

The Transgenerational mRNA Catastrophe: Excess Infant Deaths, Sterilization, and the Great Birth Rate Collapse

FEED

by [Nicolas Hulscher, MPH](#)

Catastrophic new data are emerging on COVID-19 mRNA injections — pointing to nothing less than a transgenerational crisis. The evidence now shows an unprecedented rise in infant mortality, mounting proof of sterilization, total collapse of birth rates, and the devastating “Cascade of Harms” being documented in the scientific literature.

I broke down these findings in detail during my recent interview on [The Dr. Maria Show on Lindell TV](#). Below is a comprehensive summary of the most critical evidence uncovered so far:

A Transgenerational Crisis: Infant Excess Deaths Persist Long After mRNA Rollout

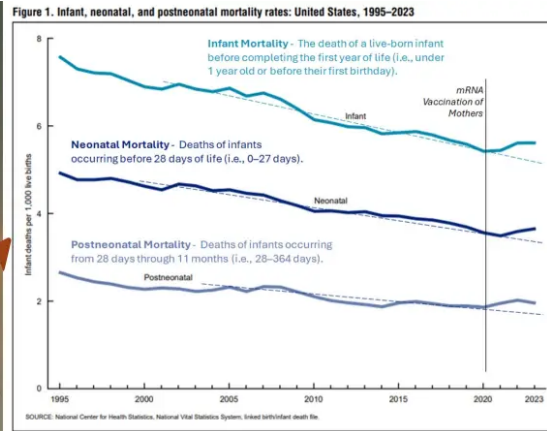
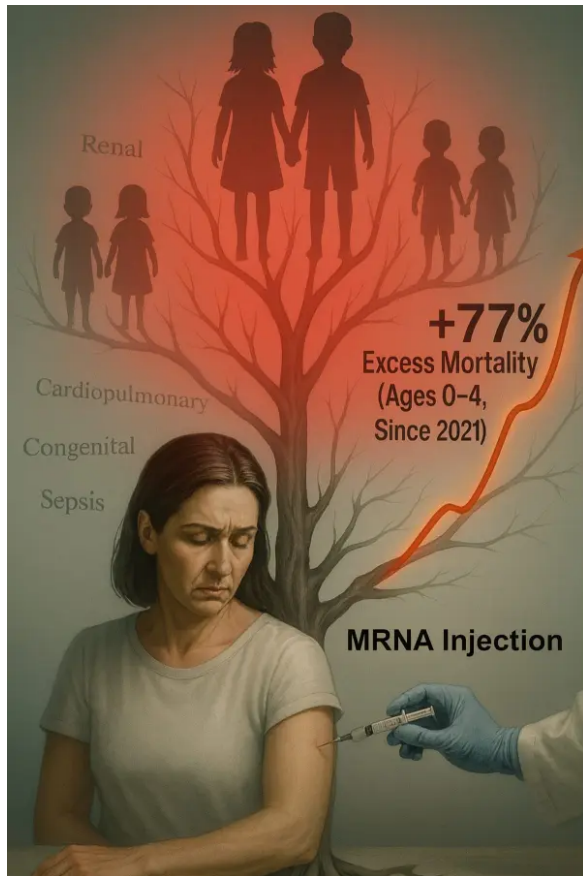


Chart 1 – National Vital Statistics Reports Volume 74, Number 7 June 10, 2025 Infant Mortality in the United States – the period following the Covid-19 mRNA vaccination shows a break in a 30-year consistency; instead of declining further, neonatal and postneonatal mortality abruptly change from a legacy trend, to an entirely novel one. (Note: the term definitions, mRNA vaccination demarcation line, and dotted trend lines are added by this article's author)

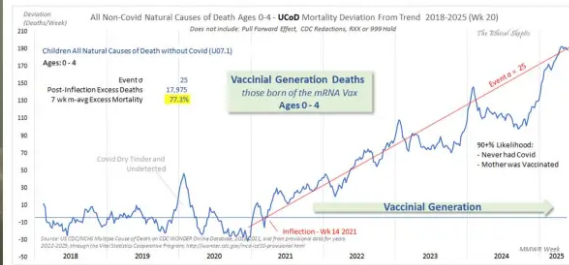


Chart 2 – All Natural Causes of Death in Ages 0 to 4 (born to vaccinated-at-any-time Mothers) – a total of 17,975 excess deaths have occurred in this cohort, representing a 77.3% deviation from the legacy trend in this class of mortality. Unlike the narrower infant categories shown in Chart 1, this chart captures all births occurring after the mRNA vaccination rollout. Wonder UCoD query exclusion inside all natural causes of death is shown in this image.

