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There is a lot of disinfo, deliberate ignorance and intellectual dishonesty about what the mRNA vaccine is and the mechanism behind it.

I've joked about it being a gene altering mystery fluid that doesn't do anything against Chinese lung herpes, but its so much worse than that.

mRNA technology has been around for a while. What kept it from being used in widespread vaccination was lacking a way to protect the mRNA long enough to get inside of cells and ribosomes, where it can be "read" to construct a protein. Instead of admitting this they (Moderna,

Pfizer, etc.) went ahead with an extremely lipid-soluble coating. That would guarantee the mRNA injected easily and quickly passed through membranes and gets to the site of action (ribosomes). But it also meant that, unlike other vaccines, which have their particles taken up in

normal lymph flow and end up in lymph-nodes local to site of injection where foreign, antigenic molecules are processed by dendritic cells and stay in the extracellular space otherwise (outside and in-between cells, the interstitium), the mRNA injected in these vaccines ends up

everywhere, easily passing from the interstitium to the blood stream and across the blood-brain barrier.

Oops.

Compared with getting a virus, the virus is only able to bond with and enter some cells; injecting its genetic material and taking over production to make more virus. It is limited to cells displaying molecules each virus is capable of binding to (in the case of SARS-CoV-2 this

is a molecule called ACE2.) In "normal" vaccination only dendritic and a few other immune cells (which are designed to ingest and deal with antigenic molecules) end up with viral proteins in them. These specific cells are part of the immune reaction that ends up with long term

and robust immunity. With mRNA vaccination the injection is in the deltoid (most of the time) but the particles of mRNA move easily in and out of cells and across biological membranes.

Any cell, and subsequently its ribosomes, which come into contact with the exogenous mRNA will

start to produce the altered SARS-CoV-2 spike proteins that the mRNA instructs for.

Haha, man

In the normal course of cellular function the master copy of your build and operating instructions (DNA) has a page or chapter photocopied as needed (mRNA) and sent out to factories (ribosomes) which read the instructions and build proteins according to them. During this process

, whatever protein is being made gets reported back to the immune system. This happens by each of your cells taking one of the things its factories are making and displaying them on the outside of their cell membrane. You can think of this as a sign at city limits which has an

example of what each factory is making in a city. Security (T-Cells of the immune system) come by, but can't get inside, they just look at the sign to see if something is off. If something is, they can nuke the whole city (induce lysis) or tag the sign for other bulldozer immune

cells to come by and level it. This function fights both cancer and viral infection. If either of those things cause a cell to start making abnormal or foreign proteins, then the cell is instructed to kill itself (lysis) or tagged to be destroyed by other immune cells.

Up until now in human history you could only end up with antigenic (things which set off an immune response) molecules displayed to the immune system on subset of cells. Either a virus infected your cells and that virus could only attach and enter a tiny number of overall cells

in your body (like SARS-CoV-2 and cells which display ACE2) or you could get cancer (which is essentially one cell over and over and over.) Outside of that, antigenic molecules would be

immediately destroyed by natural killer cells or would be collected through lymph and

processed then displayed by dendritic cells in lymph tissue (nodes mostly). These dendritic cells look like massive tree root systems and all they do is process foreign material and display it on Major Histocompatibility Complex. That's the molecule complex that acts as the

"signs at city limits" announcing what's going on inside a cell to the outside world. It is the sign security (the immune system) monitors to know if there is an issue inside, as security is a cell itself, and can't enter another cell. The immune system is blind to the

intracellular environment besides these signs (MHC). One type of T-Cell, T-Helper Cells, move up and down the "root system" of the dendritic cell, just looking at all the signs. In this way, your lymph nodes &spleen (where this process mostly happens) act as security checkpoints,

