

MRNA & Why It Matters



TOM RENZ
AUG 19, 2023

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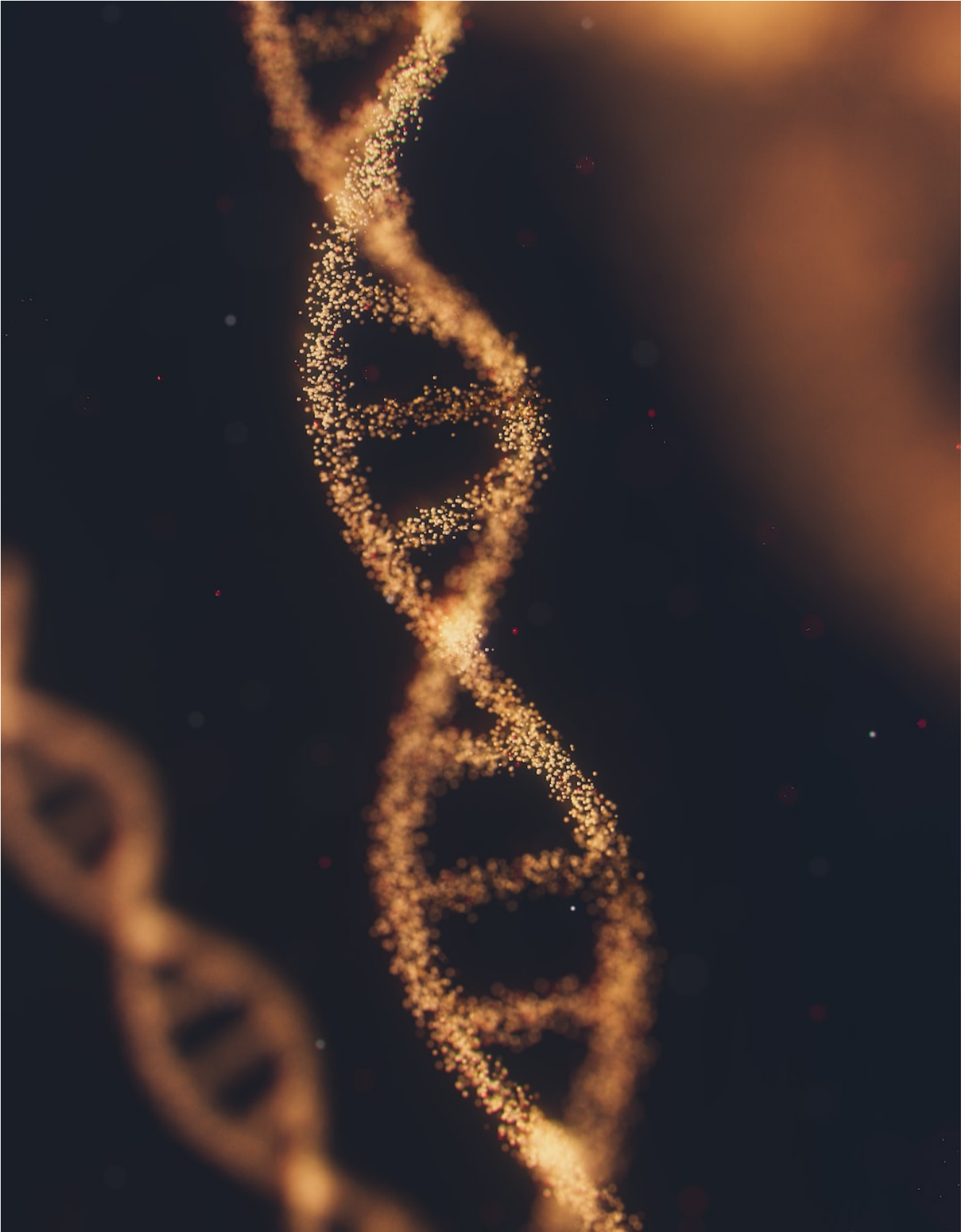


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This article is pretty science heavy so at this point I also want to acknowledge two additional points. First, I am not a Peter McCullough/Harvey Risch type scientist. I am a lawyer with some science background. That means that I am not the guy that will be creating science, but to do my job as an attorney litigating in this area I have to be able to read and understand the science. I do those things quite well. Second, the information in this article is based simply on reading and understanding the science. There is nothing here I've created - I just know how to read.

