

From: [CEO](#)
Subject: ToPH resolution - COVID-19 vaccines
Date: Friday, 8 November 2024 2:38:41 PM
Attachments: [image002.jpg](#)
[image001.jpg](#)
[20241023 Letter - Australian Local Governments - ToPH Resolution.pdf](#)
[Attachment 4 - Letter to Australian Local Government.pdf](#)
[Attachment 1 - SCM Minutes.pdf](#)
[Exhibit 1 - DNA Contamination Report by Dr. David Speicher PhD.pdf](#)
[Exhibit 2 - The Hon Russell Broadbent MP - Letter to Prime Minister - Dated 20.09.24.pdf](#)
[Exhibit 3 - The Hon Russell Broadbent MP - Follow-Up Letter to Prime Minister & Science Summary - Dated 25.09.24.pdf](#)
[Attachment 2 - Letter to the Australian Prime Minister.pdf](#)

You don't often get email from ceo@porthedland.wa.gov.au. [Learn why this is important](#)

Good morning,

Please find correspondence attached.

Regards

Carl

Carl Askew
Chief Executive Officer
PO Box 41 Port Hedland WA 6721
(08) 9158 9313

ceo@porthedland.wa.gov.au
www.porthedland.wa.gov.au
www.facebook.com/townofporthedland

-

The Town of Port Hedland would like to acknowledge the Kariyarra, Ngarla, and Nyamal people as the Traditional Custodians of the Town of Port Hedland lands. We recognise their strength and resilience and pay our respects to their Elders past and present.

Dear Mayors, Deputy Mayors and Councillors

TOWN OF PORT HEDLAND COUNCIL RESOLUTION – COVID-19 VACCINES

At a Special Council Meeting on Friday 11 October 2024 the Town of Port Hedland Council resolved to deliver correspondence and information to all Australian Local Government Authorities.

Please find this attached:

- Letter to Australian Local Governments
- Copy of the Town of Port Hedland Council resolution
- Report from Dr David J. Speicher
- Letters from Hon Russell Broadbent MP to Prime Minister Anthony Albanese
- Letter to Prime Minister of Australia

Please note, the Therapeutic Goods Administration has since [provided advice](#) related to the information provided with this letter, and its confirmation of the safety of COVID-19 vaccines.



Carl Askew

Chief Executive Officer

22/10/2024

Town of Port Hedland Office

Civic Centre, McGregor Street, Port Hedland, WA 6721

PO Box 41, Port Hedland

T: (08) 9158 9300 | F: (08) 9158 9399

E: council@porthedland.wa.gov.au

www.porthedland.wa.gov.au

8 Notice of Motion

8.1.1	Cr Adrian McRae Notice of Motion
--------------	---

Authorising Officer: Chief Executive Officer

Disclosure of Interest: The Author and Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

NOTICE OF MOTION

That Council:

1. Acknowledges Exhibits and Findings, as per Attachments:

- (a) Exhibit 1: The Report by Dr. David Speicher**
- (b) Exhibit 2: The letter by The Honorable Russell Broadbent MP, Federal Member for Monash, dated 20 September 2024**
- (c) Exhibit 3: The follow-up letter by The Honorable Russell Broadbent MP, Federal Member for Monash, dated 25 September 2024**

2. In light of the information contained in Exhibits 1, 2, and 3, ToPH Council undertakes the following actions:

(A) That Council forthwith deliver the letter seen at Annexure 1 to the Prime Minister, or a version substantially resembling Annexure 1, endorsing the letters of The Honorable Russell Broadbent MP dated 20 and 25 September 2024, in which Council repeats the call for an immediate suspension of the Pfizer and Moderna COVID-19 products under the same terms as expressed by Mr. Broadbent.

(B) That Council forthwith circulates to all registered health practitioners and medical clinics operating within the Port Hedland Local Government Area a copy of the letter appearing at Annexure 2, or a version substantially resembling Annexure 2.

This letter will inform all local health practitioners of the report by Dr. Speicher and the findings of the Science Summary attached to Mr. Broadbent's letter of 25 September 2024. The Council strongly urges practitioners to share this information with patients contemplating receiving any Pfizer or Moderna COVID-19 vaccines. The goal is to ensure patients can provide legally valid informed consent. Copies of the letters from Mr. Broadbent MP and Town of Port Hedland to the Prime Minister will be attached.

(C) That Council forthwith circulate to all other Australian Local Government Councils and Shires a copy of the letter appearing at Annexure 3, or a version substantially resembling Annexure 3.

This letter will inform all Councils and Shires about the findings of Dr. Speicher's report and the Science Summary, urging them to share the information with health practitioners and clinics in their areas to facilitate informed consent for their residents.

The letter will attach the letters from Mr. Broadbent MP and the Council's letter to the Prime Minister, urging all other Australian Local Government Councils and Shires to consider sending similar correspondence to the Prime Minister.

- (D) That the CEO of Town of Port Hedland and their delegates be required to contact the Department of Health, Western Australia, and formally present Dr. Speicher's report, the letters from Mr. Broadbent MP, and the Council's letter to the Prime Minister, using copy of the letter appearing at Annexure 4, or a version substantially resembling Annexure 4.**

The Council requests a public response and advice on steps the Department recommends for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

- (E) That the CEO and their delegates be required to contact the Minister for Health of Western Australia, Amber-Jade Sanderson, to formally present Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 5, or a version substantially resembling Annexure 5.**

The Council seek the Minister's public response and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

- (F) The CEO and their delegates contact the Commonwealth Department of Health and Aged Care, specifically Deputy Health Secretary Professor Lawler and Health Secretary Blair Comley, presenting Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 6, or a version substantially resembling Annexure 6.**

The Council request a formal and public response from both officials, and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

(G) The CEO and their delegates contact the Commonwealth Minister for Health and Aged Care, Mark Butler, presenting Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 7, or a version substantially resembling Annexure 7.

The Council request a formal and public response from Minister Butler, and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

SIMPLE MAJORITY VOTE REQUIRED

AMENDMENT MOTION 1

MOVED: Cr Adrian McRae

SECONDED: Cr Camilo Blanco

That Council:

- 1. Include in annexures 1, 4, 5, 6 and 7 the following paragraphs below paragraph three;**

It has become increasingly clear that the testing methods employed by the Therapeutic Goods Administration (TGA) have failed to adequately address the risks posed by synthetic DNA contamination in Pfizer and Moderna vaccines. The TGA's reliance on outdated guidelines such as ICH Q2(R2), which do not account for the unique nature of modRNA platforms, has resulted in significant shortcomings. These guidelines were arbitrarily cited by the TGA to dismiss findings by scientists like Dr. Speicher, rather than embracing the necessary new scientific approaches to detect synthetic DNA in these products.

Notably, the TGA has been using testing methodologies—as documented in TGA FOI 5286—that only target a small segment of the plasmid DNA, failing to detect the bulk of the contamination, particularly those fragments under 200 base pairs where the highest risk lies. Alarming, Moderna, through its own patent filings, had specifically warned about the inadequacy of such testing methods for detecting residual DNA, especially DNA encapsulated in lipid nanoparticles (LNPs). Despite this warning, the TGA has relied on these insufficient methods, which grossly under-detect the true extent of contamination. Moderna's patents also highlighted the risks of insertional mutagenesis and carcinogenesis, yet these serious risks remain inadequately addressed by the TGA's current testing practices.

Further, despite prior warnings and international scrutiny, the TGA has not conducted proper tests to detect LNP-encapsulated DNA nor performed thorough investigations into the risks of DNA integration into human cells. This raises serious concerns about the TGA's capacity to protect the public from the known dangers of synthetic DNA contamination.

The only way to begin remedying this situation is for the TGA to acknowledge these failures and to urgently conduct comprehensive testing, in line with new scientific methods, to either confirm or disprove the findings of Dr. Speicher and other eminent scientists. Immediate action in the lab is necessary to prevent further harm.

2. Include in annexures 2 and 3 the following paragraph below paragraph 5;

In the attached letter to the Prime Minister, we have raised serious concerns regarding potential failings in the Therapeutic Goods Administration's (TGA) testing protocols, which may not have adequately detected synthetic DNA contamination in the Pfizer and Moderna vaccines. We encourage you to review this information closely, as it may have implications for the safety of your patients considering these vaccines.

CARRIED BY SIMPLE MAJORITY(5/2)

For: Deputy Mayor Ash Christensen, Cr Sven Arentz, Cr Camilo Blanco, Cr Lorraine Butson, Cr Adrian McRae.

Against: Mayor Peter Carter, Cr Ambika Rebello

AMENDMENT MOTION 2

MOVED: Deputy Mayor Christensen SECONDED: Cr Camilo Blanco

That Council seek permission from the author, Professor Dalglish, of the video presented to the Council on 11 October and subject to that permission provide a copy with the Minutes of the Meeting.

CARRIED BY SIMPLE MAJORITY(7/0)

For: Mayor Peter Carter, Deputy Mayor Ash Christensen, Cr Sven Arentz, Cr Camilo Blanco, Cr Lorraine Butson, Cr Adrian McRae and Cr Ambika Rebello.

AMENDED SUBSTANTIVE MOTION**MOVED: Cr Adrian McRae SECONDED: Cr Camilo Blanco****That Council:****1. Acknowledges Exhibits and Findings, as per Attachments:****(a) Exhibit 1: The Report by Dr. David Speicher****(b) Exhibit 2: The letter by The Honourable Russell Broadbent MP, Federal Member for Monash, dated 20 September 2024****(c) Exhibit 3: The follow-up letter by The Honourable Russell Broadbent MP, Federal Member for Monash, dated 25 September 2024****2. In light of the information contained in Exhibits 1, 2, and 3, ToPH Council undertakes the following actions:****(A) That Council forthwith deliver the letter seen at Annexure 1 to the Prime Minister, or a version substantially resembling Annexure 1, endorsing the letters of The Honourable Russell Broadbent MP dated 20 and 25 September 2024, in which Council repeats the call for an immediate suspension of the Pfizer and Moderna COVID-19 products under the same terms as expressed by Mr. Broadbent.****(B) That Council forthwith circulates to all registered health practitioners and medical clinics operating within the Port Hedland Local Government Area a copy of the letter appearing at Annexure 2, or a version substantially resembling Annexure 2.**

This letter will inform all local health practitioners of the report by Dr. Speicher and the findings of the Science Summary attached to Mr. Broadbent's letter of 25 September 2024. The Council strongly urges practitioners to share this information with patients contemplating receiving any Pfizer or Moderna COVID-19 vaccines. The goal is to ensure patients can provide legally valid informed consent. Copies of the letters from Mr. Broadbent MP and Town of Port Hedland to the Prime Minister will be attached.