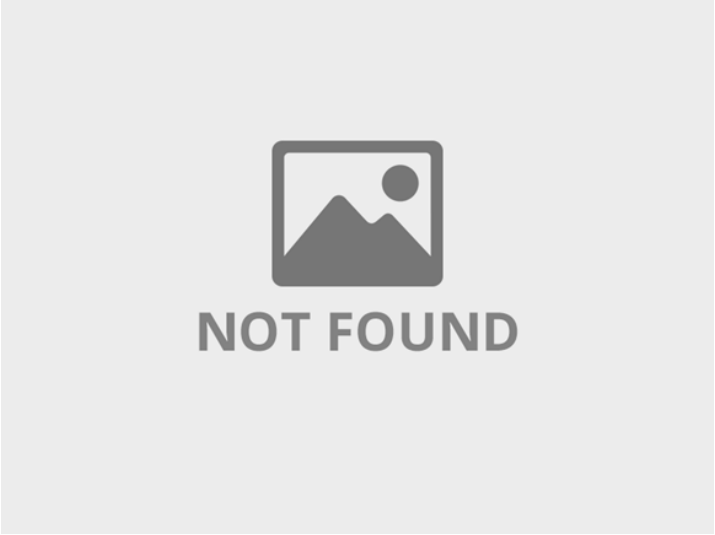
eventually coming across fragments of anything that ends up in your body. If they find something wrong, they induce an immune response to that thing which will eventually reach wherever the molecules they saw came from.

Video: https://twitter.com/718Tv/status/1480090824423751683

Back to what we are doing by injecting these lipid-soluble mRNA particles into people's bodies; littering them throughout all tissue, dependent on each individual's weight, lipid %, hydration, cardiovascular state, anatomy, etc. Wherever concentrations of these end up you have

random cells which start to produce altered spike proteins and display them on their signs. The immune system notices and starts attacking those areas. As each mRNA vaccinated cell is destroyed they spill their contents of altered spike protein (cytotoxic itself) into the local

area.



The vaccine makers know the path to immune activation is through MHC (signs), and don't really address or care about all the excess spike protein being made. They want the sign to say "altered spike protein" but in the background factories (ribosomes) are churning out actual

spike protein into the inside of the cell. This is how a virus reproduces as well' once infected more viral particles are constructed inside a cell, but they don't get released to go infect other cells until the first infected cell is destroyed and they can escape.

Once these signs are made they are permanent, sort of, and this is where the analogy breaks down. All the atoms in your body are replaced about once a decade. Even your bones are constantly re-structured by osteoclasts and osteoblasts, so every ten years you have entirely

different atoms making up those bones. Even cells that generally don't replicate or die until you do like neurons and muscle (muscle cells themselves get bigger when you work out, mostly, you don't get new muscle cells although nothing is ever 100%) constantly replace their

constituent parts. The MHC displaying the product the factories are making will stay embedded in the cell wall until that section of the membrane is replaced due to other natural processes (such as endocytosis). This means that people who end up with persistent neurological

or cardiac side effects may have them for years, until most of the signs stating the cell is making spike protein are torn down. For neurons in the brain, that could be years, not to mention the fact that in the meantime, the immune system is actively trying to kill off any of

those cells, often successfully.

This is why I've been joking and calling it gene altering mystery fluid. I know its not quite

perfectly accurate but hey up yours at this point I want to be proven wrong and not just about this.

Humanity did this blindly. There is so much we don't understand about this. A gigantic portion of your genome is dedicated to MHC. We don't have any idea about the mechanisms we are playing with. Not only are large swaths of MHC black boxes but the whole question of

Clonal Selection (how your body 'knows' what is you and what isn't you, and therefore what to attack) is an open question. There are no longitudinal studies on any of this, the safety data is non-existent beyond "it probably doesn't kill many of you in the first 90 days."

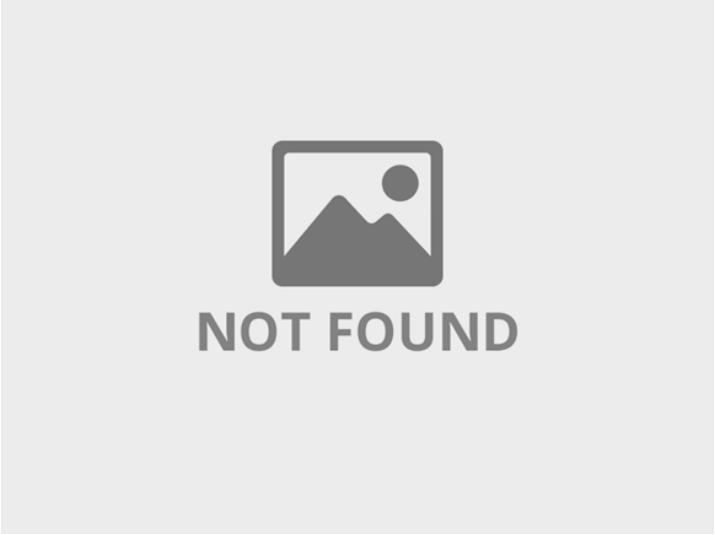
Governments and corporations saw the opportunity to make hundreds of billions of dollars, and quickly grabbed whatever was on the shelf, dusted it off, and rushed it to market. It's one of the reasons that massive and rapid distribution is the key. Not knowing what would happen