Disclaimers aside, I want to open this article with a confession. This article was titled using the acronym mRNA but that was intentionally misleading. For purposes of this article - mRNA actually stands for modRNA which is different from mRNA. mRNA is messenger RNA and is found all over in life. modRNA is laboratory modified RNA that has been synthetically created for a purpose. It can be more durable, and have substantially greater impact than a true mRNA and can do many other things.

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Why does this matter? Well let's start with the COVID "vaccines". Because mRNA is a weak particle and breaks down easily with a relatively lower risk of messing with your genetics than other gene therapy products (like modRNA) that is what is always talked about in the jabs. The problem is that it is a lie. Here is the FDA label for the Pfizer jab:

BIONTECH

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany



Manufactured by
Pfizer Inc., New York, NY 10017
LAB-1450-31.0

Revised: 22 December 2022

END SHORT VERSION FACT SHEET

Long Version (Full EUA Prescribing Information) Begins On Next Page

- ¹ Certain kinds of immunocompromise refers to individuals who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.
- ² When prepared according to their respective instructions for use, the FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine for individuals 12 years of age and older can be used interchangeably without presenting any safety or effectiveness concerns.
- ³ Notwithstanding the age limitations for use of the different formulations and presentations described above, individuals who will turn from 11 years to 12 years of age between doses in the primary regimen may receive, for any dose in the primary regimen, either: (1) the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 5 through 11 years of age (each 0.2 mL dose containing 10 mcg modRNA, supplied in multiple dose vials with orange caps); or (2) COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 12 years of age and older (each 0.3 mL dose containing 30 mcg modRNA, supplied in multiple dose vials with gray caps and multiple dose vials with purple caps).
- ⁴ Vaccination providers administering COMIRNATY (COVID-19 Vaccine, mRNA) must adhere to the same reporting requirements.

FULL EMERGENCY USE AUTHORIZATION (EUA) PRESCRIBING INFORMATION PFIZER-BIONTECH COVID-19 VACCINE

FULL EMERGENCY USE AUTHORIZATION PRESCRIBING INFORMATION: CONTENTS*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. AUTHORIZED USE 2. DOSAGE AND ADMINISTRATION <ol style="list-style-type: none"> 2.1 Preparation for Administration 2.2 Administration Information 2.3 Vaccination Schedule 3. DOSAGE FORMS AND STRENGTHS 4. CONTRAINDICATIONS 5. WARNINGS AND PRECAUTIONS <ol style="list-style-type: none"> 5.1 Management of Acute Allergic Reactions 5.2 Myocarditis and Pericarditis 5.3 Syncope | <ol style="list-style-type: none"> 11. USE IN SPECIFIC POPULATIONS <ol style="list-style-type: none"> 11.1 Pregnancy 11.2 Lactation 11.3 Pediatric Use 11.4 Geriatric Use 11.5 Use in Immunocompromised 13. DESCRIPTION 14. CLINICAL PHARMACOLOGY <ol style="list-style-type: none"> 14.1 Mechanism of Action 18. CLINICAL TRIAL RESULTS AND SUPPORTING DATA FOR EUA <ol style="list-style-type: none"> 18.1 Efficacy of Primary Series in Participants 16 Years of Age and Older 18.2 Efficacy of Primary Series in Adolescents 12 Through 15 Years of Age 18.3 Immunogenicity of Primary Series in Adolescents 12 Through 15 Years of Age |
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You can find the entire label here: <https://labeling.pfizer.com/ShowLabeling.aspx?id=14471>. Note that different vials are different (denoted by the cap color) but also, under number 3, that one of the ingredients is modRNA. No one is talking about this but it is crucial.

