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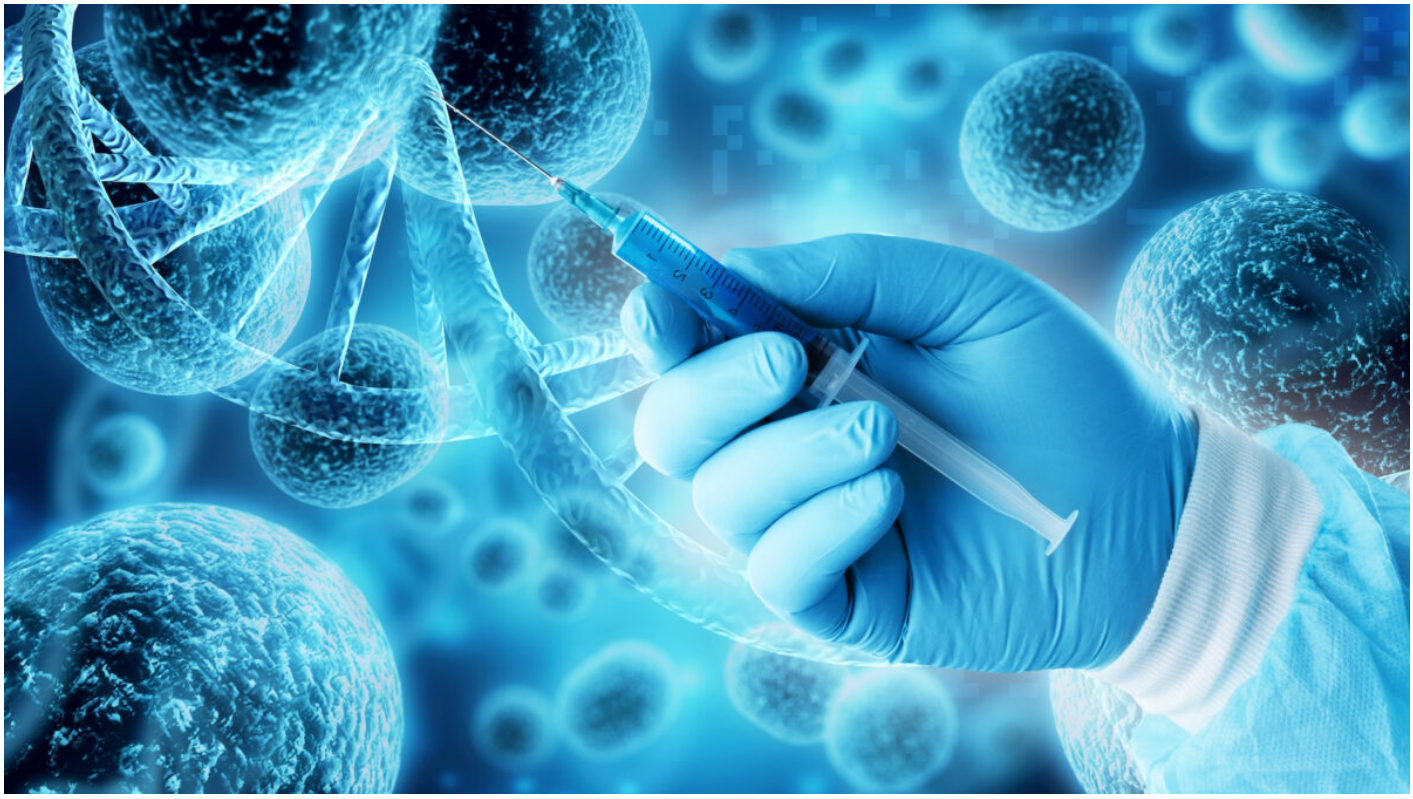

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PREMIUM HEALTH SCIENCE

Researchers Suspect New Variants of Rapidly Progressing Brain Degenerating Diseases From COVID-19 Vaccines