For decades, infant mortality in the U.S. steadily declined. But in 2021—the very moment mRNA injections were introduced for women of childbearing age—the trend sharply reversed. CDC data now reveal that **babies born years after the campaign are dying at a 77% excess rate** — driven by the same causes of death seen in mRNA vaccinated adults.

This is not just a short-term tragedy—it appears to be a **transgenerational crisis**. **Research indicates** mRNA crosses the placenta, enters fetal circulation, and forces the unborn child to produce spike protein:



Molecular Therapy Nucleic Acids

Available online 17 February 2025, 102489

In Press, Journal Pre-proof What's this?



Original Article

mRNA-1273 is placenta-permeable and immunogenic in the fetus

Jeng-Chang Chen^{1,2}, Mei-Hua Hsu^{3,4}, Rei-Lin Kuo^{5,6,7}, Li-Ting Wang⁶, Ming-Ling Kuo^{7,8}, Li-Yun Tseng⁹, Hsueh-Ling Chang⁹, Cheng-Hsun Chiu^{3,4}

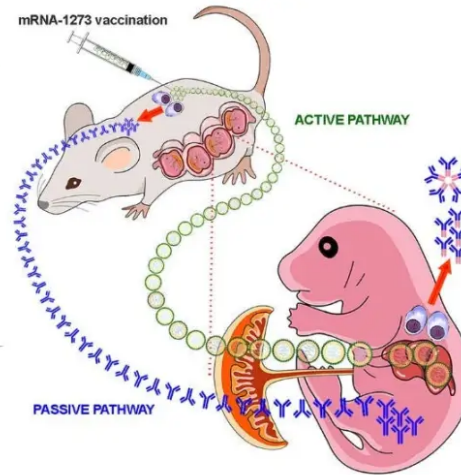
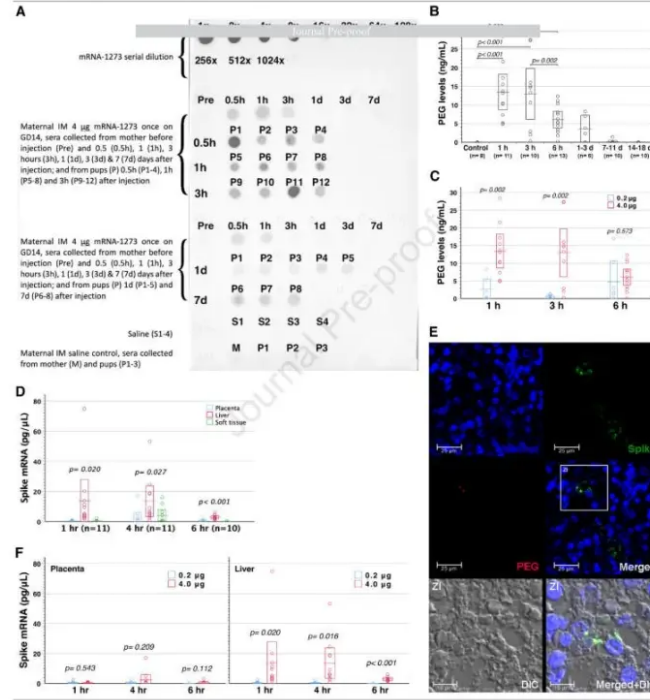