The human body is built on instructions carried in our genes. Here is a great summary of this info from NIH found here - <https://www.ncbi.nlm.nih.gov/books/NBK21134/>:

Life as we know it is specified by the **genomes** of the myriad organisms with which we share the planet. Every organism possesses a genome that contains the **biological information** needed to construct and maintain a living example of that organism. Most genomes, including the human genome and those of all other cellular life forms, are made of **DNA** (deoxyribonucleic acid) but a few viruses have **RNA** (ribonucleic acid) genomes. **DNA** and **RNA** are polymeric molecules made up of chains of monomeric subunits called **nucleotides**.

To give you an idea of how complicated the genes that make up our body are this description from the same webpage follows:

The human genome, which is typical of the genomes of all multicellular animals, consists of two distinct parts (Figure 1.1):

*The **nuclear genome** comprises approximately 3 200 000 000 nucleotides of DNA, divided into 24 linear molecules, the shortest 50 000 000 nucleotides in length and the longest 260 000 000 nucleotides, each contained in a different chromosome. These 24 chromosomes consist of 22 autosomes and the two sex chromosomes, X and Y.

*The **mitochondrial genome** is a circular DNA molecule of 16 569 nucleotides, multiple copies of which are located in the energy-generating organelles called mitochondria.

*Each of the approximately 10^{13} cells in the adult human body has its own copy or copies of the genome, the only exceptions being those few cell types, such as red blood cells, that lack a nucleus in their fully differentiated state. The vast majority of cells are **diploid** and so have two copies of each autosome, plus two sex chromosomes, XX for females or XY for males - 46 chromosomes in all. These are called **somatic cells**, in contrast to **sex cells** or **gametes**, which are **haploid** and have just 23 chromosomes, comprising one of each autosome and one sex chromosome. Both types of cell have about 8000 copies of the mitochondrial genome, 10 or so in each mitochondrion.

So think about how complex that makes us. The nuclear genome contains 3.2 billion nucleotides & the mitochondrial genome contains 16.5k. Each of these were designed by God and have evolved over the millennia to work as a singular machine. Now imagine a watch. The watch tells perfect time because a bunch of tiny gears all work perfectly together to move the hands the appropriate amount to point to the proper minutes and seconds. If one of these gears becomes damaged or the wrong size gear is put into place the entire watch would go haywire and fail to work. A watch may have hundreds of parts - our bodies have billions.

With that in mind let's talk about modRNA (or worse - saRNA). Rather than taking my word for what this is let me share this explanation from Pfizer you can find at <https://www.pfizer.com/science/innovation/mrna-technology> until they change it (which will likely happen shortly after I publish this):

The screenshot shows the Pfizer website's Science section. It features a navigation menu with 'Science' highlighted. Below the menu is a table of contents with seven questions and expandable/collapsible icons (+/-). The questions are: 'What does mRNA stand for?', 'What are the origins and history of mRNA technology?', 'How does mRNA work?', 'How is mRNA related to DNA?', 'What mRNA vaccines exist?', 'How is mRNA revolutionizing the development of new vaccines and treatments?', and 'What formats of mRNA does Pfizer use?'. The first six questions are expanded, showing their respective text. The last question is collapsed.

What does mRNA stand for?	+
What are the origins and history of mRNA technology?	+
How does mRNA work?	+
How is mRNA related to DNA?	+
What mRNA vaccines exist?	+
How is mRNA revolutionizing the development of new vaccines and treatments?	+
What formats of mRNA does Pfizer use?	-

Nucleoside-modified messenger RNA (modRNA): Our first approved mRNA vaccine, the Pfizer-BioNTech COVID-19 vaccine, utilizes modRNA. modRNA stands for nucleoside-modified messenger RNA and in the synthesis of the RNA used in this vaccine platform, some nucleosides, which are important biological molecules that constitute DNA and RNA, are replaced by modified nucleosides to help enhance immune evasion and protein production. modRNA instructs our cells to produce desired proteins. We are also leveraging modRNA in our investigational flu and shingles vaccines.