(C) That Council forthwith circulate to all other Australian Local Government Councils and Shires a copy of the letter appearing at Annexure 3, or a version substantially resembling Annexure 3. This letter will inform all Councils and Shires about the findings of Dr. Speicher's report and the Science Summary, urging them to share the information with health practitioners and clinics in their areas to facilitate informed consent for their residents.

The letter will attach the letters from Mr. Broadbent MP and the Council's letter to the Prime Minister, urging all other Australian Local Government Councils and Shires to consider sending similar correspondence to the Prime Minister.

(D) That the CEO of Town of Port Hedland and their delegates be required to contact the Department of Health, Western Australia, and formally present Dr. Speicher's report, the letters from Mr. Broadbent MP, and the

Council's letter to the Prime Minister, using copy of the letter appearing at Annexure 4, or a version substantially resembling Annexure 4.

The Council requests a public response and advice on steps the Department recommends for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

(E) That the CEO and their delegates be required to contact the Minister for Health of Western Australia, Amber-Jade Sanderson, to formally present Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 5, or a version substantially resembling Annexure 5.

The Council seek the Minister's public response and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

(F) The CEO and their delegates contact the Commonwealth Department of Health and Aged Care, specifically Deputy Health Secretary Professor Lawler and Health Secretary Blair Comley, presenting Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 6, or a version substantially resembling Annexure 6.

The Council request a formal and public response from both officials, and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

(G) The CEO and their delegates contact the Commonwealth Minister for Health and Aged Care, Mark Butler, presenting Dr. Speicher's report, the letters from Mr. Broadbent MP, Council's letter to the Prime Minister, and Council's letter to all Australian Local Government Councils and Shires, using copy of the letter appearing at Annexure 7, or a version substantially resembling Annexure 7.

The Council request a formal and public response from Minister Butler, and recommended actions for patients contemplating the receipt of any further Covid-19 vaccines by Pfizer and Moderna, and advice on steps for public health and advice for medical practitioners.

3. Include in annexures 1, 4, 5, 6 and 7 the following paragraphs below paragraph three;

It has become increasingly clear that the testing methods employed by the Therapeutic Goods Administration (TGA) have failed to adequately address the risks posed by synthetic DNA contamination in Pfizer and Moderna vaccines. The TGA's reliance on outdated guidelines such as ICH Q2(R2), which do not account for the unique nature of modRNA platforms, has resulted in significant shortcomings. These guidelines were arbitrarily cited by the TGA to dismiss findings by scientists like Dr. Speicher, rather than embracing the necessary new scientific approaches to detect synthetic DNA in these products.

Notably, the TGA has been using testing methodologies—as documented in TGA FOI 5286—that only target a small segment of the plasmid DNA, failing to detect the bulk of the contamination, particularly those fragments under 200 base pairs where the highest risk lies. Alarming, Moderna, through its own patent filings, had specifically warned about the inadequacy of such testing methods for detecting residual DNA, especially DNA encapsulated in lipid nanoparticles (LNPs). Despite this warning, the TGA has relied on these insufficient methods, which grossly under-detect the true extent of contamination. Moderna's patents also highlighted the risks of insertional mutagenesis and carcinogenesis, yet these serious risks remain inadequately addressed by the TGA's current testing practices.

Further, despite prior warnings and international scrutiny, the TGA has not conducted proper tests to detect LNP-encapsulated DNA nor performed thorough investigations into the risks of DNA integration into human cells. This raises serious concerns about the TGA's capacity to protect the public from the known dangers of synthetic DNA contamination.

The only way to begin remedying this situation is for the TGA to acknowledge these failures and to urgently conduct comprehensive testing, in line with new scientific methods, to either confirm or disprove the findings of Dr. Speicher and other eminent scientists. Immediate action in the lab is necessary to prevent further harm.

4. Include in annexures 2 and 3 the following paragraph below paragraph 5;

In the attached letter to the Prime Minister, we have raised serious concerns regarding potential failings in the Therapeutic Goods Administration's (TGA) testing protocols, which may not have adequately detected synthetic DNA contamination in the Pfizer and Moderna vaccines. We encourage you to review this information closely, as it may have implications for the safety of your patients considering these vaccines.

5. That Council seek permission from the author, Professor Dalglish, of the video presented to the Council on 11 October 2024 and subject to that permission provide a copy with the Minutes of the Meeting.

CARRIED BY SIMPLE MAJORITY (5/2)

For: Deputy Mayor Ash Christensen, Cr Sven Arentz, Cr Camilo Blanco, Cr Lorraine Butson, Cr Adrian McRae.

Against: Mayor Peter Carter, Cr Ambika Rebello

DETAIL

A notice requesting a Special Council Meeting of the Council dated 7 October 2024 was received from Councillors McRae, Blanco and Butson on Tuesday 8 October 2024 (attachment 1). The purpose of the meeting is to consider Councillor McRae's notice of motion and supporting attachments (attachment 2).

LEVEL OF SIGNIFICANCE

In accordance with Policy 4/009 'Significant Decision Making', this matter is considered to be of low, because: N/A.

CONSULTATION*Internal*

- Circulated to the Council via email.

External Agencies

- Nil

Community

- Nil

LEGISLATION AND POLICY CONSIDERATIONS

- Nil

FINANCE AND RESOURCE IMPLICATIONS

- There is a financial implication in the cost of staffing a Special Council Meeting and resourcing of the administration of the motion if it becomes a decision of the Council.

STRATEGIC SUSTAINABILITY IMPLICATIONS

The following sections of the Town's *Strategic Community Plan 2022-2032* are applicable in the consideration of this item:

Nil

There are no significant identifiable environmental, social or economic impacts relating to this item

Access and Inclusion

The following outcomes of the Town's *Access and Inclusion Plan 2023-2026* apply in relation to this item:

Nil

Corporate Business Plan

The following action of the Town's *Corporate Business Plan 2023-2027* apply in relation to this item:

Council Support - Provide high standards of professional support and expert advice to the Council.

RISK MANAGEMENT CONSIDERATIONS

Risk Type	Strategic
Risk Category	Reputational
Cause	Impacted State and Federal Government relationships.
Effect (Consequence)	Widespread loss of key stakeholder trust, high widespread multiple media profile, third party actions.
Risk Treatment	<p>Council resolving not to take the actions outlined in this report.</p> <p>OR</p> <p>Correspondence is authored by Town of Port Hedland Elected Members and/or Mayor.</p>
<p>There is a Strategic risk associated with this item caused by the likelihood of impacted State and Federal Government relationships, leading to a widespread loss of key stakeholder trust, high widespread media profile and actions by third parties.</p> <p>The risk rating is considered to be Extreme (25) which is determined by a likelihood of Almost Certain (5) and a consequence of Catastrophic (5).</p> <p>The risk will be avoided by the Council resolving not to take the actions outlined in this report.</p> <p>OR</p> <p>The risk will be mitigated by the correspondence being authored by Town of Port Hedland Elected Members and/or the Mayor.</p>	

Risk Type	Strategic
Risk Category	Financial
Cause	Impacted State and Federal Government relationships
Effect (Consequence)	Loss of secured Government funding and low likelihood of future Government funding to the value of more than \$10 million.

Risk Treatment	Council resolving not to take the actions outlined in this report.
<p>There is a Strategic risk associated with this item caused by impacted State and Federal Government relationships, leading to the loss of secured Government funding and low likelihood of future Government funding to the value of more than \$10 million.</p> <p>The risk rating is considered to be Extreme (20) which is determined by a likelihood of Likely (4) and a consequence of Catastrophic (5).</p> <p>The risk will be avoided by the Council resolving not to take the actions outlined in this report.</p>	

OPTIONS

- Option 1 – Adopt Councillor’s motion
- Option 2 – Amend Councillor’s motion
- Option 3 – Do not adopt Councillor’s motion

CONCLUSION

Councillor McRae’s motion and a consideration of financial implications and risks is presented to the Council for consideration.

ATTACHMENTS

1. REQUEST FOR To PH SPECIAL COUNCIL MEETING [**8.1.1.1** - 1 page]
2. Town of Port Hedland - Special Council Meeting - SUBSTANTIVE MOTION on DNA Contamination - 3 pages [**8.1.1.2** - 3 pages]
3. Exhibit 1 - DNA Contamination Report by Dr. David Speicher Ph D [**8.1.1.3** - 11 pages]
4. Exhibit 2 - The Hon Russell Broadbent MP - Letter to Prime Minister - Dated 20.09.24 [**8.1.1.4** - 2 pages]
5. Exhibit 3 - The Hon Russell Broadbent MP - Follow- Up Letter to Prime Minister & Science Summary - D [**8.1.1.5** - 10 pages]
6. Annexure 1 - Letter to the Australian Prime Minister [**8.1.1.6** - 2 pages]
7. Annexure 2 - Letter to Port Hedland Health Practitioners [**8.1.1.7** - 2 pages]
8. Annexure 3 - Letter to Australian Local Governments & Local Shires [**8.1.1.8** - 2 pages]
9. Annexure 4 - Letter to the WA Department of Health [**8.1.1.9** - 2 pages]
10. Annexure 5 - Letter to the WA Minister of Health [**8.1.1.10** - 1 page]
11. Annexure 6 - Letter to Commonwealth Health Secretary [**8.1.1.11** - 2 pages]
12. Annexure 7 - Letter to Commonwealth Minister for Health and Aged Care [**8.1.1.12** - 2 pages]

9 Closure

9.1 Date of Next Meeting

The next Ordinary Meeting of Council will be held on Wednesday, 30 October 2024 commencing at 5:30pm.

9.2 Closure

There being no further business, the Presiding Member declared the meeting closed at 9:30pm.

The Hon Anthony Albanese MP
Prime Minister
Parliament House
CANBERRA ACT 2600

By email: parliament@pm.gov.au

Dear Prime Minister,

Re: Urgent Request to Suspend Pfizer and Moderna COVID-19 Products Due to DNA Contamination

I write on behalf of the Town of Port Hedland to bring to your immediate attention a [report](#) by Dr. David Speicher PhD, which presents disturbing findings of synthetic DNA contamination in Pfizer and Moderna COVID-19 vaccines.

Dr. Speicher's report reveals that the contamination levels in the vaccines exceed Australia's Therapeutic Goods Administration (TGA) limit by up to 145 times, with DNA fragments capable of integrating into human cells. Alarming, the Pfizer vaccines also contain SV40 promoter-sequences, which were not disclosed to regulators, and are known to facilitate genomic integration, posing severe risks such as cancer and other long-term health consequences.

Council acknowledges [the letters](#) from the Honorable Russell Broadbent MP dated 20 September 2024 and 25 September 2024 which were co-signed by over fifty of the world's leading Doctors, Professors, Scientists and Legal Experts from Europe, North America and Australia. We extend our gratitude to Mr. Broadbent for raising awareness of Dr. Speicher's critical findings.

