Open Letter of Concern (simplified)

Background

mRNA “vaccines” have been under development since at least 1990 when the first paper reporting on experimental animal use was published. Commercial products were never previously brought to market due to safety concerns until the FDA authorised a product for pigs called *Sequivity*. *Sequivity* itself is not a single final product, but a system of “vaccine” production that results in the manufacture of an mRNA “vaccine” 8-12 weeks after swabbing infected pigs. Consequently, there is no specific safety testing performed with regards to either the mRNA products themselves or the impact of the proteins they direct the recipient pigs to manufacture. No safety assessment is therefore performed with regards to establishing the safety of the meat these pigs produce.

A number of different partnerships have been established between big Pharma and mRNA product developers with a view to exploiting the veterinary market internationally, both for new diseases and to replace existing traditional vaccines according to reports. Various Government agencies around the World have announced their intention to support the use of mRNA products in animals, citing the ability to fast-track these products through the licencing procedure as a positive benefit. Consequently, we must expect the Veterinary Medicines Directive who licence veterinary products in the UK to be presented with applications for one or more products in the near future if they haven’t received an application already.

The use of such products without having been through the normal proper testing and monitoring procedure is concerning both for the health and welfare of the recipient animals themselves, and for consumers of meat and dairy products derived from food-producing recipient animals. The reason for this is that mRNA products have inherent risks common to all mRNA products regardless of the disease for which they are produced. These dangers have been known about and established for years.

1. The lipid nanoparticles used to encase the mRNA are highly inflammatory and can cause a number of adverse reactions. Clumping which can occur at all temperatures creates a danger that can be increased by freezing and thawing, originally declared necessary to preserve the maximum mRNA quality possible. Not using these low temperatures does not eradicate the clumping danger but reduces the quality of the mRNA which in turn increases its own issues.
2. Contrary to how RNA has been explained to the public, there are literally thousands of different types of RNA including very short microRNA molecules that play an essential role in cell signalling, cell regulation and gene expression. Very little is known about the vast majority of these RNA molecules individually, let alone how they all inter-relate. There is no way of knowing all the ramifications of introducing exogenous mRNA of poor quality itself that is also made using pseudouridine instead of the more natural uridine. Using pseudouridine and other processes within the mRNA manufacture such as codon optimisation means that the mRNA introduced is not recognised and treated in the same way as endogenous RNA. It is unknown

whether shorter RNA strands that are produced when this introduced mRNA is broken down has biological activity as microRNA.
Given that the mRNA "vaccines" do not stay at the site of injection but are distributed around the body and can enter the nucleus of cells where they can reverse into the DNA, we must assume that the capability to disrupt an animal's biology and physiology via interference with all manner of endogenous RNAs extends to all parts and organs of the body.

3. The quality control of the manufactured RNA is considerably below 100% such that even if the full ramifications of the intended mRNAs and the proteins they produce are understood, nothing is known about the consequences of injecting contaminant RNA and plasmid DNA from the production process.
4. In the 1990s, the alteration of the animal feed rendering regulations resulted in viable prionogenic particles surviving within the cattle feed. These are active particles that cause protein misfolding in the body a bit like a domino effect. Once it starts it cannot be stopped. Consequently, there is no safe level of prion in the body. Cattle that ingested the contaminated batches of feed containing these particles subsequently developed the neurodegenerative prion disease called Bovine Spongiform Encephalopathy (BSE). Some of the people who ate beef from these cattle containing prions went on to develop new variant Creutzfeldt-Jacob Disease (nvCJD) – the human prion disease. It has been discovered that a wide variety of viral proteins can be prionogenic.
When the intended mRNA "Vaccines" direct the body to produce a viral protein to stimulate an antibody response, insufficient safety testing means that it is completely unknown whether these proteins are prionogenic. Should they turn out to be, this won't be discovered until some animals (and/or people) start developing a neurodegenerative prion disease or other type of proteinopathy such as amyloidosis which can adversely affect the functioning of different organs including the heart or kidney and elsewhere. Given that the majority of recipient animals are likely to be consumed before they have time to manifest a prion disease, it is perhaps more likely that the first indications may be seen in people and/or carnivorous pets, by which time it will be too late and many thousands of people and/or pets may already be developing prion disease(s) which may be fast or slow onset and progression. As happened with BSE, some animals such as dairy cows and breeding animals that live longer than those destined for the food chain will eventually manifest prion diseases themselves. Given the large number of animals that are likely to be given mRNA "vaccines", potentially large numbers of people and pets could be affected over a protracted number of years. This will be catastrophic for farming, consumers and associated industries such as the meat and food industries.
The pseudoridine and codon optimisation used to produce the mRNA "vaccines" means that the resultant protein structure may not be the same as the protein it is supposed to mimic as the target for the immune system, such that even if the viral protein is known not be prionogenic, the protein produced by the body under the direction of the mRNA may still be prionogenic itself. And/or, if this protein is

sufficiently close in structure to a protein that naturally occurs in the body, then it could lead to auto-immune disorders.

The data submitted to the FDA within the application for *Sequivity* listed death as the 2nd most common adverse reaction at 3.2% ie 1 in 31 animals. This was presumably the best data available for submission. This level of consequential death is not acceptable.

In Conclusion

mRNA "vaccines" risk introducing disruption to existing RNA activity in ways that we have no comprehension, and that may never be fully understood given all the potential interactions with all the different types of endogenous RNAs that we do not yet fully understand themselves.

They also risk producing prionogenic activity, either directly themselves, or by action of the proteins they direct the body to produce. This represents a significant risk of causing BSE-like diseases in the recipient animals and in consumers should these animals enter the various different food chains.

Without the proper study and length of time necessary to enable full safety testing for every end product, not just a system of production, the more mRNA "vaccines" are produced and used the greater the risk that the concerning consequences detailed here will occur.

In the past, traditional true vaccines took a minimum of 10 years to develop and test before authorisation and widespread use. These products had a much better understood modus operandi in the body, had considerably fewer variables associated with them, and a much more precise dose of active ingredient and adjuvants.

For the reasons set out above, the mRNA "vaccines" represent a much less precise and considerably more variable response that interferes in little-known processes within the body. To envisage authorising such products in a shorter time frame than a traditional vaccine is reckless, especially when a variety of end products in terms of antigenic protein production will result from authorising a system of production as has been licensed for *Sequivity*. The production and use of multiple end products based on the dubious assessment of a system of production invites disaster, especially when this process hinders the ability to carry out adequate surveillance and ongoing safety monitoring after becoming available. It is akin to automatically authorising an individual pharmaceutical within a class of pharmaceuticals without testing just because that class of pharmaceutical has been recognised and authorised itself, and without adequate testing.