Figure 1. Transplacental mRNA-1273 transfer after maternal mRNA-1273 vaccination during pregnancy. (A) GD14 FVB/N mothers, intramuscularly (IM) vaccinated with a single-dose mRNA-1273 of 4.0 µg, were subjected to serum collection before vaccination (Pre), and at indicated time points of 0.5-3 hours (h) and 1-7 days (d) after injection. Their pups were delivered for serum sampling at the same time points. Immunodot blot assay demonstrated transplacental PEGylated LNP transfer. (B) ELISA disclosed that fetal sera contained significantly higher PEG levels at the time points of 1 h, 3 h, and 6 h after maternal mRNA-1273 vaccination than those with maternal saline injection (Control, ANOVA with LSD multiple comparison). A significant decrease of serum PEG levels occurred between 3 h and 6 h. Although PEG remained measurable in certain pups of groups 1-3 d and 7-11 d, their mean levels did not differ from that of saline controls. On days 14-18, PEG was completely absent in all neonatal sera, identical to saline controls. (C) At the time points of 1 h and 3 h following maternal vaccination, 4.0 µg mRNA-1273 led to higher PEG levels in fetal sera than a dose of 0.2 µg. (D) Spike mRNA in fetal placenta, liver and soft tissue was quantified by RT-PCR after maternal 4 µg mRNA-1273 vaccination (Dams 234, 235 and 236 in Table S1). Spike mRNA levels of “(-)” and “(≈0.021)” were input as “0” and “0.021”, respectively in building this chart. Spike mRNA significantly dominated in fetal liver of groups 1, 4 and 6 hr. (ANOVA with LSD multiple comparison) (E) Immunostaining disclosed intracellular PEGylated LNPs and spike protein in fetal liver 6 hours after maternal 4.0 µg mRNA-1273 vaccination. DIC: differential interference contrast. ZI: zoom-in. (F) At the time points of 1, 4 and 6 hours after maternal mRNA-1273 vaccination, levels of spike mRNA in fetal placentas did not differ between 4.0 and 0.2 µg mRNA-1273 used to vaccinate the dams (Tables S1-2), whereas 4.0 µg mRNA-1273 led to significantly greater spike mRNA accumulation in fetal livers than 0.2 µg mRNA-1273.

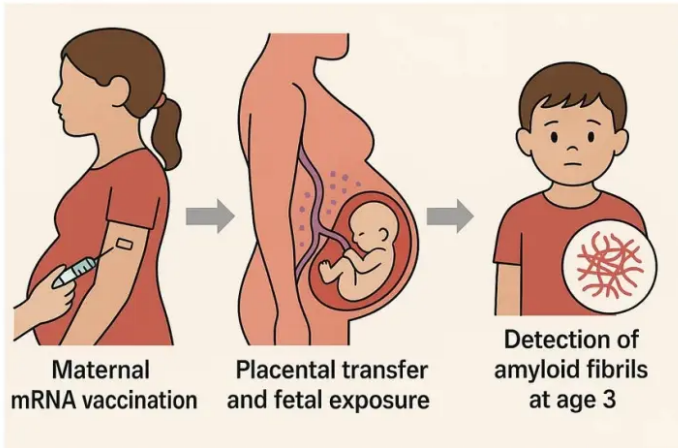
There is also some human biological evidence of transgenerational harms. **Dr. Kevin McCairn et al detected** amyloid fibrils in 3-year-old exposed in-utero to Pfizer mRNA. The child was born 1 week after mom's 2nd Pfizer shot with no vital signs, required resuscitation, and has been chronically ill since.



Amyloidogenic Fibrils in a Post-Gestational Case of mRNA Vaccine Exposure: Structural, Pathophysiological, and Biosecurity Perspectives

KEVIN W. MCCAIRN PH.D.
MAY 30, 2025

How Biowarfare Attacked The Children



Amyloid Microclot: Subject B3 Whole Blood Slide



Figure 4. Scanning electron micrograph at 200X magnification. Fibrils show twisting, lamellar thickening, and increased density—hallmarks of mature amyloid filament aggregation.

Amyloid Microclot: Subject B3 Whole Blood Slide



Figure 1. Whole blood sample from Subject B3 visualized under brightfield at 4X magnification. Filamentous aggregates are visible without fixation or dye induction, suggesting a non-thrombotic, persistent proteinaceous architecture consistent with amyloid microclots.

Amyloid Microclot: Subject B3 Whole Blood Slide

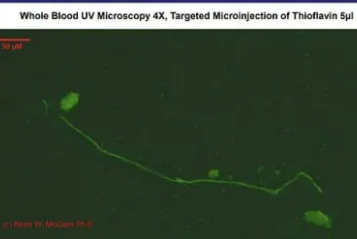


Figure 2. Whole blood sample following targeted microinjection of 5µl Thioflavin T, litened under UV at 4X. Extensive fluorescence denotes cross-β sheet loading across microfibrils, confirming amyloid-specific structural features.

Amyloid Microclot: Subject B3 Whole Blood Slide



Figure 3. Scanning electron micrograph at 40X magnification of animal whole blood sample. The visible banks of interconnected fibrils display no embryonic debris and exhibit early-phase amyloid bundling.