BY HEALTH 1+1 AND MARINA ZHANG TIME JULY 12, 2022 PRINT

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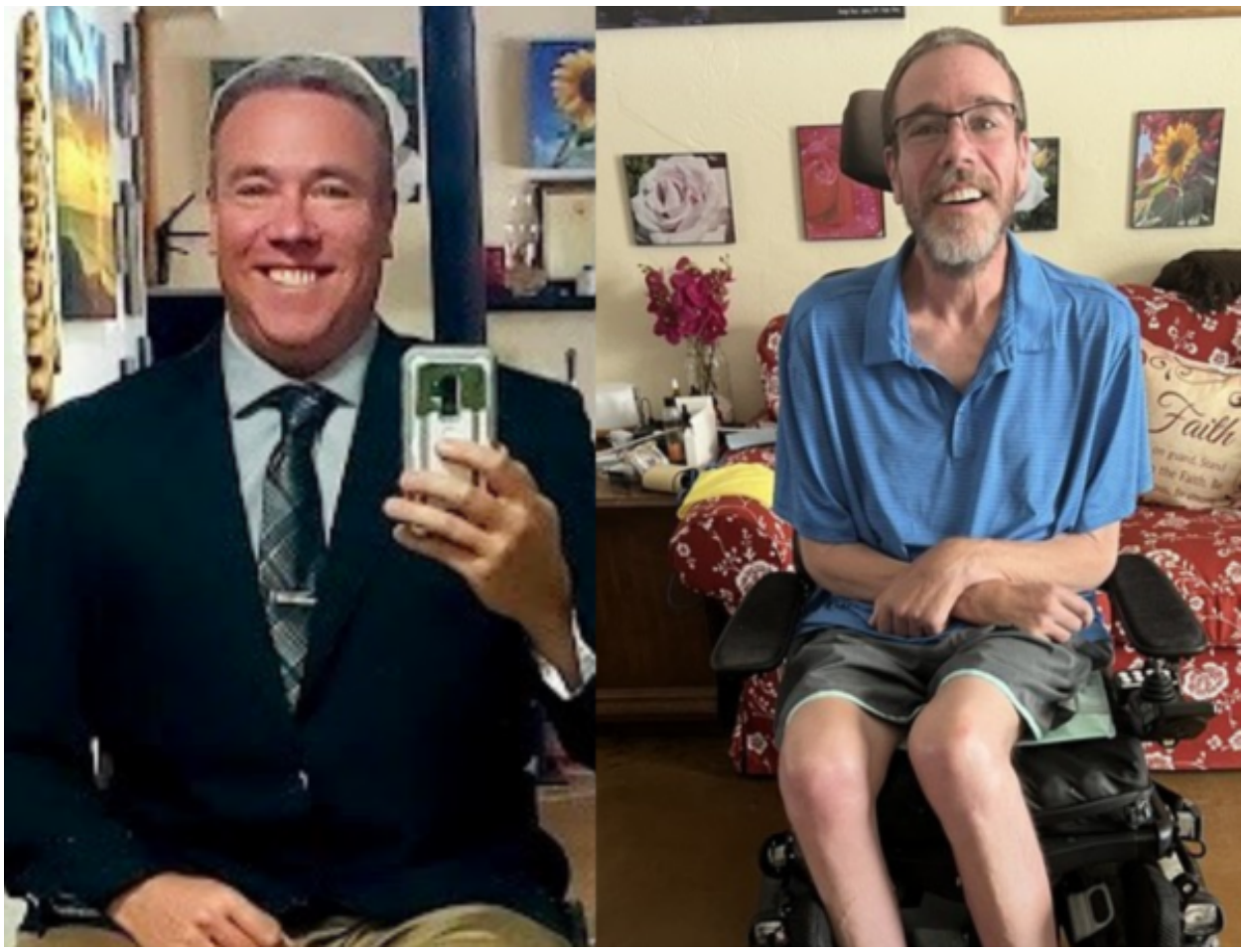
Things have not been the same since June 2021 for 53-year-old Douglas Howey from Colorado.