Self-amplifying mRNA (saRNA): saRNA is a platform that uses a much larger molecule because not only does it encode the antigen of interest, but four additional proteins. These extra proteins allow the cell to make more copies of the mRNA, resulting in more protein being expressed from a smaller dose. Pfizer is exploring, testing, and refining multiple constructs in order to advance saRNA technology, currently for its flu program.

So Pfizer's modRNA and saRNA vaccines modify the nucleosides that make up the genes that make up our body. Now consider this:


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50 million lines

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What has 3300 billion lines of code? **The human genome**, which was first mapped in 2003, contains the equivalent of 3,300 billion lines of code.

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Windows 10 apparently has 50 million lines of code. Windows 11 has 60-100 million lines of code. Google has 2 billion lines of code. Each of these have more bugs in them than I can fathom as demonstrated by the fact that everyone that uses a computer spends half their time swearing at it. If we cannot make 50 million lines of codes work right why in the hell would we think we can insert random code into a product 3300 billion lines of code - many of which we do not fully understand - and not have problems?

Understand that, at core, mRNA, modRNA, saRNA, etc. - these are all gene therapies and all about genetic manipulation. To suggest that this is high risk is an understatement. We have no idea what we are doing and yet we continue forward trying to control these genes.

I want to apologize but I do not want there to be any doubt that modRNA is all about gene editing so I have to point to some ugly “sciency” stuff. Let me start with this

abstract from an article titled “Genome Engineering for Stem Cell Transplantation” you can find at <https://doi.org/10.6002/ect.mesot2018.l34> (link to the full article is there as well). Here it is:

To avoid the ethical issues of embryonic stem cells, genome engineering has focused on inducible pluripotent stem cells, which can develop into all 3 germ layers. The ability to detect methylation patterns in these cells allows research into pluripotency markers. The recently developed CRISPR system has allowed widespread application of genome engineering techniques. The CRISPR-Cas9 system, a potent system for genome editing, can be used for gene knockout or knock-in genome manipulations through substitution of a target genetic sequence with a desired donor sequence. Two types of genome engineering can be initiated: homologous or nonhomologous DNA repair by the Cas9 nuclease. Delivery of the CRISPR-Cas9 and target donor vectors in human pluripotent stem cells can be accomplished via viral and nonviral delivery methods. Nonviral delivery includes lipid-mediated transfection and electroporation. It has become the most common and efficient in vitro delivery method for human pluripotent stem cells. The CRISPR-Cas9 system can be combined with inducible pluripotent stem cells to generate single or multiple gene knockouts, correct mutations, or insert reporter transgenes. Knockouts can also be utilized to investigate epigenetic roles and targets, such as investigation of DNA methylation. CRISPR could be combined with human pluripotent stem cells to explore genetic determinants of lineage choice, differentiation, and stem cell fate, allowing investigators to study how various genes or noncoding elements contribute to specific processes and pathways. The CRISPR-Cas9 system can also be used to create null or nucleasedead Cas9, which has no enzymatic activity but has been utilized through fusion with other functional protein domains. In conclusion, RNA-guided genome targeting will have broad implications for synthetic biology, direct perturbation of gene networks, and targeted ex vivo and in vivo gene therapy.

For those of you that are human and think this looks like hieroglyphics let me explain why it matters. This is all about using genetic modification of stem cells with various types of gene therapy. The discussion about delivery methods, what they want to do with DNA, and the use of RNA are all related to modifying human genetics. At some point this may become safe and effective but at present it is not even close. Further, note that

the way this article talks about “RNA-guided genome targeting” and gene therapy meaning there is acknowledgement that all that we are seeing stems from the goal of controlling the human genome.