Emerging evidence further suggests that the synthetic mRNA can be reverse-transcribed into DNA and potentially inherited, raising the risk that this damage will echo across future generations.

Evidence of Sterilization

Karaman et al confirmed that mRNA injections decimate the ovarian system. They found a >60% destruction of primordial follicles — the non-renewable egg reserve, wiping out fertility potential.

vaccines MDPI

Article
Impact of mRNA and Inactivated COVID-19 Vaccines on Ovarian Reserve
Enes Karaman ^{1,*}, Adem Yavuz ², Erol Karakas ³, Esra Balcioglu ⁴, Busra Karaca ⁵, Hande Nur Doganay ⁶, Koray Gorkem Sacinti ⁷ and Orhan Yildiz ⁸

COVID-19 mRNA VACCINE DESTROYS PRIMORDIAL FOLLICLES

% REDUCTION >60%

the foundational egg supply for future fertility

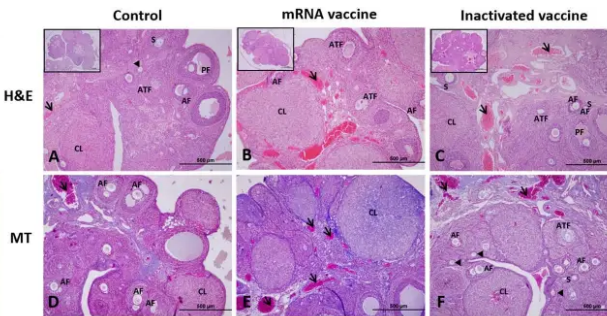


Figure 1. Ovarian images of the control, mRNA vaccine, and inactivated vaccine groups after Hematoxylin and Eosin (H&E; A-C), and Masson's Trichrome stainings (MT; D-F). CL; corpus luteum, ATF; atretic follicle, S; secondary follicle, AF; antral follicle, PF; preovulatory follicles, Arrow; blood vessel, Arrowhead; primary follicle. Scale bars: 500 µm.

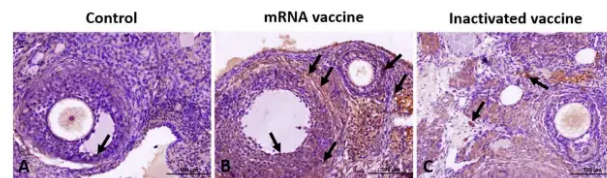


Figure 2. Immunohistochemical staining of TGF-β1 in ovarian sections from the control (A), mRNA vaccine (B), and inactivated vaccine (C) groups. Arrows: immunopositive cells. Scale bars: 100 µm.



Unfortunately, a recent study by [Manniche et al](#) indicates that these ovarian reserve destruction findings likely *DO* translate to humans. Among ~1.3 million Czech women aged 18–39, those vaccinated against COVID-19 had ~33% fewer successful pregnancies compared to unvaccinated women:

Thus, it's no surprise we are now experiencing a [total collapse in birth rates](#):

AAP's Reckless Push to Inject mRNA into Babies

Despite overwhelming evidence of infant deaths and fertility destruction, the [American Academy of Pediatrics \(AAP\) still endorses giving mRNA shots to babies](#) as young as six months — in opposition to new CDC guidance.

It is unthinkable that any pediatric authority would advocate for newborns to generate highly toxic, non-human spike proteins in their developing bodies.

The Cascade of Harm

Two landmark studies now prove mRNA injections unleash a cascade of harms:

- **Transcriptomic chaos:** thousands of genes dysregulated, including tumor suppressors (p53, BRCA).
- **Proteomic errors:** defective proteins driving inflammation, clotting, and immune dysfunction.
- **Biochemical stress:** elevated CRP (inflammation), BNP (cardiac damage), and other markers.
- **Clinical catastrophe:** myocarditis, strokes, clotting syndromes, and turbo cancers.

mRNA technology appears to initiate systemic biological collapse triggered from the



genetic level up.

As each week passes, new evidence exposes ever more devastating consequences of the mass mRNA injection programs. At the McCullough Foundation, we remain committed not only to uncovering the truth through rigorous investigative scholarship but also to actively searching for real solutions to help those harmed. This work requires countless hours of intensive research and analysis. If you value our efforts, please consider supporting our mission with a donation: <https://mcculloughfnd.org/products/donate-1>

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Nicolas Hulcher, MPH
Epidemiologist and Foundation Administrator, McCullough Foundation

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