrade and that's what they're detecting with PCR in breast milk or in plasma.

The methods used to determine these contaminants were not really considering DNA being around. And so they could have amplified either. Rt-PCR, this reverse transcriptase PCR, works on DNA or RNA as a template so it's agnostic to what the nucleic acid is. It's only quantitative PCR that is very stringent and only amplifies DNA.

So I think we have two sources of reason for the RNA or the DNA being in the body longer than the [anyone] anticipates.

Sucharit Bhakdi, MD Long lived.

Kevin McKernan Is that they modified it so it's RNase-resistant and there's DNA contaminating it. So we've got two versions of the spike protein floating around that can persist much longer than anticipated.

Sucharit Bhakdi, MD And this is going to happen with every mRNA vaccine because you're inserting an alien gene into the body. And these contaminants are always going to be there. And this will lead to auto-attack that is prolonged at myriads of sites.

Steven Greer, MD I was going to start this interview. I mean, my thought was, oh, it's a DNA therapy. And they promised just a short-acting messenger RNA. Well, what I'm hearing now is it doesn't really matter even if it is messenger RNA as they advertised because they stabilized it, it's lasting longer than they were willing to tell us. Or it's a DNA method where it's just flat out creating gene therapy, which is obviously something that wouldn't have [gone] over too well.

Sucharit Bhakdi, MD Yes.

Kevin McKernan And, you know, from a genomics perspective, I wrote a preprint with Peter McCullough on this. They'd never really demonstrated the translational fidelity from these novel mRNAs. So all we have is a Western blot, a smeary Western blot, suggesting there's some bands that are the wrong size coming off these mRNAs. But it's known in the literature [that] when you modify these mRNAs with these bases, the ribosomes trip up on them. You get ribosomal stalling, you get all types of translational

and transcriptional errors that accumulate when you modify this nucleotide. So you're really...

In order to evade the immune system destroying these RNAs, they're putting in a different letter in the alphabet and hoping that the cell can read that dialect correctly and it makes a lot of errors doing it. And I think this is the reason why they've never been able to show what these things make, is because the answer isn't very clean and they don't want to disclose that.

I think what we should be pushing for, if they're ever going to continue to push these in the public, is that they need sequence verification of everything that they want to inject so we can see if the plasmids are there and we can see if the transcriptional machinery actually has high fidelity.

Likewise, they should have some mass-spec data of what the protein is being, what is being made. This is very much analogous to a pro-drug. You're putting in an mRNA and you're getting away with not describing what drug is actually the active compound, the spike protein. We don't know that the spike protein is being made with high fidelity in these cells. We're assuming it based on very naive models of translational, you know, genetic tables, if you will, the codon tables. Those are assumptions that shouldn't be assumed. They should be measured.

Sucharit Bhakdi, MD Of course they have to be. And the results would be disastrous for them. And they know this. But at the present stage, I tell you, my message to the world is that WHO's intent to install RNA vaccination in all realms of human and veterinary medicine must be stopped on the spot. Must be stopped! And anyone who tries not to stop it, who pushes it, people must realize that this person or these people are not benign. They're not doing it for you.

Steven Greer, MD It's military. Military thinks in terms of harming people. They don't think in terms of doctors. Now, to your point, they're trying to create an excuse to give these things by saying, oh, it's now a flu shot as well as a covid shot. Now, if they make this excuse that we give everybody a flu shot, that, oh, by the way, is messenger RNA. Isn't that what's going on? They're trying to get a flu shot now?

Sucharit Bhakdi, MD Yes! Yes! And they're also doing the RSV. That's also out. I mean, and they've already gotten…

Steven Greer, MD That RSV that just got approved is messenger RNA technology?

Sucharit Bhakdi, MD Yes! Yes!

Kevin McKernan I think one of them, the Moderna one, might be, right? I think one of them was protein-based. But I can't recall.

Sucharit Bhakdi, MD Yes! It is! No, no, no, no, no, no, no. It's mRNA. And they have the same adverse effects, Guillain-Barré and [*unintelligible*], you know, “but the benefit is so great” — and they bypass the fact that you will never get any [*unintelligible*] real efficacy against any respiratory virus. It's not possible.

Steven Greer, MD Let's get back to what Bobby Kennedy said.