It has become increasingly clear that the testing methods employed by the Therapeutic Goods Administration (TGA) have failed to adequately address the risks posed by synthetic DNA contamination in Pfizer and Moderna vaccines. The TGA's reliance on outdated guidelines such as ICH Q2(R2), which do not account for the unique nature of modRNA platforms, has resulted in significant shortcomings. These guidelines were [arbitrarily cited](#) by the TGA to dismiss findings by scientists like Dr. Speicher, rather than embracing the necessary new scientific approaches to detect synthetic DNA in these products.

Notably, the TGA has been using testing methodologies—as documented in TGA [FOI 5286](#)—that only target a small segment of the plasmid DNA, failing to detect the bulk of the contamination, particularly those fragments under 200 base pairs where the highest risk lies. Alarming, Moderna, through its own [patent filings](#), had specifically warned about the inadequacy of such testing methods for detecting residual DNA, especially DNA encapsulated in lipid nanoparticles (LNPs). Despite this warning, the TGA has relied on these insufficient methods, which grossly under-detect the true extent of contamination. Moderna's patents also highlighted the risks of insertional mutagenesis and carcinogenesis, yet these serious risks remain inadequately addressed by the TGA's current testing practices.

Further, despite prior warnings and international scrutiny, the TGA has not conducted proper tests to detect LNP-encapsulated DNA nor performed thorough investigations into the risks of DNA integration into human cells. This raises serious concerns about the TGA's capacity to protect the public from the known dangers of synthetic DNA contamination.

The only way to begin remedying this situation is for the TGA to acknowledge these failures and to urgently conduct comprehensive testing, in line with new scientific methods, to either confirm or disprove the findings of Dr. Speicher and other eminent scientists. Immediate action in the lab is necessary to prevent further harm.

Furthermore, after reviewing the Science Summary attached to Mr. Broadbent's [letter](#) of 25 September 2024, the Council shares grave concerns about the adverse health impacts that could arise from this contamination, including genomic instability, cancers, and potential effects on future generations.

In light of these findings, the Town of Port Hedland joins Mr. Broadbent and the multitude of global experts in urging the immediate suspension of these vaccines and calling for a thorough investigation into how this contamination has gone undetected by our regulatory agencies.

Additionally, the Council has taken steps to inform all Australian Local Government Councils, and health practitioners in the Port Hedland area, of these findings, ensuring that patients are provided the necessary information to warrant legally valid informed consent.

We respectfully request your urgent action to protect the health and safety of all Australians by suspending the use of these vaccines and commencing an investigation without delay.

To all Mayors, Deputy Mayors, and Councillors,
Australian Local Government Councils and Shires

Dear Mayors, Deputy Mayors, and Councillors,

Re: Urgent Information Regarding DNA Contamination in COVID-19 Vaccines

I write on behalf of the Town of Port Hedland Council to bring to your immediate attention [a report](#) by Dr. David Speicher PhD, which presents disturbing findings of synthetic DNA contamination in Pfizer and Moderna COVID-19 vaccines.

Dr. Speicher's testing revealed that the contamination levels in these vaccines exceed Australia's Therapeutic Goods Administration (TGA) safety limit by up to 145 times. Furthermore, the Pfizer vaccines contain SV40 promoter-sequences, which are well known for facilitating genomic integration and amplifying cancer risk.

The Town of Port Hedland acknowledges [the letters](#) from the Honorable Russell Broadbent MP, dated 20 September and 25 September 2024, which were co-signed by over fifty of the world's leading Doctors, Professors, Scientists and Legal Experts from Europe, North America and Australia. We extend our gratitude to Mr. Broadbent for raising awareness of Dr. Speicher's critical findings.

Moreover, after reviewing the Science Summary attached to Mr. Broadbent's [letter](#) dated 25 September 2024, we are gravely concerned about the potential health risks posed by synthetic DNA contamination, including the dangers of genomic integration, cancer, hereditary defects and immune system disruption.

The Town of Port Hedland therefore joins Mr. Broadbent in calling for the immediate suspension of Pfizer and Moderna COVID-19 vaccines, and for an urgent investigation into how this contamination has gone undetected by our regulatory agencies.

We have also taken steps to inform all Australian Local Government Councils of Dr. Speicher's findings, and have communicated with health practitioners in the Port Hedland area to ensure that patients are provided with the necessary information to warrant legally valid informed consent.

In the attached letter to the Prime Minister, we have highlighted serious concerns regarding the apparent failures of the Therapeutic Goods Administration (TGA) in properly or adequately testing for synthetic DNA contamination in the Pfizer and Moderna vaccines. Despite having been clearly alerted to the inadequacy of certain testing methods and the risks posed to human health by this drug platform, the TGA has relied on insufficient methodologies. We urge you to carefully review these findings, as they reveal grave risks and shortcomings that could have a significant impact on the safety of all Australians.

We strongly encourage you to share this information with your local health practitioners and medical clinics.

We reiterate the urgent need for action to ensure the safety of all Australians. We respectfully request that your Council also seek urgent answers from the Prime Minister and join us in calling for the immediate suspension of these products and a thorough investigation into the contamination.



September 9, 2024

I have received and undertaken the testing of the three vials you delivered to me at the University of Guelph and in accordance with your letter of instruction dated May 13, 2024. Per your request, please find below the final report.

A. Executive Summary of Findings

Background: Previous work in Canada, conducted by colleagues and myself, showed that the Pfizer and Moderna COVID-19 mRNA vaccines contained residual plasmid DNA. While the DNA when quantified by quantitative PCR (qPCR) is slightly lower than the TGA limit of 10 ng/dose, when the vaccine vials were tested by fluorometry the total DNA levels greatly exceeded the regulatory limit by 7 to 145-fold. The Pfizer COVID-19 mRNA vaccines also contained an SV40 promoter-enhancer-ori that was not initially disclosed to the National Regulatory Agencies, namely the USA FDA, Health Canada the European Medicines Agency, and the Therapeutic Goods Administration (TGA) in Australia.

Objective: Ms. Ashby-Koppens provided 3 vials of COVID-19 mRNA vaccines (2 Pfizer: 1 adult monovalent, Lot# FN0565 and 1 child monovalent, Lot# FR4268; 1 Moderna child/adult monovalent; Lot# 2100695) and requested the following testing.

1. Quantitative real-time PCR for Spike, Origin of Replication (ori), and SV40 promoter-enhancer-ori DNA.
2. Fluorometry via Qubit as per the protocol in the Speicher *et al*, 2023 preprint (<https://doi.org/10.31219/osf.io/mjc97>), including using RNase A.
3. Complete the chain of custody report and schedule accompanying this letter.

Methods: In each vial the amount of spike, ori and SV40 promoter-enhancer-ori DNA was detected and quantified by qPCR. Total DNA was determined by Qubit® fluorometry directly on the vaccines and then repeated following the use of boiling to open the lipid nanoparticles and treatment with RNase A to reduce the potential cross talk from modified RNA with AccuGreen® Testing was repeated on all vials to confirm the initial results.

Results: All samples were found to contain spike and ori sequences, but only the Pfizer samples contained the SV40 promoter-enhancer-ori sequence. The Pfizer Lot# FN0565 exceeded the TGA limit of 10 ng/dose for all targets and Pfizer Lot# FR4268 exceeded the limit only for spike. The total DNA, as determined by fluorometry, exceeded the TGA limit by 7 to 145-fold.

Sample ID	Manufacturer	Lot #	Run #	Quantitative PCR			Qubit Fluorometry
				Spike (ng/dose)	Ori (ng/dose)	SV40 promoter-enhancer-ori (ng/dose)	Total DNA (ng/dose)
AP001	Pfizer	FN0565	1	163.68	12.97	9.79	494
			2	156.85	7.68	14.69	848
AP002	Pfizer	FR4268	1	76.69	1.48	3.70	108
			2	68.70	0.76	5.21	78
AM001	Moderna	2100695	1	6.46	0.76	NEGATIVE	1460
			2	8.10	0.54	NEGATIVE	1221

Conclusion: All Australian vials contain synthetic DNA that exceed the TGA limit of 10 ng/dose by fluorometry and all Pfizer vials contain the SV40 promoter-enhancer-ori sequence. Residual DNA levels tested by PCR exceeded the TGA regulatory limit for both Pfizer lots.

Full Detailed Report

B. Scientific Background

1. In October 2023, I, Dr. David J. Speicher, co-authored a preprint¹ on the high levels of residual plasmid DNA present in the Pfizer and Moderna COVID-19 modified mRNA (modRNA) vaccine. This study confirmed the earlier work of Kevin McKernan² (Medicinal Genomics) and Dr. Philip Buckhaultz³. Our October 2023 paper independently tested 27 modRNA vials, the greatest number of unopened vials of COVID-19 vaccine to date.
2. The vials for this Canadian study¹ were obtained in Canada from 12 unique lots. Spike and ori DNA sequences were detected in all Pfizer and Moderna COVID-19 modRNA vaccine vials by quantitative PCR (qPCR). The amount of residual DNA varied substantially between lots (0.28 - 4.27 ng/dose for Pfizer ori, 0.22 - 2.43 ng/dose for Pfizer spike, 0.01 - 0.34 ng/dose for Moderna ori, 0.25-0.78 ng/dose for Moderna spike) when tested by qPCR. Fluorometer based measurements (e.g., Qubit®) of the vaccines show $2,567 \pm 618$ ng/dose (range: 1,896 to 3,720 ng/dose) for Pfizer and $4,280 \pm 593$ ng/dose (range: 3,270 to 5,100 ng/dose) for Moderna suggesting a high fraction of the DNA is highly fragmented (<100bp) and unable to be detected by qPCR.
3. The Australian Therapeutic Goods Administration (TGA)⁴, USA Food and Drug Administration (FDA)⁵, and the World Health Organization (WHO)⁶ regulatory body guidelines allow up to 10 ng DNA/dose in the vaccines. These guidelines are for naked DNA fragments ≤ 200 bp and not for protected synthetic DNA inside lipid nanoparticles (LNPs). The guidelines also do not account for multiple dosing of the same vaccine or platform, the risk of regulatory sequences, integration of small DNA fragments (7bp to 200 bp), or nuclear entry/integration. As this report relates to COVID-19 vaccine vials distributed in Australia, throughout this document “the 10 ng/dose” guidelines” will be referred to as “TGA 10 ng DNA/dose Guidance”.
4. Only the Pfizer-BioNTech COVID-19 modRNA vaccines contain an SV40 enhancer-promoter-ori, which is known to promote nuclear localization and host genomic integration when fragments containing the SV40 enhancer are inserted cytoplasmically.⁷
5. A 1999 study by David Dean *et al*⁷ showed that as few as 3 to 10 copies of DNA fragments with a 72bp SV40 enhancer injected cytoplasmically (e.g. how the DNA fragments inside the LNPs in the COVID modRNA vaccines are inserted into the cells) in non-dividing cells, greatly increases their ability to be transported into the nucleus.
6. To date, preliminary work conducted in Germany has found evidence of genomic integration of the whole COVID-19 vaccine spike DNA open reading frame. After human ovarian cancer cells (OVCAR-3) were exposed in cell culture overnight to the Pfizer modRNA vaccine, the whole SARS-CoV-2 spike DNA as sequenced in the Pfizer vaccine was found to have integrated into the genome at chromosomes 9 and 12.⁸ This study highlighted that integration of the DNA fragments in the Pfizer COVID-19 modRNA vaccine

into the human genome is possible, and it is important to investigate whether integration can take place in primary cells in the vaccinated population.