Around a year after he received the second dose of the Moderna COVID-19

vaccine, the 6 foot 4 and a half inch paraplegic man who once weighed 262 pounds lost over 100 pounds after the sudden onset of amyotrophic lateral sclerosis (ALS), an incurable and fatal disease that gradually kills a person's motor neurons.



Douglas Howey before and after amyotrophic lateral sclerosis, Douglas has lost more than 100 pounds between the two photos (Courtesy of Linda Howey/The Epoch Times)

Though he never told his doctors that he started developing symptoms a month after the Moderna COVID-19 vaccine, his family thinks that his sudden sickness a month later and dramatic weight loss within weeks seemed like too much of a coincidence.

This suspicion was further confirmed after Linda Howey, Douglas's mother, heard a podcast by Del Bigtree where Dr. Stephanie Seneff, a senior researcher from the Massachusetts Institute of Technology (MIT) at the Computer Science and Artificial Intelligence Laboratory, talked about her research on possible links between neurodegenerative diseases and the COVID-19 mRNA vaccines.

Once patients are diagnosed with ALS, they are normally given a life expectancy of two to five years. The disease is mostly diagnosed in men, and often between the ages of 55 to 75.

Douglas is younger than this and his illness has progressed much faster than most. He has already entered the late stage of the disease and is experiencing breathing difficulties although he has only been sick for one year.

Linda recalled that Douglas's fever began in June, around a month after he received his second Moderna COVID-19 vaccine dose on May 21, 2021. He experienced high fever and was bedridden for a month.

Douglas's father passed away in 2011 after a 25-year battle with a brain degenerative disease called frontotemporal dementia (FTD) that has a genetic component.

Within the last week or so of life, Douglas's father began to experience ALS

symptoms. Though Douglas also has the FTD gene, he was not expecting any significant progression for the next 20 years.

However, after Douglas recovered from his month-long fever, he began to notice constant fatigue and weakness in his grip strength.

Within six weeks of falling ill, he lost 40 pounds and his weight only continued to decline as his appetite deteriorated.

Five months later, Douglas was too weak to handle silverware properly and needed to feed himself with both hands.

Douglas has been a paraplegic since he was hit by a truck in 2012. As a result of that accident, he developed strong upper arms that he used to hoist himself up from bed and to propel himself around in a manual wheelchair.

His ALS disease quickly spread to the motor neurons in his arms so that by January 2022, just seven months after he fell sick, Douglas required a bed hoister and an automatic wheelchair which he now has much difficulty using.

Gone are Douglas's days of gardening, traveling, working full-time, and acting as an active advocate for people with disabilities. Caregivers that used to help around the house for only a few hours are now there around the clock every day taking care of him.

Douglas has also gradually developed a cough and has trouble speaking.

A test in February 2022 showed that he had lost much of his functional lung capacity and was only using 40 percent of his diaphragm. The once eloquent and talkative physics instructor was reduced to spelling out his words to enable basic communication.

The destruction of his motor neurons has caused him pain and crippled his sleep but he has not been able to verbalize it. Caregivers may jam his toe in the bed hoister or bruise his back on the machinery yet he could only text his mother Linda who would later tell the caregivers that he was in pain.

"His lack of ability to talk has caused a lot of pain and suffering. When he texts me the details later, I communicate to the caregiver the pain he was enduring when he could not speak at the time the pain or injury was happening. By then,

the damage has happened," Linda told The Epoch Times through an email.

Mundane things that he once did without much thought now needed much effort to instruct caregivers to do, such as wiping his eyes, adjusting his glasses, and moving his cap.

With much effort, Douglas spelled out to his mother that he even needed to tell the caregivers to clean out mucus in his nose.