Kevin McKernan You're looking at the wrong fractured body. Yeah, the injection, intramuscular injection isn't going to give you mucosal immunity. This is just a scam.

Sucharit Bhakdi, MD Yeah, exactly. And I think that the CDC, was it CDC? Just released this. Anyway, it's been officially stated now that it's not going to work, and yet they've gone on to the RSV, they're going on to the flu. They're going to do a bivalent flu-corona, COVID. It's all, you know, in the drawer.

Kevin McKernan That they really haven't nailed the delivery mechanism. These LNPs go everywhere. There's no cell specificity to them and the injections aren't guaranteed to stay I.M.. Even with aspiration, the injections 1 to 2% of the time go I.V.

Sucharit Bhakdi, MD But all injections will reach the bloodstream. All.

Kevin McKernan Eventually. Yeah.

Steven Greer, MD And let's not forget: there were other vaccines that did not use messenger RNA for COVID and they were conveniently not approved.

Sucharit Bhakdi, MD Yeah, yeah, We know this story.

Steven Greer, MD So there's clearly a government push to get this technology...

Kevin McKernan There's a financial interest there. There's royalty going back to NIH on moderna's IP, so.

Steven Greer, MD It's... Part of it is money, but government doesn't care about money. As Tony Fauci said recently before the pandemic: *"you're going to need a crisis to ever get this technology approved"* because they knew it would take 20 years to get approved otherwise. So they're exploiting a crisis to get this technology approved. They're misleading us. Now, the question is why? Why is this messenger RNA or DNA technology more desirable to a military DARPA program, who is creating weapons of mass destruction with gain of function viruses? Why do they want this technology instead of creating a normal, traditional vaccine? Why is it so useful to them?

Kevin McKernan Yeah, it's a bit more speculative, but if I had to speculate on this and I'm not well versed in everything that RFK has been [saying], I've been reading. He generally does fact check his work and pulls lots of resources and references into it. But from this, is something that they've envisioned as being quick-response. They can't turn around an egg-based vaccine to combat a bio threat with any other platform, but this is their thinking. So they view this as a mechanism to flip around the vaccine in the event that there's a threat that approaches them.

Steven Greer, MD It's quicker development and you can email the sequence to someone in Beijing or Wuhan. In the United States, it's digital. It's more digital for them than, you know, the traditional vaccine.

Kevin McKernan However, it's important to note that Warp Speed, they cut all the corners in the world. If they took all the guardrails off the old vaccine industry, they could probably get something out just as fast. So it's really... I think it's a little bit of a bait and switch.

Steven Greer, MD If you were the Secretary of Health and Human Services under a RFK president: should these products that are on the shelf now, assuming your contamination work is accurate and it can be reproduced by other labs, is that enough to remove them from the market?

Kevin McKernan Yes.

Sucharit Bhakdi, MD Absolutely.

Kevin McKernan Even without that information, there's enough information out already on how poorly they perform. They should have been removed two years ago and the liability should be reversed so that this never happens again, so that you can't release drugs to market liability-free.

Sucharit Bhakdi, MD The great step forward that we have because of Kevin is that now every American knows that whoever pushes the vaccine agenda is not the leader of this country, your country. And whoever opposes it automatically rises up because he is the one who is going to protect you.

Steven Greer, MD Yeah, well, I tend to agree there. So, you know, in conclusion, I'm glad we did this. It was tough to get three people together all over the country, all over the world. The topic is totally unknown to most people, and most people don't know who you are. So now we know who you are. Highly credible M.I.T. genome person. You're not some, you know... There are a lot of... So the reason I went there is there's people on Substack and so forth saying all sorts of things and they're not credible scientists. I wanted to see if you guys are credible. Dr. Bhakdi, you know, I went to medical school. The immunology book I read is based on your complement stuff. So.

So these are credible scientists saying credible, rational things. And so I'm glad we did the interview. I really wanted to just put everyone together and have you discuss it. So.

All right. Thank you very much. And we'll talk again.

Kevin McKernan All right. Thank you. I appreciate you guys covering this and much, much respect, Dr. Bhakdi, for your career.

Sucharit Bhakdi, MD Well, much respect for your wonderful work. And*ƒ* thank you for getting us together. I think this was a good session.

Steven Greer, MD All right. Thanks. All right.

Kevin McKernan Take care.

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