7. Residual plasmid DNA has been found in vials from multiple countries.^{1-3 9} I am not aware of any other COVID-19 vaccine vials from Australia being tested, apart from the three vials described in this report, that have been independently examined for the presence of residual plasmid DNA.

C. Methods

1. COVID-19 Vaccine Vials Received

On May 14, 2024, I received three Australian vials of COVID-19 mRNA vaccines at the University of Guelph (Table 1; from Left to Right in Figure 1). These vials were shipped on 15kg of dry ice, but when the package was received there was no dry ice in the package and contents were cool to the touch, but not warm. Temperature of the package was not recorded. The vials were immediately placed in a laboratory fridge (+2-8°C) until tested. The Pfizer vials were unopened and untampered as they had intact flip-off plastic caps with printed lot numbers and expiration dates. The Moderna vial did not have an intact flip-off plastic cap and appears to have been used as the septum appeared to be punctured, and the contents of the vial was at half volume.

Table 1: List of COVID-19 mRNA vaccines from Australia that were received at the University of Guelph for testing.

Sample ID	Manufacturer	Lot #	Mono/Bivalent	Cap Colour	Expiry Date
AP001	Pfizer-BioNTech	FN0565	Adult Monovalent	Purple	06/2022
AP002	Pfizer-BioNTech	FR4268	Child Monovalent	Orange	08/2022
AM001	Moderna	2100695	Child/Adult Monovalent	Missing	25/06/2022



Figure 1: Pfizer (adult monovalent, purple capped and child monovalent, orange capped vials) and Moderna (no cap, larger vial) COVID-19 mRNA vaccine vials received at the University of Guelph on May 14, 2024 (left). The May 23, 2024 photo (right) was taken immediately prior to testing and shows the top of the vials.

2. Quantitative PCR Testing

Each vial was tested by qPCR for the presence of plasmid derived SARS-CoV-2 spike, ori, and the SV40 promoter-enhancer-ori DNA sequences. Each sample was tested in duplicate with PCR primers targeting sequences shared by the Moderna and Pfizer expression plasmids (Table 2).

Table 2: Primer and probe sequences targeting spike, ori, and the SV40 promoter.

Primer-Probe Name	Sequence
MedGen-Moderna_Pfizer_Janssen_Vax-Spike_Forward	AGATGGCCTACCGGTTCA
MedGen-Moderna_Pfizer_Janssen_Vax-Spike_Reverse	TCAGGCTGTCCTGGATCTT
MedGen-Moderna_Pfizer_Janssen_Vax-Spike_Probe	/56-FAM/CGAGAACCA/ZEN/GAAGCTGATCGCCAA/3IAbkFQ/
MedGen_Vax-vector_Ori_Forward	CTACATACCTCGCTCTGCTAATC
MedGen_Vax-vector_Ori_Reverse	GCGCCTTATCCGGTAACTATC
MedGen_Vax-vector_Ori_Probe	/5HEX/AAGACACGA/ZEN/CTTATCGCCACTGGC/3IAbkFQ/
MedGen_SV40_Enhancer_Forward	GTCAGTTAGGGTGTGGAAAGT
MedGen_SV40_Enhancer_Reverse	GGTTGCTGACTAATTGAGATGC
MedGen_SV40_Enhancer_Probe	/5TEX615/CCAGCAGGCAGAAGTATGCAAAGC/3IAbRQSp/

In brief, the qPCR assays used 2 μ L from each vial directly added to 8 μ L of master mix. qPCR kits were sourced from Medicinal Genomics (PathoSEEK® RT-qPCR Master Kit v2; Part# 420207, Beverly, USA) with the master mix containing 10 μ L reaction consisting of 5 μ L polymerase enzyme, and 1.0 μ L of Primer-Probe mix, and 2 μ L of ddH₂O. The vaccine was tested at 1:10 dilution as previous testing showed that this was the highest residual DNA concentration to investigate PCR inhibition by the LNPs since qPCR was performed directly without any treatment or extraction.¹

All qPCR assays used a synthetic gDNA control (gBlock, Integrated DNA Technologies (IDT), San Diego, USA) of known concentration (1 ng/ μ L) to generate a 10-fold serial dilution derived calibration curve.

Cycling was performed on a QuantStudio 3 (ThermoFisher Scientific, Waltham, USA) with an initial denaturation of 95°C for 1 minutes followed by 40 cycles of 95°C for 5 seconds and 65°C for 30 seconds (Figure 2). As a calibration curve was used QuantStudio software v2.7.0 (ThermoFisher Scientific) produced Cycle of quantitation (Cq) scores ng/ μ L for each sample. Amplicon mass, as determined with the New England BioLabs DNA calculator,¹⁰ and length (105 bp for ori, 114 bp for spike, 72 bp for SV40 promoter-enhancer-ori) were used to estimate the total nanograms (ng) of DNA present by adjusting for the length of the plasmids (7,824bp for Pfizer and 6,777bp for Moderna). The PCR copy number/dose and the total DNA as determined by fluorometry was adjusted first for the dilutions (1:5 dilution for the Pfizer adult monovalent and 1:2 for the child monovalent) and then for the volume of each intramuscular vaccine injection dose used clinically (300 μ L for Pfizer Adult Monovalent, 200 μ L for Pfizer Child Monovalent, and 500 μ L for Moderna) to provide a final ng/dose value.

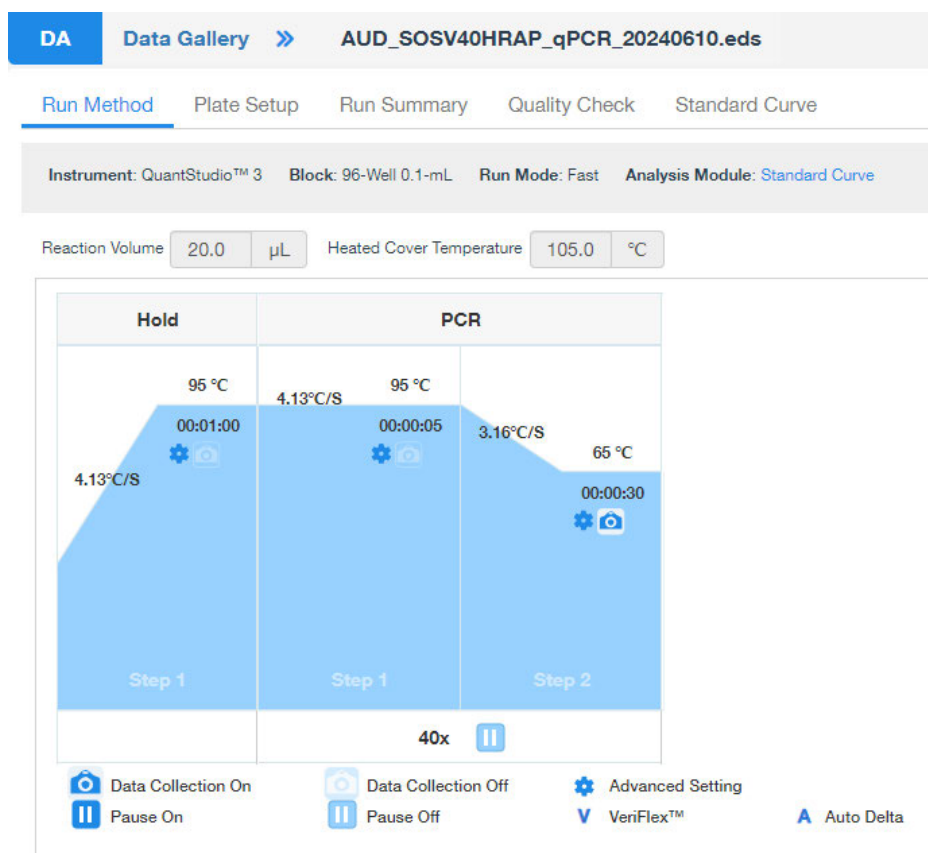


Figure 2: PCR cycling conditions used to test the COVID-19 modRNA vaccines for Spike, Ori and SV40 promoter-enhancer-ori DNA.

3. Qubit® Fluorometry Quantitation

AccuGreen® HS fluorometric reagents (AccuGreen #99820 and DNA Quantification Buffer #99979) and standards were acquired from Biotium (San Francisco, USA) for Qubit® analysis (ThermoFisher Scientific). Fluorometric reagents (190 µL of a stock made from 995 µL HS Buffer and 5 µL 200X AccuGreen dye) were vortexed with 10 µL of vaccine. These samples were heated to 95°C for 8 minutes and 4°C for 5 minutes to disrupt the LNPs and enable Fluorometric Dyes to access the DNA. Samples were read following the manufacturer's instructions on a Qubit 3.0 Fluorometer. To reduce the cross talk from AccuGreen® with modified RNA the samples were then treated with 1 µL RNase A (New England BioLabs, #T3018-2) and then read over a period of 10 minutes (T=0, 1, 2, 5, 10 minutes).

D. Results

1. Quantitative PCR Testing

qPCR testing for spike, ori, and SV40 promoter-enhancer-ori DNA sequences was performed on June 10, 2024. All samples were found to contain sequences for COVID-19 vaccine spike and ori, but only the Pfizer samples contained sequences for the SV40 promoter-enhancer-ori (Figure 3). The levels of all targets were found to exceed the TGA 10 ng DNA/dose guidance in Pfizer FN0565.⁴ In Pfizer FR4268 only the spike DNA exceeded the TGA limit. The DNA concentration between vials varied greatly with the levels of spike DNA in both Pfizer vials being the highest of those reported globally to date.¹⁻³ The high degree of variance between the genomic targets (e.g. spike vs ori) is possibly due to incomplete digestion of the plasmid. Whilst the level of vaccine spike DNA in the Moderna vial was 6.5 – 8.1 ng/dose; just below the TGA 10 ng DNA/dose guidance this equates to ~30 billion DNA fragments per dose. While the number of these fragments entering a cell is unknown, it is known from Dean et al (1999) that only 3-10 copies of these spike DNA fragments containing the SV40 enhancer are needed to be inserted into a single cell for the risk of insertional mutagenesis to exist.⁷

As the DNA loads yielded in the initial testing were the highest seen globally to date, PCR testing was repeated on July 5, 2024, on a new aliquot of the vaccine and all new reagents to rule out any contamination or sources of error. The vaccine was also tested in duplicate. Two Pfizer vials and one Moderna vial from the Canadian study¹ were included in the run to rule out variability between the runs. Repeat testing of the new aliquot using new reagents produced very similar results as the previous run and the two Canadian vials run as a positive control produced the same Cq values as previously tested (data not shown). Again, for the Pfizer vials levels of spike and the SV40 promoter-enhancer-ori exceeded the TGA 10 ng/dose guideline, but ori was below. Therefore, the PCR assay performed optimally, and the DNA yield determined by the testing is valid and true.