Linda said that she had searched up the batch numbers of his Moderna injections on How Bad is My Batch, a website that has gathered data from the Vaccine Adverse Event Reporting System (VAERS). Each search will show the reported adverse events, deaths, and disabilities associated with the batches that have been reported to VAERS.

Douglas's batch numbers were 001c21a and 25c21a, respectively associated with 779 and 523 reported adverse events, eight and five deaths, and 10 and eight disabilities. However, these numbers were far from the number of reported cases from the batches highest on the list.

According to Pfizer, each batch can consist of 1 to 3 million vaccine doses, though it is not certain if Moderna is the same.

Researchers' Suspicions

Dr. Stephanie Seneff and many others have been suspicious of the actual safety and efficacy of the COVID-19 vaccines from the moment they started to be administered to the population.

Research into this novel technology made her very concerned that the vaccine could cause incurable prion diseases and prion-like diseases within the population in five to 10 years, or even further down the line.

"To have [almost] 100 percent success rate with [a] few months of testing, it just seems completely reckless to me," she said on the call with The Epoch Times.

Dr. Stephanie Seneff, a senior research scientist at the Computer Science and Artificial Intelligence Laboratory of the Massachusetts Institute of Technology. (Courtesy of Stephanie Seneff)

In 2021, months after the rollout of the mRNA Pfizer and Moderna COVID-19 vaccines, Seneff published a peer-reviewed paper with Dr. Greg Nigh (pdf).

In the study, she and Nigh declared that a vaccine that produced the spike protein of the SARS-CoV-2 virus could be a health concern as the spike protein has a prion region that is able to interact with proteins on human cells.

Prions are common proteins that naturally exist in the human brain. However, in the case of prion diseases, the prion will come into contact with a misfolded (pathogenic) prion, and just like a set of dominoes, the single contact will cause all other normal prions to become pathogenic, slowly killing the individual.

Awful as it sounds, it generally is a slow kill, often taking decades after the first exposure for symptoms to appear.

Examples of prion diseases include Creutzfeldt Jakob disease (CJD), an incurable

and fatal disease.

Recent studies also show neurodegenerative diseases such as Alzheimer's, Parkinson's, and ALS have prion-like features with protein misfolding and clumping in the brain which kills neurons. Some studies also suggest these diseases may also be prion disease, though this has not been proven.

Seneff and her colleagues expressed concern that an mRNA or DNA (adenovirus AstraZeneca) vaccine may serve as a trigger to cause prion or prion-like diseases and that we may see a spike in such diseases in the coming years.

In their rigorously peer-reviewed study (pdf), Seneff and her colleagues speculated that the vaccine may cause prion misfolding, causing damage to the brain in the forms of CJD, Parkinson's, Alzheimer's, ALS, and so on.

The mRNA and DNA vaccines carry instructions for making the spike protein into cells. Once cells receive these instructions, they start making spike protein. Cells then stick these spike proteins on their cellular surface, and when immune cells recognize the proteins as foreign, an immune response is triggered.

However, mistakes can occur during the process of translating RNA or DNA into protein.

Seneff speculated that errors could also happen for the spike protein, causing misfolding. If misfolding also happens in the prion region, it may be able to interact with human prions and trigger prion diseases such as CJD, or a prion-like disease.

However, compared to the current CJD, Parkinson's, and the other neurodegenerative diseases, Seneff said that disease, if caused by the vaccine, would, most likely, progress faster.

Since the vaccine hijacks cellular processes to make more foreign proteins than in a natural infection, there would be greater opportunities for misfolding.

"We suggested that you might not see anything for a year or even five years or a decade…it would take a long time for the symptoms to appear," Seneff said.

"We were predicting that we would see an increase in the rate of Parkinson's [and other diseases], and that would happen in younger people in the coming

years.

Soon after Seneff appeared on Fox News highlighting her concerns, her inbox was immediately flooded with emails from individuals who believe that they themselves or their loved ones were affected by prion disease or prion-like diseases because of the vaccine.