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Since the time of that 2019 article, “science” has advanced. We now have several years of modRNA experimentation on billions of people around the world via the COVID vaccines and the direction of this work has continued to evolve. In 2022 an article was published titled “Robust genome editing via modRNA-based Cas9 or base editor in human pluripotent stem cells” that focused again on modifying our genetics using modRNA. That article, found at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9499999/>, has the following summary:

CRISPR systems have revolutionized biomedical research because they offer an unprecedented opportunity for genome editing. However, a bottleneck of applying CRISPR systems in human pluripotent stem cells (hPSCs) is how to deliver CRISPR effectors easily and efficiently. Here, we developed modified mRNA (modRNA)-based CRISPR systems that utilized Cas9 and p53DD or a base editor (ABE8e) modRNA for the purposes of knocking out genes in hPSCs via simple lipid-based transfection. ABE8e modRNA was employed to disrupt the splice donor site, resulting in defective splicing of the target transcript and ultimately leading to gene knockout. Using our modRNA CRISPR systems, we achieved $73.3\% \pm 11.2\%$ and $69.6 \pm 3.8\%$ knockout efficiency with Cas9 plus p53DD modRNA and ABE8e modRNA, respectively, which was significantly higher than the plasmid-based systems. In summary, we demonstrate that our non-integrating modRNA-based CRISPR methods hold great promise as more efficient and accessible techniques for genome editing of hPSCs.

In English, this essentially describes how effective and efficient modRNA is at genome editing. Remember, all the COVID vaccines are gene therapy products and none are using natural mRNA. Instead each of these are toying with those 3300 billion lines of code that make humans work and we are just hoping that there are no unintended consequences.

I know this is complex and that there is a lot to consider but let me state this. The biochemical modifications that have been done to RNA have altered it substantially. These alterations were done for the purpose of allowing the use of these various RNA technologies to modify the human genome. In light of the complexity of the human genome we not only have no idea of the consequences I do not believe we can truly state what changes will ultimately be permanent and which will be temporary.

Further, the “progress” in RNA tech has not only gone towards creating more effective methods of altering the makeup of humanity, it has also gone towards ensuring these gene therapies were more robust and lasted longer. While much of that discussion will be for another article, that is precisely the reason that they can now create foods that deliver gene therapy “vaccines” to people as well as other things (mosquitoes, aerosols, topicals, etc.).

The info above is quite clear. My research has been extensive and only a very small part of it is included here because most of the documents are so technical that they are nonsensical to people not used to reading them. That said, I challenge anyone to argue with what is here.

Our genomes are ours. These monsters are dead set on remaking humanity in an image that is not God's and in doing so without people even knowing it's happening - let alone consenting. I am not okay with this and while I understand that this may not make for a great talking point for our politicians on FOX it is foundational to humanity. The combination of the complexity of the topic and the bought off politicians makes this topic something many are afraid of but if we don't deal with it we may just end up being remade into something we do not recognize.

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Woodrow F Dick, Jr Writes nothing of any consequence Aug 19

In a world where NO ONE has the right to TOUCH another person's genitals without their consent, it should be obvious that no one has the right to MODIFY another person's genetics without their (informed) consent. The people doing this are cold-blooded monsters who will STOP AT NOTHING. Until we get rid of them, we will be living in mortal danger every minute of every day.

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1 reply by Tom Renz



Robert J. Gargas Aug 19

"Each of these were designed by God and have evolved over the millennia to work as a singular machine.

"Now imagine a watch. ..."

Well explained. To preserve our humanity we must not allow tyranny to pollute our God given and parent created human DNA.

The poison of modRNA, asRNA, and mRNA gene therapy as has been developed and labeled as a bio-weapon must not be allowed to enter our bodies in order to preserve the Human species and God's Creation a human being (made on God's image)!

Just as we cherish the miracle of birth, let us protect and cherish the miracle of Life. We must protect against the destruction of our DNA.

Thank you Tom Renz for this excellent article and understandable explanation.

Robert J. Gargas

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2 replies by Tom Renz and others

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