Table 3: Quantitative PCR results of testing three Australian vials of COVID-19 modRNA vaccines for vaccine spike, origin of replication (ori), and the SV40 promoter-enhancer-ori (SV40).

Vaccine Spike DNA								
Sample ID	Manufacturer	Lot #	Run #	Spike (Cq)	Spike (ng/μL)	Spike (Copies/μL)	Total ng/dose	Total Copies/dose
AP001	Pfizer	FN0565	1	10.69	3.98E-03	1.70E+07	163.68	6.99E+11
			2	10.88	3.81E-03	1.63E+07	156.85	6.70E+11
AP002	Pfizer	FR4268	1	12.33	1.12E-03	4.77E+06	76.69	3.28E+11
			2	12.80	1.00E-03	4.28E+06	68.70	2.93E+11
AM001	Moderna	2100695	1	18.47	2.17E-05	9.28E+04	6.46	2.76E+10
			2	18.32	2.73E-05	1.16E+05	8.10	3.46E+10
Vaccine Origin of Replication (ori) DNA								
Sample ID	Manufacturer	Lot #	Run #	Ori (Cq)	Ori (ng/μL)	Ori (Copies/μL)	Total ng/dose	Total Copies/dose
AP001	Pfizer	FN0565	1	17.26	3.12E-04	2.89E+06	12.97	1.23E+11
			2	17.57	1.85E-04	1.71E+06	7.68	7.27E+10
AP002	Pfizer	FR4268	1	18.56	2.14E-05	1.98E+05	1.48	2.06E+10
			2	18.99	1.09E-05	1.01E+05	0.76	1.05E+10
AM001	Moderna	2100695	1	23.40	2.34E-06	2.17E+04	0.76	7.02E+09
			2	24.58	1.67E-06	1.55E+04	0.54	5.00E+09
Vaccine SV40 promoter-enhancer-ori DNA								
Sample ID	Manufacturer	Lot #	Run #	SV40 (Cq)	SV40 (ng/μL)	SV40 (Copies/μL)	Total ng/dose	Total Copies/dose
AP001	Pfizer	FN0565	1	14.87	2.35E-03	1.59E+07	9.79	5.29E+11
			2	14.18	3.53E-03	2.39E+07	14.69	7.94E+11
AP002	Pfizer	FR4268	1	17.27	3.56E-04	2.41E+06	3.70	2.00E+11
			2	17.35	5.01E-04	3.39E+06	5.21	2.82E+11
AM001	Moderna	2100695	1	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
			2	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE

Cq = cycle of quantitation

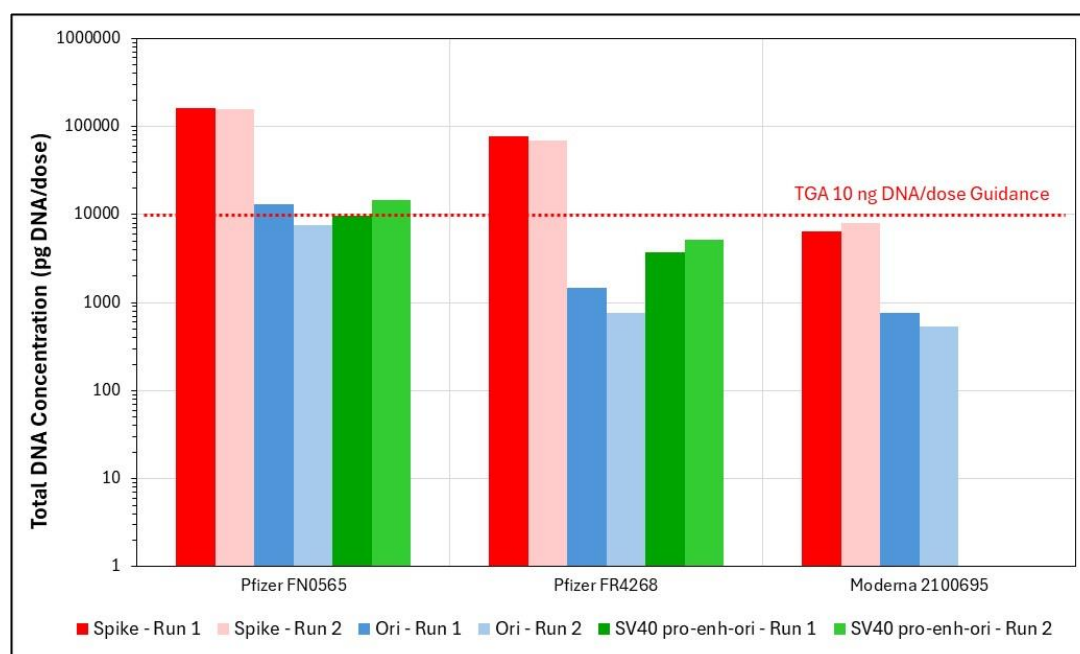


Figure 3: Graphical analysis of the DNA loads for spike, ori and SV40 as quantitated by qPCR. The dotted red line denotes the TGA 10 ng DNA/dose guidance.

2. Qubit® Fluorometry Quantitation

As per instruction #2, the initial Qubit® Fluorometry testing was performed on May 28, 2024. For all vials the total residual DNA exceeded the TGA guideline of 10 ng/dose (Table 4, Figure 4). In the initial run (May 28, 2024) the total DNA ranged from 434 ng/dose (Pfizer FR4268) to 2803 ng/dose (Pfizer FR0565). Boiling of the samples increased the DNA yield because the boiling disrupted the LNPs and the AccuGreen® dye could contact both the modRNA and plasmid DNA protected inside the LNPs. Treatment with RNase A degraded the modRNA and reduced the cross talk from AccuGreen® with modRNA thus reducing the fluorescent signal. The concentration of only DNA still exceeded the TGA guideline of 10 ng/dose by 7 to 145-fold. The total DNA in Pfizer FR4268 is much lower than Pfizer FN0565 as this is a child monovalent vaccine and 200 µL per dose is administered. Whereas Pfizer FN0565 is adult monovalent and 300 µL is administered.

Table 4: Total DNA concentration of the vaccine vials as determined by Qubit® fluorometry. The RNase= values equate to the time since RNase A was added to the sample. Values displayed are in ng/dose.

Sample ID	Lot #	Run #	Pre-Boil	RNase A					
				Post-Boil	RNase=0	RNase=1	RNase=2	RNase=5	RNase=10
AP001	Pfizer FN0565	1	2803	3552	1094	533	499	499	494
		2	1219	1325	1104	864	845	849	848
AP002	Pfizer FR4268	1	434	442	224	112	106	103	108
		2	276	264	99	77	77	77	78
AM001	Moderna 2100695	1	1610	2050	1730	1460	1460	1460	1460
		2	1710	1760	1340	1210	1220	1222	1221

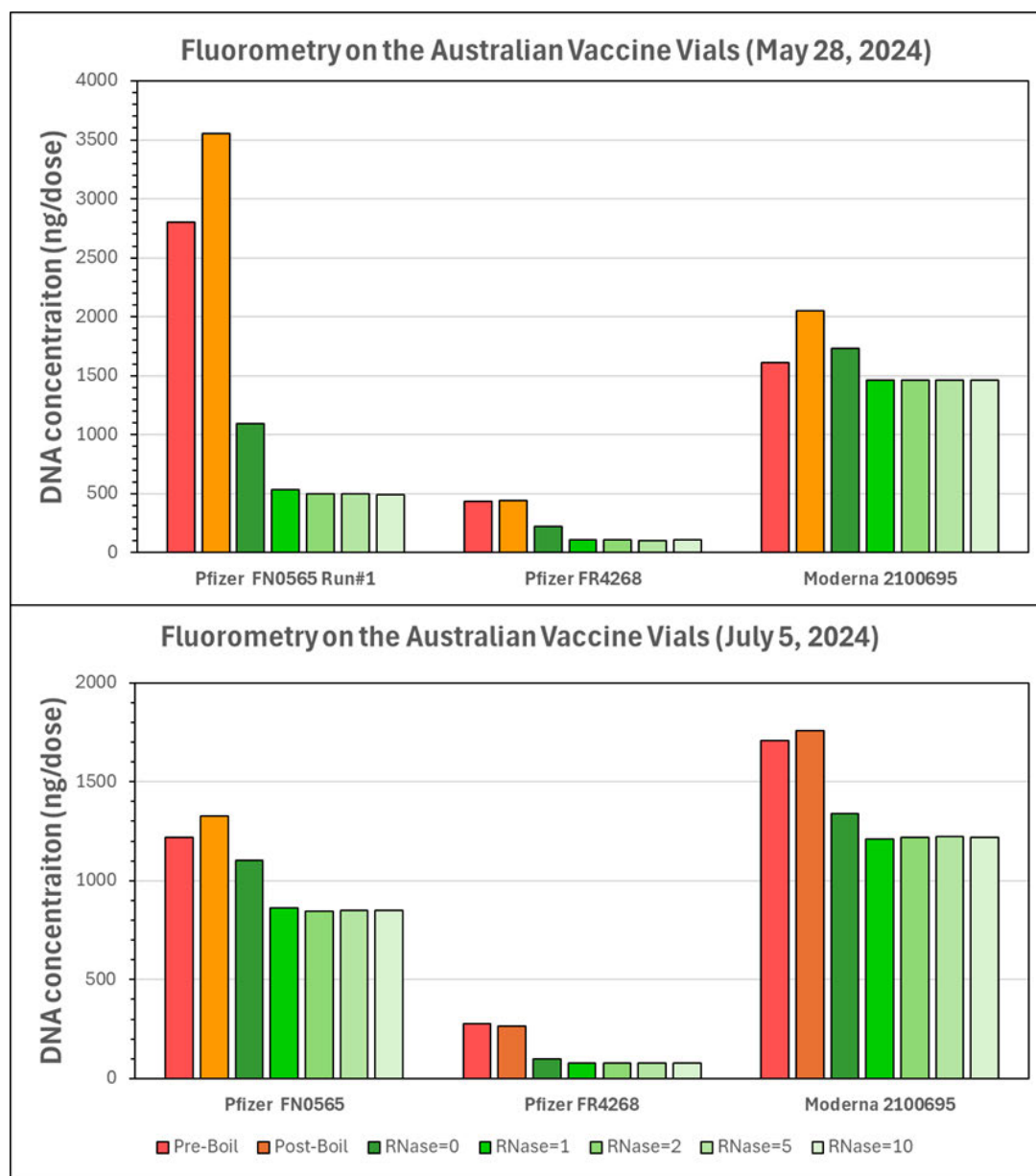


Figure 4: Graphical analysis of the total DNA loads as determined by Qubit® fluorometry. The RNase= values equate to the time since RNase A was added to the sample. Values are in ng/dose and the TGA 10 ng/dose guidance would be slightly above the X-axis.