Some saw a worsening of already-present neurodegenerative symptoms; some developed a neurodegenerative disease just weeks or months after vaccination.

A New Variant of Prion and Prion-like Diseases?

The sudden influx of people contacting her suggested to Seneff that the vaccine may have accelerated the process even faster than she expected.

"It's possibly a new variant [of brain-degenerating disease], because it is sufficiently different than anything we've seen before," she said.

Neurodegenerative diseases such as CJD, Parkinson's, Alzheimer's, and ALS all take many years for symptoms to manifest.

Seneff's understanding of prion and prion-like disease is that individuals need to first be exposed to a protein that triggers misfolding of the body's prions, which then build up for years before showing any symptoms.

"There's a certain point at which it starts just to show symptoms, but it takes a whole process beforehand," she said.

"You can have evidence of misfolded amyloid beta (a protein involved in Parkinson's and Alzheimer's disease) in the spleen ... and even in the brain before you have any symptoms ... it's a slow disease, but ... it's a progressive disease."

Other research studies are also suggesting a possible link between prion and prion-like diseases and the COVID-19 vaccine.

Seneff's friend and Nobel laureate, the late Prof. Luc Montagnier, co-authored a preprint study on 26 patients that developed CJD and died after receiving the vaccine.

The majority of the cases occurred within 11.38 days after vaccination, with deaths occurring at around 4.76 months

deaths occurring at around 4.76 months.

The authors were fairly confident that the cases were related to the vaccine. The study's corresponding author Dr. Jean-Claude Perez said his friend Montagnier feared, during the initial release of the vaccine, that the "new form of CJD would affect the millions of adolescents or children vaccinated with COVID-19."

"All this confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades," the researchers wrote.

Other studies on the worsening of Parkinson's or similar diseases also surfaced with some researchers pondering the links between the two events.

The "hidden process is happening faster with people who are getting the vaccine such that they'll get the Parkinson's disease [and other related diseases] sooner than they would have gotten it without the vaccine," Seneff said.

Why so Toxic?

Seneff told The Epoch Times that the mRNA technology in the majority of the COVID-19 vaccines may be why we are seeing greater instances of reported adverse effects than from all previous vaccines.

She said she was concerned the moment she heard the term "warp speed"—the operation between the department of health and vaccine manufacturers to accelerate the vaccine production process—and started studying mRNA technology.

Her immediate verdict was "I was not going to get it; there was no way I was gonna let anyone inject it into my arm," she said.

Studies have shown that the spike protein on the COVID-19 virus is toxic, therefore the mRNA and DNA (AstraZeneca) vaccines that force a person's cells to make more toxic proteins are very likely to cause damage, though many media platforms have stated that the spike proteins produced by the vaccines are harmless.

Seneff's study mostly focused on the mRNA vaccines.

"The coronavirus is very good at adapting, which is why they never were able to develop a vaccine in the past," she said. Seneff, therefore, could not understand

how the technology suddenly became so skilled and was able to do something they could not do before.

Even Bill Gates, a major public figure behind the movement to vaccinate the globe for COVID-19 funded a report through the Bill and Melinda Gates Foundation stating that unprecedented vaccines like the mRNA vaccines would take 10 to 12 years to be fully tested before release.

Further, of all these unprecedented vaccines, only 2 percent would be able to pass through the clinical trials.

Bill Gates speaks onstage at the TIME100 Summit 2022 at Jazz at Lincoln Center in New York City, on June 7, 2022. (Jemal Countess/Getty Images for TIME)

Seneff's second study highlighted that although existing vaccines confer

Seneff's second study highlighted that although existing vaccines confer immunity by mimicking the natural infection process, the COVID-19 mRNA vaccines do not mimic natural infection at all.

"The messenger RNA (mRNA) [in the vaccine] is extremely ... not natural," she said.