, it was and is imperative to get as many doses injected as possible. While careful, isolated, controlled, longitudinal studies would easily recognize collective negative effects, even though the specifics differed, uncontrolled mass distribution during phase 4 study will make it

easy to mask. Investigating any specifics, like myocarditis, will only ever bring up a low level signal that is easily dismissed "COVID causes myocarditis too!" The collective information provided by all the signals would tell a different story. The VAERs database provides the

strongest signal, but is easily ignored due to its unverified nature. It will take years to collect the data and produce irrefutable results, which is why the normal process is around 6 years from a working product. Without control groups, even that data will be easy to skew in

interpretation though.



These vaccines also have no hope of imparting robust long term immunity, and are effectively short term antibody therapy to one specific part of one specific strain. You need to have a broad spectrum of antigenic sites to induce robust and long lasting immunity. That's why

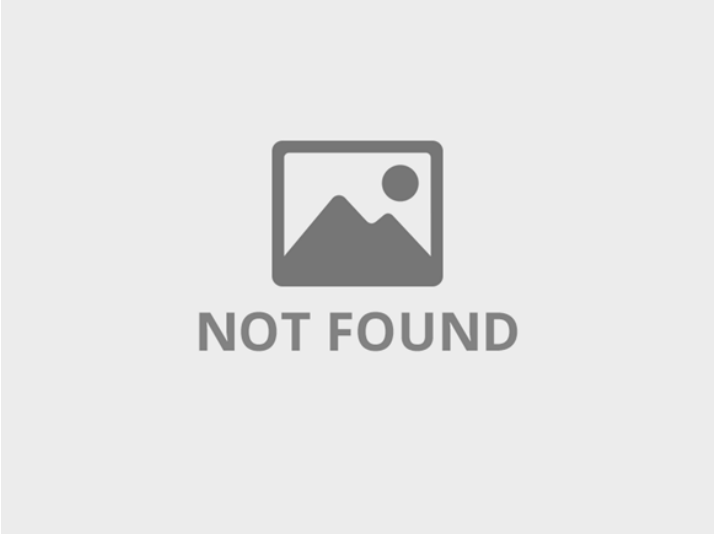
vaccines are more complicated than re-producing a single bacterial protein and rubbing it on a cut. Although doing that with whole dead bacteria (scabs) is where we saw inoculation first work. Whether the vaccines were attenuated, destroyed, or dead - the only vaccines we have

ever seen impart robust and long lasting immunity provided the whole host of antigenic particles found in the wild. It's another reason why mRNA wasn't in widespread use in addition to the technical problem of a protective coating or encapsulation. They just don't work very well

and are not vaccines. Mild endogenous antibody therapy would be a better description, which is why they had to change the definition of the word 'vaccine'.

Also, cause some people cry and shit their pants at 'gene altering mystery fluid'. Even though, you know...

I'm not going to bother vaguely asserting some education, position of authority, or access to unavailable information. On the contrary, anyone who reads this will see I know what I'm talking about. I tried my best to both use proper technical terminology so all this can be easily



verified and even researched further, but to bridge the technical gap so anyone could understand the mechanism behind the vaccine. By their nature, these mRNA vaccines will only ever produce widespread, diffuse and low level specific signals. Every time anyone brings up a

specific side effect they won't get anywhere and legacy media will always have the fallback of "basically the same as without the vaccine but having COVID." What about the risk before? How come people are banished from social media and fired from their jobs for bringing this up?

Just imagine people whose lives were upended for statements like "myocarditis is nearly unheard of in children." I hope this helps someone explain to a loved one and win them over. As more and more shots are mandated to keep "antibody levels" high (since when are you supposed to

walk around with high antibody levels? That's a sign of infection, not immunity, antibody levels should fade quickly and be replaced with primed memory cells), people's careers end and anyone speaking about this is silenced but people will have questions.