As the total DNA of the vials determined by Qubit® Fluorometry for both Pfizer and Moderna were lower than the Canadian vials (i.e. 1,896 to 3,720 ng/dose for Pfizer and 3,270 to 5,100 ng/dose for Moderna)¹ the testing was repeated on July 5, 2024. Very similar results were produced for Pfizer FR4268 and Moderna 2100695 with the slight variance due to error in pipetting and handling the LNPs. For Pfizer FN0565 testing of the vaccine vial contents pre- and post-boil produced values only half of those in the initial testing but following the use of

Dr. David J. Speicher

University of Guelph, Canada

RNAse A the total DNA values are comparable (i.e. 494 ng/dose in Run 1 and 848 ng/dose in Run 2). The variability in the pre- and post-boil samples is possible due to sampling error and in increase in cross-talk due to a higher amount of modRNA present in the sample. Variability in pipetting of the LNPs would also attribute to the differences in test results.

E. Conclusions:

1. Both Pfizer vials had spike DNA loads above the TGA 10 ng DNA/dose guidance when tested by qPCR. The spike, ori and SV40 promoter-enhancer-ori DNA sequences in Pfizer FN0565 were all above the TGA limits with the spike DNA being the highest concentration levels seen in vials independently tested globally to date.
2. Despite the extremely high DNA loads the results were repeatable suggesting the result is true and valid.
3. The DNA concentration varied greatly depending on the target highlighting the need for PCR assays assessing the residual plasmid DNA load in the COVID-19 vaccines to target multiple regions when determining DNA loads, and then extrapolating the total DNA for the whole plasmid and not individual regions.
4. The Moderna vial had DNA loads, determined by qPCR, that were below the TGA 10 ng DNA/dose guidance.
5. The total DNA concentration in all Australian vials when tested by Qubit® fluorometry far exceeded the TGA 10 ng DNA/dose guidance with Moderna having the highest total DNA levels.

Sincerely,



David J. Speicher, PhD DTM

Canadian Virologist

Senior Research Associate, Dept of Pathobiology, University of Guelph, Guelph Canada

References

1. Speicher DJ, Rose J, Gutschi LM, et al. DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events. *OSF Preprints* 2023 doi: 10.31219/osf.io/mjc97
2. McKernan K, Helbert Y, Kane LT, et al. Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose. *OSFio* 2023 doi: 10.31219/osf.io/b9t7m
3. South Carolina Senate. SC Senate Hearing - USC Professor Dr. Phillip Buckhaults 2023 [updated 2023-09-13. Available from: <https://www.youtube.com/watch?v=IEWHhrHiiTY>.
4. Therapeutic Goods Administration (TGA). Health Safety Regulation. Guidance 18: Impurities in drug substance and drug products, August 2013. 2013 [Available from: <https://www.tga.gov.au/sites/default/files/pm-argpm-guidance-18.pdf>.
5. Food and Drug Administration. Chemistry, Manufacturing, and Control (CMC) Information for Human Gene Therapy Investigational New Drug Applications (INDs): U.S. Department of Health and Human Services; 2020 [Available from: <https://www.fda.gov/media/113760/download>.
6. Shin J, Wood D, Robertson J, et al. WHO informal consultation on the application of molecular methods to assure the quality, safety and efficacy of vaccines, Geneva, Switzerland, 7-8 April 2005. *Biologicals* 2007;35(1):63-71. doi: 10.1016/j.biologicals.2005.12.005 [published Online First: 20060220]
7. Dean DA, Dean BS, Muller S, et al. Sequence requirements for plasmid nuclear import. *Exp Cell Res* 1999;253(2):713-22. doi: 10.1006/excr.1999.4716
8. McKernan K. Plasmid DNA replication in BNT162b2 vaccinated cell lines 2024 [Available from: <https://anandamide.substack.com/p/plasmid-dna-replication-in-bnt162b2>.
9. König B, Kirchner JO. Methodological Considerations Regarding the Quantification of DNA Impurities in the COVID-19 mRNA Vaccine Comirnaty®. *Methods Protoc* 2024;7(3) doi: 10.3390/mps7030041 [published Online First: 20240508]
10. New England Biolabs. NEBioCalculator 2023 [Available from: <https://nebiocalculator.neb.com/#!/dsdnaamt2023>.



Russell Broadbent MP
Member for Monash

20 September 2024

The Hon Anthony Albanese MP
Prime Minister
Parliament House
CANBERRA ACT 2600

By email: parliament@pm.gov.au

Dear Prime Minister

We the under-signed are writing to seek an immediate and urgent investigation following the discovery of DNA contamination in mRNA covid vaccines in Australia.

On 18 September 2024, an alarming [report](#) was released by Canadian virologist, Dr David Speicher, confirming significant synthetic DNA contamination in Pfizer and Moderna COVID-19 vaccines used in Australia. A copy of the report is attached.

The findings indicate DNA contamination levels up to 145 times higher than Australia's Therapeutic Goods Administration (TGA) safety limits. These findings have also been replicated in [Germany](#), [Canada](#), and the [United States](#). This information adds to the growing safety concerns surrounding these vaccines.

Dr Speicher's findings suggest the Pfizer and Moderna vaccines were rushed to the public without adequate safety testing of the non-trial based batches. Now we are seeing alarming DNA contaminations levels coupled with the possibility of genomic integration. This could explain the reported rise in cancers and other severe health outcomes we are seeing in our highly vaccinated Australian population.

This evidence demands that a full and transparent inquiry be held into the safety of these vaccines.

Australians deserve answers. We strongly recommend that the use of all COVID-19 vaccines in Australia be immediately suspended while an urgent independent investigation is established to understand the broader implications for Australians of the erstwhile widespread use of these products. We are willing to donate our time and expertise to this investigation pro-bono if government authorities request our help and provide access to the necessary data.

It would appear that both the TGA and the Department of Health have failed the Australian people by ignoring repeated warnings by experts and pushing ahead by continuing to distribute these vaccines.

The Department of Health must be held accountable for these failures and we urge you to authorise an independent investigation of these products

This letter has been copied to Minister Butler, the TGA and the Human Rights Commissioner.

Yours Sincerely

Russell Broadbent MP
Federal Member for Monash

Julian Gillespie

LLB, BJuris

Duncan Syme

MBBS FRACGP DROGG Dip Practical
Dermatology (University of Cardiff)

Dr Jeyanthi Kunadhasan

MD (UKM), MMed (AnaesUM), FANZCA MMED
(Monash)

Dr Monique O'Connor

MBBS FRANZCP

Dr Andrew Madry

BSc PhD

Kara Thomas

BNurs GCertNurs MInt&CommDev

Peter Fam

LLB, Human Rights Lawyer, Principal Partner
MAATs Methods

Dr Phillip Altman

BPharm(Hons), MSc, PhD
Clinical Trial and Regulatory Affairs Consultant

Prof Ian Brighthope

Director – The World of Wellness International
Advisor – The Aligned Council of Australia

Wendy Hoy

Emeritus Professor of Medicine, FAA AO FRACP
MBBS(H1) BScMed (H1), University of
Queensland

Prof Kylie O'Brien PhD

Consultant in Integrative Medicine, Consultant in
Integrative Medicine, Consultant in Higher
Education

Dr Paul Oosterhuis

MBBS FANZCA (retired)

Prof Brendan Vote

Director, Tasmanian Eye Institute Ltd
Clinical Professor, University of Tasmania

A/Prof Peter Parry

MBBS, PhD, FRANZCP, Cert. Child & Adolesc.
Psychiatry

Tony Nikolic

Director of Ashley, Francina, Leonard &
Associates

Katie Ashby-Koppens

Lawyer
PJ O'Brien & Associates

Astrid Lefringhausen

PhD Molecular Biology and Biochemistry
Specialised in Virology and Immunology
Board of Directors CHD Australia

Dr Chris Neil

MBBS, FRACP, PhD
Cardiologist and President – Australian Medical
Professionals' Society

Dr Judy Wilyman PhD

Master of Population Health

Prof Gigi Foster

Co-Director, Australians for Science and Freedom

Dr Julie Sladden

MBBS(Hons), BMedSci
PGDipMedEd

Associate Prof Michael Sladden

MBChB, MAE, MRCP, FACD, FRACGP, MRCGP
Consultant Dermatologist
Associate Professor Medicine and Dermatology,
University of Tasmania

Dr Melissa McCann

BPharm MBBS FRACGP

Dr Ramesh Thakur

Emeritus Professor and former United Nations
Assistant Secretary-General

Luke McLindon

MBBS FRACGP FRANZCOG
Obstetrician & Gynaecologist
Advanced Laparoscopy/Endometriosis/Infertility

Prof Robyn Cosford

MBBS(Hons), DipNutr, Dip Hom, FACNEM
FASLM
Professor of Nutritional and Environmental
Medicine
Lifestyle and Wellness Coach
Chair, Director Children's Health Defense
(Australia Chapter)



Russell Broadbent MP

Member for Monash

25 September 2024

The Hon Anthony Albanese MP
Prime Minister
Parliament House
CANBERRA ACT 2600

By email: parliament@pm.gov.au

Dear Prime Minister

I refer to my [letter](#) of 20 September 2024 calling on the government to immediately suspend the use of Pfizer and Moderna Covid-19 products due to the evidence of significant synthetic DNA contamination, as detailed in Dr. David Speicher's [report](#).

Unlike the Thalidomide tragedy, which resulted in over 10,000 victims globally, the Covid-19 vaccines have been administered to more than 20 million Australians, totalling over 63 million doses. The contamination detected in these vaccines, if not addressed, presents a substantial risk, with the potential for these dangers - such as genomic integration and potential long-term health impacts - to multiply with each additional dose administered. Immediate action through a suspension of these products is critical to mitigate further risk.

To assist in adopting a precautionary approach and minimizing further harm, I enclose a Science Summary created and endorsed by eminent Australian and international scientists and medical experts. The summary reinforces the known and potential dangers of DNA contamination and highlights the need for an urgent and independent investigation. As advised by the co-signatories, the Department of Health and Aged Care has produced no evidence to demonstrate why the detected DNA contamination will not produce the dire adverse health outcomes detailed in the Science Summary.