Compared to natural mRNA that quickly degrades in the cell, the mRNA from the COVID-19 vaccines have been shown to take over two months to degrade, even though the manufacturers promised that degradation would occur in a few days.

"They were so worried about the mRNA not lasting long enough that they way overdid it, I think," Seneff said.

Unaltered mRNA injected into the body triggers immediate immune responses, particularly interferon release, that will degrade the mRNA before it can reach target cells to initiate the manufacture of spike proteins. Therefore, in order to evade these fundamental immune defenses, Moderna and Pfizer altered the mRNA's uridine molecule (a basic component of mRNA) into 1-methylpseudouridine to "dramatically reduce innate immune activation against exogenous (outside sourced) mRNA."

Natural infection with the SARS-CoV-2 virus triggers innate immune responses such as the production of interferon. Altering the structure of the vaccine mRNA allows the synthetic mRNA to persist in the body as it bypasses these fundamental immune responses. It can be argued that the vaccine's version of the spike protein is not the same as the native one.

Further, to make the mRNA more stable, Moderna and Pfizer changed the chemical bases that make up the strand of RNA. The original RNA strand in the virus is made up of 36 percent of guanine (G) and cytosine (C).

mRNA low in G and C bases are less stable and degradable; Pfizer and Moderna's mRNA vaccines had this percentage raised to 53 percent and 61 respectively.

Previous experiments showed that genes that had higher G and C content were more likely to be read and their information made into proteins. Having a high G content also increases the speed at which the gene is read, but faster reading also means more likelihood of errors, and a higher likelihood of misfolding.

This potentially means that not only will this instruction remain in the cell for

This potentially means that not only will this instruction remain in the cell for longer for its information to be made into protein, cells will also preferentially express information from the vaccine mRNA.

"The increasing evidence [is] that the vaccines do little to control disease spread and that their effectiveness wanes over time," Seneff's study read. "SARS-CoV-2 modified spike protein mRNA vaccinations have biological impacts is without question."

Papers Refused 'As Soon as the Word Prion Is Mentioned'

It should be noted that many of Seneff's studies are her own speculations that have not been proven although they have been rigorously peer-reviewed.

It has been difficult for her to develop a solid case, as very few studies examine the negative implications of COVID-19 vaccines. For Seneff and her colleagues, who write papers that tell an alternative story, it has been difficult to find a journal to publish their work.

Dr. Jean-Claude Perez, the co-author of Prof. Luc Montagnier's study on 26 CJD cases, told The Epoch Times via email that it was very difficult to publish his previous study with Montagnier and Dr. Valère Lounnas in reputable neurology journals.

That study found that Omicron is the only COVID-19 variant that does not contain a prion region, and despite receiving consent from all participants in the study, reputable journals cited ethical constraints as a major barrier to publication.

The authors considered publishing their research in smaller journals, but then fewer people would read it.

The authors therefore chose to publish their work as a pre-print which has fewer constraints, and although findings published in this way are generally less trusted, a wider range of people can be reached.

"But even certain types of preprints that we will not mention refuse such articles as soon as the word prion is pronounced there, such was the case for our article," Perez wrote.

Seneff also experienced rejection of her work on spike proteins; both she and

Seneff also experienced rejection of her work on spike proteins; both she and Montagnier have had their expertise in the matter questioned by the media and other members of the scientific community.

Linda said that Douglas and she decided to go public with his story as they want to raise awareness about the possible dangers of the COVID-19 vaccines.

“Douglas, pretty much knows he’s gonna die from this … and that’s a terrible thing that happened to a 53-year-old man,” she said.

“If anybody could hear this story, because … the regular news media does not cover this at all.”

Seneff encourages other people affected to report the adverse event to VAERS and investigate and confirm if it may be linked to the COVID-19 vaccines.

Asked about a cure, Seneff says she doesn’t know of any cures but some of her friends have been using herbal medications to treat long COVID-19 symptoms seen in vaccine-injured patients to see if such treatments could be efficacious.

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