(00:00):

So now we've talked about the national immune system in a natural world with no vaccines involved. What would have happened? You, you predict essentially somewhere around a year in, we would've seen a real just decline into, you know, a status, not necessarily having eradicated the virus from the planet, but have found a balance with it where we have enough immunity and enough people that keep it in check our immune systems, that it really can't turn it, you know, it's, it stopped being a pandemic. What would have been a one-year clear we're past one year, we are still having issues, uh, with this virus that appear. And we hear about variants and mutations and these things. What was it about the vaccine that appears to have a long gated maybe? Or how does the vaccine change that experience or that outcome?

(00:49):

Well, as I mentioned, uh, right from the beginning, and I'm, I'm just going to repeat this because this is literally what I said at the very, very beginning. And what will lead to the explanation to your question? Never, ever, never, ever use vaccines that do not induce sterilizing immunity. So to your point, that cannot prevent infection, never ever use this type of vaccines to do mass vaccination, mass vaccination in the midst of a pandemic. If you get infected, normally we're not talking about the pandemic you get infected. There is a viral load of course, due to the infection, right? And then almost after you have transmitted the virus very often, it's, it's, it's like this, the antibodies start to bound. So the antibodies, the peak is reached after the bulk of the vital viral replication has already taken place. So that means these antibodies that you generate can no longer put this virus on the pressure it's already gone almost by the time these antibodies mound.

(02:09):

If you are now vaccinating people during a pandemic, that means that the antibodies are mounting while they can be confronted with the virus there, you start to put immune pressure on the virus. So these combinations of doing massively, putting massively having a population that massively, because you do mass vaccination, put pressure on the virus, combined with vaccination programs that are conducted in the midst of a pandemic. This can only lead to natural selection of the fittest. And because many people are in a similar situation, this will be this variant that then can overcome the pressure will of course be enriched in the population. And it will ultimately become the dominant fairies. And you can see many studies have been on IVUS study here from Canada, where they introduced mass vaccination. Uh, and in August they had 50% of the Delta arrogant, uh, circulating. One month later, they had 100% was Delta. So we have never, ever been saying there's this more infectious variance, uh, were generated by the vaccines or by mass vaccination. No, they were already circulating. They existed already, but what mass vaccination has done it has within a short time frame generated an excellent breeding ground for these more infectious variants. So that know their propagation has exploded as a result of the mass vaccination.

(03:54):

I have an analogy for this. I've been thinking about a lot. I want to run it by you. Let's say, um, in terms of sort of the vaccine, like this idea of, you know, it's not that it's mutating, it's not like it's like growing arms and legs and things like that is that you're just selecting a variant. That's already there, but it wasn't the popular one. It wasn't the dominant variant. The dominant was the more mild form of the illness. So in my analogy, imagine you're a scuba diver and you're going swimming and you're swimming in the ocean and there's killer whales in the ocean. Now the killer whales, we know rarely attack human

beings, but on a, on a rare occasion, they've been known to be hungry and decided to attack a human being. There's also sharks in the ocean sharks. We know love to attack human beings and do it all the time.

(04:42):

They're much more dangerous to human beings, but killer whales, out-compete sharks and the situation with killer whales, they can eat a shark. So you don't usually find sharks and killer whales in the same water. But if the swimmer, the scuba diver decides I'm afraid of the killer whales and that rare risk that I could be killed by them. So the swimmer kills the killer whales, wipes them out. What you do is you take away that environment where they're out competing the sharks. Now the sharks come in because there's no killer whales around. And now the sharks become dangerous to the scuba diver, much, much more dangerous. They're the more dangerous variant. Now, all we have left is sharks and now all of us are in danger of getting into the water. Is that sort of,

(05:28):

Yeah, the analogy would even be better if you, if one would say the scuba diver is using a weapon that can only kill, you know, the killer whales. Okay. So the weapon that the immune system doesn't work for the, for the sharks, it only works for the killer whale. So, so if he's firing with a weapon under underwater, but that weapon doesn't work for the sharks, it only works for the killer bills. And that weapon is the immune system. Of course the sharks can resist the killer whales cannot resist. Right?

(06:04):

Yeah. And so your concern is that the more we vaccinate, the more we're wiping out a virus, our bodies can really handle it fairly easily, except for a small few. And now selecting for a much more dangerous part in this, this process keeps going now. Um, I want to play a clip, uh, by, um, uh, a guy named Zee dog does an internet talk show and he interviewed a very famous, um, doctor here, uh, Dr. Paul Offit, I guess he's a biologist he's invented a vaccines were made back scenes. I'm not sure if you've ever come in contact with Paul offender

(06:43):

And he's well, he's very well known because he wrote, uh, is, uh, is one of the editors of, um, the most famous vaccine and together with sand Plotkin and Walt Orenstein. Uh, yeah, you cannot, you cannot not know him.

(07:00):

Okay. So he's a big deal. So, I mean, this would be, this would be an equal peer. He's asked about your theory on pressuring the virus and making it deadly. Uh, and, and this whole thing that you've been very worried about, this is what he had to say in this interview.