Additionally, I have reason to believe that multiple attempts by prominent scientists to warn the TGA of these risks have been disregarded since early 2021, raising serious questions about the agency's ability to protect the health and well-being of Australians.

Finally, I draw your attention to the Biosecurity Act 2015, which may now be relevant. Given the contamination evidence, I recommend the Minister for Agriculture initiate a Biosecurity Import Risk Analysis of these products, potentially leading to the suspension of these products due to the risks they pose to human health.

I gratefully acknowledge the assistance of the 52 co-signatories below in the preparation of this letter and reiterate my call seeking your urgent action to ensure the safety of all Australians.

Yours sincerely

Russell Broadbent MP
Member for Monash

Prof Angus Dalgleish

MD FRACP FRCP FRCPATH FMedSci
Principal of the Institute of Cancer Vaccines and
Immunotherapy
London, United Kingdom

Emeritus Prof Wendy Hoy

Professor of Medicine, FAA AO FRACP
MBBS(H1) BScMed (H1)
University of Queensland

Emeritus Professor Robert Clancy

AM FRS(N) BSc(Med) MB BS PhD DSc
FRACP FRCP(A) FRCP(C)
University of Newcastle, Australia

Prof Alexandra Henrion Caude

Geneticist, Director of Research INSERM
French National Institute of Health and Medical
Research
Paris, France

Prof Sucharit Bhakdi MD

Chair em., Department of Medical Microbiology
and Hygiene
Johannes-Gutenberg University Mainz, Germany

Kevin McKernan

BSc
Research Director (fmr)
Human Genome Project

Prof Ian Brighthope

Director, The World of Wellness International
Advisor, The Aligned Council of Australia

Prof Gigi Foster

Co-Director, Australians for Science and
Freedom
University of New South Wales

Prof Robyn Cosford

MBBS(Hons), DipNutr, Dip Hom, FACNEM
FASLM, Professor of Nutritional and
Environmental Medicine
Chair, Director Children's Health Defense

Prof Bonnie Mallard PhD

Professor of Immunogenetics
Governor General Innovation Awardee
Department Pathobiology
University of Guelph
Canada

Professor Augusto Zimmermann

PhD (Mon.), LL.M. summa cum laude
LLB (Hons.), CI Arb, DipEd.
Sheridan College, Western Australia
The University of Notre Dame Australia

Prof Brendan Vote

Director, Tasmanian Eye Institute Ltd
Clinical Professor
University of Tasmania

Prof Gabriel Moens AM

Emeritus Professor of Law
The University of Queensland

Professor Paul Frijters PhD

Professor of Economics MBSC
Emeritus Professor London School of Economics

A/Prof Byram W. Bridle

Immunology and Virology
Department of Pathobiology
University of Guelph
Canada

A/Prof Peter Parry

MBBS, PhD, FRANZCP, Cert. Child & Adolesc.
Psychiatry
University of Queensland

A/Prof D Jonathan Gilthorpe

BSc (Hons), PhD, Docent
Senior Lecturer
Umeå University, Sweden

A/Prof Michael Sladden

MBChB, MAE, MRCP, FACD, FRACGP
MRCGP, Consultant Dermatologist
Associate Professor Medicine and Dermatology
University of Tasmania

A/Prof Mark Jones

Biostatistician
Institute for Evidence-Based Healthcare
Faculty of Health Sciences & Medicine
Bond University

Dr Tess Lawrie

MBBCh, PhD
Director, Evidence-based Medicine Consultancy
Ltd, EbMCsquared CIC

Dr Jessica Rose, PhD

Applied Mathematics,
Immunology, Computational Biology
Biochemistry, Molecular Biology

Dr Christopher Neil

MBBS, FRACP, PhD
Cardiologist
President, Australian Medical Professionals
Society

Dr Jeyanthi Kunadhasan

MD (UKM), MMed (AnaesUM), FANZCA MMED
(Monash)

Dr David J. Speicher
Virologist, PhD DTM
Senior Research Associate
University of Guelph
Canada

Dr Angela Jeanes
BSc(Hons), PhD

Dr Julie Sladden
MBBS(Hons), BMedSci
PGDipMedEd

Dr Astrid Lefringhausen
PhD Molecular Biology and Biochemistry
Specialised in Virology and Immunology
Board of Directors CHD Australia

Dr Luke McLindon
MBBS FRACGP FRANZCOG
Obstetrician & Gynaecologist
Advanced Laparoscopy/Endometriosis/Infertility

Dr Conny Turni
BSc, Hons, PhD
Senior Research Fellow
Microbiology Research
QAAFI
University of Queensland

Dr Nicholas J. Hudson, PhD
Senior lecturer in Metabolic Biochemistry
University of Queensland

Dr Andrew Madry
BSc PhD

Dr Kylie O'Brien PhD
Dr Kylie O'Brien PhD, MPH, BAppSc(Chin Med)
BSc(Optom), Grad Cert Tertiary Education
Consultant in Integrative Medicine
Consultant in Higher Education

Dr Phillip Altman
BPharm(Hons), MSc, PhD
Clinical Trial and Regulatory Affairs Consultant

Dr Nicole Delépine
Paediatric Oncologist
Chief of Paediatric Oncologist Department (Retd)
Hospital Garches, France

Dr Duncan Syme
MBBS FRACGP DROGG Dip Practical

Dr Christopher Milburn MD
Family & ER Medicine
Canada

Dr Andrew McIntyre
Consultant Gastroenterologist
FRACP MBBS(Hons)

Dr Monique O'Connor
MBBS FRANZCP

Dr Paul Oosterhuis
MBBS FANZCA (retired)

Dr Judy Wilyman PhD
Master of Population Health

Dr Melissa McCann
BPharm MBBS FRACGP

Dr Julian Fidge
BPharm, Grad Dip App Sc (Comp Sc)
MBBS, FRACGP, MMed (Pain Mgt)

Dr Geoff Pain
PhD. B.Sc.(Hons.)
Grad Dipl Business Management

Christof Plothe DO
BSC.(OST), HONS

Kara Thomas
BNurs, GCertNurs, MInt&CommDev

Jason Strecker
BCompSci, DipEd

Ros Nealon-Cook
BPsychSc(H1), BCompSc(H1)

Peter Fam
LLB, Human Rights Lawyer, Principal Partner
MAATs Methods

William D H Parry
Lawyer
LLB/LP, B.BehavSci(Psych), D.Bus

Tony Nikolic
Director
Ashley, Francina, Leonard & Associates

Katie Ashby-Koppens
Lawyer
PJ O'Brien & Associates

Julian Gillespie
LLB, BJuris

Science Summary

Consequences of Synthetic DNA Contamination

Executive Summary: Excessive synthetic foreign DNA encapsulated in lipid nanoparticles can integrate into human cells, potentially leading to genomic instability, cancers, immune system disruption, and adverse hereditary effects.

The synthetic DNA contamination is present as both whole plasmid (circular) DNA and fragmented (linear) forms of the same plasmid DNA leftover from the production process.

The TGA has long recognised this must be filtered out before final products are injected into Humans because of known risks of integration into the Human genome, and severe diseases, as explained below.

This DNA contamination has been shown to be encapsulated in, and protected by, the Lipid Nanoparticles (LNPs) within the products, which together form **LNP-modDNA complexes**.

The LNP-modDNA complexes transfer their cargo of synthetic DNA throughout the Human body as follows:

- a) The LNP-modDNA complex transfers the whole (circular) and fragmented (linear) DNA from the injection site throughout the Human body, bio-distributing to virtually all organs via the bloodstream.
- b) The LNP-modDNA complex then transfers the whole (circular) and fragmented (linear) DNA across cell membranes of cells of affected organs, delivering the synthetic DNA into the cytoplasm of cells.
- c) The synthetic DNA is then further transferred from the cytoplasm into the cell nucleus where natural Human DNA is located.

The presence of synthetic DNA in the cytoplasm alone induces cancer¹.

The TGA limit of 10 nanograms *per dose* was made with the long out-dated understanding that any DNA contamination would be “naked” or “free” DNA, ***not being encapsulated*** in protective LNPs. Naked DNA is readily “mopped up” by our immune system when detected

¹ He *et al*: [*Cytoplasmic DNAs: Sources, sensing, and roles in the development of lung inflammatory diseases and cancer*](#) Front. Immunol., 12 April 2023; Kwon *et al*: [*The Cytosolic DNA-Sensing cGAS–STING Pathway in Cancer*](#) Cancer Discov (2020) 10 (1): 26–39.

in the blood. Synthetic DNA cloaked in LNPs is transferred throughout the Human body undetected.

Crucially, naked DNA has no ability to cross cell membranes and enter cells.

In contrast, synthetic DNA encapsulated in LNPs possess a high **transfection** efficiency, meaning, the LNP-modDNA complexes are efficient at delivering synthetic DNA into Human cells.

Once within the cytoplasm synthetic DNA gains entry to the nucleus during cell division, when the protective nuclear envelope temporarily breaks down, or *much* more easily, with the assistance of Simian Virus 40 (SV40) genetic sequences long known to assist entry into the nucleus, even when cells are not undergoing cell division². The Pfizer product contains these SV40 sequences.

The scientific literature is abundant on the subject of transfection of plasmid DNA encapsulated in LNPs into mammalian cells³, and the subsequent localization into the cell nucleus, showing **transgene** expression in all major organs including the heart, lung, liver, spleen, kidney, brain, testis, and ovaries.

The chromosomal integration of plasmid DNA into the natural DNA of mammalian cells was demonstrated as early as 1982⁴.

The integration of plasmid DNA demonstrated in 1982 shares multiple features with the synthetic DNA discovered in the Moderna and Pfizer Covid products.

The introduction of foreign or modified genes (DNA) into mammalian cells using this and similar techniques has since become commonplace in experimental research and in biotechnology. The methodology is referred to as **transfection**, and organisms modified in this manner as **transgenic**. Stable integration can occur with both linear and circular plasmid DNA⁵.

In this context, further consideration must be given to the previously published study by Aldén *et al*⁶ (2022), who detected DNA **copies** of the spike protein gene in a Human liver cells exposed to the Pfizer product. Aldén *et al*'s findings are now supported by the discoveries by

² Dean *et al*: [Sequence Requirements for Plasmid Nuclear Import](#) Experimental Cell Research Volume 253, Issue 2, 15 December 1999, Pages 713-722.

³ Kulkarni *et al*: [Design of lipid nanoparticles for in vitro and in vivo delivery of plasmid DNA](#) Nanomedicine 2017 May;13(4):1377-1387; Scalzo *et al*: [Ionizable Lipid Nanoparticle-Mediated Delivery of Plasmid DNA in Cardiomyocytes](#). Int J Nanomedicine. 2022;17:2865-2881

⁴ Southern *et al*: [Transformation of mammalian cells to antibiotic resistance with a bacterial gene under control of the SV40 early region promoter](#). J. Mol. Appl. Genet. 1 (1982), 327–41.

⁵ Stuchbury *et al*: [Optimizing the generation of stable neuronal cell lines via pre-transfection restriction enzyme digestion of plasmid DNA](#). Cytotechnology 62 (2010), 189–94.

⁶ Aldén *et al*.: [Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line](#). Curr. Issues Mol. Biol. 44 (2022), 1115–1126.

McKernan *et al* [2023](#), Speicher *et al* [2023](#), König *et al* [2024](#), and the Australian DNA contamination [report](#) of Dr Speicher that the Pfizer and Moderna products contain *substantial* amounts of synthetic DNA. In other words there is a *definite possibility* of cellular uptake of this DNA contamination.

Further, preliminary results returned by the former research director for the Human Genome Project, Kevin McKernan, working with cancer researcher Professor Ulrike Kämmerer, has confirmed the synthetic DNA contamination from Pfizer's Covid vaccine not only crossed into cells, but it also survived multiple cell divisions.

This is suggestive that the contaminant DNA is able to transfect (enter) the cell nucleus, and that it integrated with Human DNA. Further analysis is ongoing with details available [here](#).

When genomic integration of foreign DNA occurs at the wrong place within the genome, it frequently induces malignant diseases, cancers, especially leukaemia⁷.

Oocytes – immature ovum - can be transfected with synthetic DNA at certain stages of maturation⁸, and so can sperm-producing cells within the testes⁹. The offspring of such treatment were shown to be *transgenic*.

It can therefore not be ruled out that persons injected with mRNA vaccines that also contain synthetic DNA will subsequently give rise to *transgenic* children. DNA insertion into germline cells might also interfere with early intrauterine development and thereby induce miscarriages or malformations.

In the study by Wang *et al*¹⁰, significant plasmid DNA transfection into cells was observed after intramuscular injection followed by electroporation (electric field applied to promote transfection/entry of plasmid DNA into cells) – up to a 34 fold increase.

While electroporation did increase the cellular uptake of the injected DNA, it was likely much less effective in this regard than the LNPs contained in the Pfizer and Moderna products would be¹¹, due to the extensive bio-distribution LNPs achieve throughout the Human body, enabling **magnitudes more** synthetic DNA to be presented to **magnitudes more** cell varieties, which

⁷ Staal *et al.*: *Sola dosis facit venenum. Leukemia in gene therapy trials: a question of vectors, inserts and dosage?* *Leukemia* 22 (2008), 1849–1852.

⁸ Laurema *et al.*: *Transfection of oocytes and other types of ovarian cells in rabbits after direct injection into uterine arteries of adenoviruses and plasmid/liposomes.* *Gene Ther.* 10 (2003), 580–4.

⁹ Dhup *et al.*: *Transgenesis via permanent integration of genes in repopulating spermatogonial cells in vivo.* *Nat. Methods* 5 (2008), 601–3.

¹⁰ Wang *et al.*: *Detection of integration of plasmid DNA into host genomic DNA following intramuscular injection and electroporation.* *Gene Ther.* 11 (2004), 711–21.

¹¹ Tanaka *et al.*: *Improvement of mRNA Delivery Efficiency to a T Cell Line by Modulating PEG-Lipid Content and Phospholipid Components of Lipid Nanoparticles.* *Pharmaceutics*. 2021 Dec; 13(12): 2097.

DNA is then aided by the transfection properties of the LNPs, for cellular entry throughout the Human body.

Accordingly, it must be expected that there will be chromosomal integration of the contaminating synthetic DNA within Human recipients of the Pfizer and Moderna products containing DNA contaminants.

The SV40 promoter sequences found in the Pfizer product also includes an internal ***origin of replication*** that can potentially cause ***copies*** of the synthetic DNA to be made inside Human cells.

This replication would require either the SV40 virus itself, which already infects a minority of Humans, or replication by the Human BK or JC polyomaviruses¹². Any additional copies of the synthetic DNA generated would amplify the risk of genomic integration with Human DNA and increase the risk of malignant tumours (cancers) associated¹³ with the SV40 virus.

Genetic sequences of SV40 have long been known to facilitate entry into the nucleus and facilitate integration with Human genes, with SV40 genetic sequences long suspected and implicated¹⁴ in the explosion of cancers after having contaminated Polio vaccines last century.

The SV40 promoter sequence in the Pfizer product has long been known to ***bind*** to tumor suppressor p53¹⁵, known as the *Guardian of the Genome*. Contaminated Pfizer doses containing billions of SV40 molecules act as decoys by binding to p53, leaving insufficient p53 to protect against cancers.

Three Australian vials evidenced synthetic DNA contamination ranging between 78ng to 1,460ng ***per dose***.

The TGA ***limit*** is 10ng ***per dose***.

A Pfizer dose containing 500ng of synthetic DNA would contain approximately 2.4 - 24 Trillion¹⁶ synthetic DNA molecules. An adult Human has approximately 37 Trillion cells.

Within this range a recipient would receive between ~60 Billion and 575 Billion SV40 molecules.

¹² DeCaprio *et al.*: [*A cornucopia of human polyomaviruses*](#). Nat. Rev. Microbiol. 11 (2013), 264–76; I. Hussain *et al.*: [*Human BK and JC polyomaviruses: Molecular insights and prevalence in Asia*](#). Virus Res. 278 (2020), 197860.

¹³ Rotondo *et al.*: [*Association Between Simian Virus 40 and Human Tumors*](#). Front. Oncol. 9 (2019), 670.

¹⁴ Fisher *et al.*: [*Cancer risk associated with simian virus 40 contaminated polio vaccine*](#) Anticancer Res. 1999 May-Jun;19(3B):2173-80.

¹⁵ Draymen *et al.*: [*p53 elevation in human cells halt SV40 infection by inhibiting T-ag expression*](#) Oncotarget. 2016 Aug 16.

¹⁶ Assuming DNA molecules ranging in lengths 200 to 20 base pairs.

Only 3-10 copies of this synthetic DNA containing the SV40 enhancer are needed to be inserted into a single cell for the risk of insertional mutagenesis (cancers) to exist¹⁷. The remaining synthetic DNA fragments numbering in the Trillions also threaten or have likely produced severe disease. Studies must begin immediately.

Lastly, identification of the synthetic DNA contamination has also identified other adulterations requiring further study, including: Double stranded synthetic RNA (dsRNA); synthetic RNA:DNA hybrids; and an undisclosed *reverse* Open Reading Frame (ORF) closely related to genetic sequences for producing the spidroin (spider) proteins (MsSp1) known to cause blood clots. Each of these further adulterations are known causes of severe disease.

Summary & Further Peer Reviewed References

The following list of peer reviewed literature supports the following statements made in respect of the excessive DNA contamination detected in the Pfizer and Moderna products, ***exacerbated by repeated doses***, which is associated with, and may result in:

- a) Extended duration of synthetic spike protein production for an unknown period of time, possibly years;
- b) Promotion of antibiotic resistance within the Human host and throughout communities;
- c) Replication of the synthetic (whole plasmid) DNA within the Human host;
- d) Genomic insertion of the synthetic DNA into natural Human chromosomal DNA;
- e) Genomic integration inducing malignant/cancerous diseases;
- f) Inactivation of the p53 leading to the proliferation of tumors;
- g) Presence of synthetic DNA in cytoplasm inducing malignant/cancerous diseases;
- h) Transfection into Oocytes and sperm-producing cells leading to:
 - i. Altered transgenic offspring;
 - ii. Interference with early intrauterine development;
 - iii. Induction of miscarriages and malformations.

¹⁷ Dean *et al*: [*Sequence Requirements for Plasmid Nuclear Import*](#) Experimental Cell Research Volume 253, Issue 2, 15 December 1999, Pages 713-722.

Liu <i>et al</i> 2021:	<u>Gene Therapy with Plasmid DNA</u>
Haraguchi <i>et al</i> 2022:	<u>Transfected plasmid DNA is incorporated into the nucleus via nuclear envelope reformation at telophase</u>
Zhu <i>et al</i> 2022:	<u>Multi-step screening of DNA/lipid nanoparticles and co-delivery with siRNA to enhance and prolong gene expression</u>
Moreau <i>et al</i> 1985:	<u>The SV40 72 base repair repeat has a striking effect on gene expression both in SV40 and other chimeric recombinants</u>
Prasad <i>et al</i> 2005:	<u>The role of plasmid constructs containing the SV40 DNA nuclear-targeting sequence in cationic lipid-mediated DNA delivery</u>
Miller <i>et al</i> 2008:	<u>Cell-specific nuclear import of plasmid DNA in smooth muscle requires tissue-specific transcription factors and DNA sequences</u>
Young <i>et al</i> 2003	<u>Effect of a DNA nuclear targeting sequence on gene transfer and expression of plasmids in the intact vasculature</u>
Escriou <i>et al</i> 1998:	<u>Cationic lipid-mediated gene transfer: analysis of cellular uptake and nuclear import of plasmid DNA</u>
Zanta <i>et al</i> 1999:	<u>Gene delivery: A single nuclear localization signal peptide is sufficient to carry DNA to the cell nucleus</u>
Tseng <i>et al</i> 1999:	<u>Mitosis enhances transgene expression of plasmid delivered by cationic liposome</u>
Hwang <i>et al</i> 2001:	<u>Liver-targeted gene transfer into a human hepatoblastoma cell line and in vivo by sterylglucoside-containing cationic liposome</u>
Hong <i>et al</i> 1997:	<u>Stabilization of cationic liposome-plasmid DNA complexes by polyamines and poly(ethylene glycol)-phospholipid conjugates for efficient in vivo gene delivery</u>
Uyechi <i>et al</i> 2001:	<u>Mechanism of lipoplex gene delivery in mouse lung: binding and internalization of fluorescent lipid and DNA components</u>
Li <i>et al</i> 1997:	<u>In vivo gene transfer via intravenous administration of cationic lipid-protamine-DNA (LPD) complexes</u>

- Liu *et al* 1997: [Factors controlling the efficiency of cationic lipid-mediated transfection in vivo via intravenous administration](#)
- Sakurai *et al* 2001: [Interaction between DNA-cationic liposome complexes and erythrocytes is an important factor in systemic gene transfer via the intravenous route in mice: the role of the neutral helper lipid](#)
- Zhang *et al* 1998: [Vector-specific complementation profiles of two independent primary defects in cystic fibrosis airways](#)
- Kariko *et al* 1998: [Phosphate-enhanced transfection of cationic lipid-complexed mRNA and plasmid DNA](#)
- Midoux *et al* 2009: [Chemical vectors for gene delivery: a current review on polymers, peptides and lipids containing histidine or imidazole as nucleic acids carriers](#)