(07:15):

There's a guy girt, Vonda. And Basha, have you heard about this guy? Yeah. So apparently a virologist in Europe has his premise. And you can maybe explain it better than me is that, oh, you know, by, by vaccinating, during a pandemic, we're putting pressure on the virus to emerge vaccine escape, variance, and that we've primed our immune system. Therefore follow-up vaccines, won't be very effective. Uh, something along those lines, um, to paraphrase. Am I paraphrasing that right. And what do you think about this? Because it has a grip on the public, this idea

(07:51):

I, with what evidence, I mean, you have, for example, what kind of, I'm going to say. So you have measles, for example, we've had a measles vaccine since the early 1960s. Measles is like, like this virus, a single-stranded RNA virus, measles, like this virus mutate, nonetheless, despite 60 years of measles vaccine, we have not seen strains generated that resist, that resist immunity from vaccination. I mean, flu is different flu mutates on a daily basis. I mean, that, that virus is a moving target. This virus also mutates, but much slower than say influenced us. We'll see. I mean, you know, it's like, I mean, the notion that we're, that, you know, you're creating a you're you're, you've created a population either from natural infection or immunization that is likely to have several years of, of protection. That's a good thing. Uh, and although the farmers may mutate to the point that it escapes recognition by current immunity, from vaccination or immunization, then you come up with a second generation of vaccine that that's what you do. I don't think that's going to happen. Actually. I think that the virus has probably been already about 12,000 mutations on this virus already. I mean, it's, and, and I think you, you may get to the point, if they're resisting all immunity or you mean, meaning that you're it's as if you never got the vaccine, you've never gotten actually infected. I think that's probably a lethal mutation.

(09:07):

Yeah. So in other words, you're kind of running the runway out on the virus's ability to change itself that's right. Lethal to the virus. Right. Um, and, and so within that parameter, then I think, again, it's another compelling reason to just go and get vaccinated now.

(09:25):

So he says you're wrong. He, as we just heard said that, um, that just like measles, this is a, you know, single strand virus that, uh, we will achieve immunity the same way that we did with measles. He says the flu is obviously does have, uh, more like it mutates faster every day. He said, but Corona virus, not as fast. Uh, I find it sort of ironic though, at the end, he says, it's already, you know, um, mutated 12,000 times, this is 12,000 berries or something, at least to a lay person. That sounds like a lot, but I don't know. But what about it? I mean, in the end he says, you're going to have immunity for several years and should there be another variant? All we'll have to do is make a new vaccine to deal with that variant. And we're good to go. Why is why? I mean, that seems to be the thinking of almost every, you know, scientists working for governments around the world. Why do you, where do you differ with that perspective?

(10:25):

Well, I mean, uh, the conditions, my, remember my, the sentence that I just repeated, which was really my concern, which was already in my first, the first call that I made conditions are not fulfilled. Have you ever seen mass vaccination across all age groups against measles?

(10:52):

No. No. I mean, not that I know because what I, what I think about with

(10:55):

Vaccinate children, we vaccinate children against measles. And why do we do this? Because measles is a childhood disease. And basically remember, remember about the innate antibodies. If the infectious pressure, you, you probably know that measles is very, very infectious. It's amongst one of the infectious viruses. We know. So it breaks immediately through the innate immunity. So if you don't come with a

vaccine, you can't, you, you cannot stop this thing. Second, what I also said is never, ever vaccinate with vaccines that do not block transmission during a pandemic of a highly mutable virus. I mean, measles is not a highly mutable virus can be an RNA virus, but it's not a highly mutable vibes. Uh, influenza is, and I bet you, if you will do exactly the same with influenza, so conditions need to be fulfilled. You have a pandemic, you start to do mass mass vaccination with vaccines that can not block transmission.

(12:10):

You will end up with exactly the same situation. So people are comparing things that are not just comparable. I hear people saying all the time, why don't we have this with flu, et cetera, et cetera. We have herd immunity with flu. And so from time to time immunity weakens, and then you'll have a breakthrough. But guess what? I mean, as soon as the flu starts to spread it encounters either young people who have very good innate immunity who will block the virus and who believe in eliminate a virus, or you have people who have previously been ill and have mounted long lift, uh, antibodies against the flu that, or even that even have broad spectrum very often, right? So this is a completely, a completely different situation. We have never been doing mass vaccination of measles. I mean the across all age groups.

(13:03):

Okay. So you're saying that essentially measles, we never, and this is shocking, I think to a lot of people, because we don't really think about this and I've, I've watched you speak so many times that it's now sinking in that measles. As an example, had already gone through a very big spike. It was very deadly early on, right? And it was already sort of our natural immune systems had brought it down. The death rate was way, way down by, I think 1960, uh, in America, one in 500,000 people in America died of the measles every year. So very, very low death rate. I think that it, of the infected, it was something like one in 10,000, if I'm right or something like that, of people that caught it. Now, then we started the vaccine program. We started the vaccine after really all the, all the elderly, all of our parents, all of the, you know, even the youth had already had immunity. So all you needed to do was the backs and ate the new entries, the children, uh, before they got it. And they said, look, it works. We have herd immunity, but they were really relying on that naturally acquired herd immunity that was being carried by the entire planet prior to vaccination. Correct. Okay.

(14:17):

Exactly. So your vaccine in such a situation, it's, the rule is very simple. You only vaccinate the vulnerable people. So in some cases, the vulnerable, poor people or the children, in other cases like [inaudible] V2, the vulnerable people are rather the elderly. So in other words, the answer to your question is I do not rule out then if in case we would have done this, as you were just explaining with measles, really mass vaccination across all age groups, when measles came in as a new virus that we might have seen the same, the same problem occurring. You understand what I'm explaining?

(14:55):

Yes. I understand that. Now my last question on the measles, uh, comparison by Paul Offit. You said that this vaccine we're using for SARS cov two is only prophylactic. It really only protects the person from severe disease. It does not neutralize the virus. Does the measles vaccine neutralized measles, or is it similar in that it only reduces symptoms?

(15:19):

Well, it will. It's, uh, the measles vaccine, because this is of course the older, the other difference if we have not even been, been talking about, is people talk about vaccines as if they were all based on the same principle we need to distinguish between life vaccines and subunit or killed or whatever, but live vaccines. That is of course, very, very important, because what will happen with a live vaccine is that you will have also strong stimulation of your innate immunity that can induce indeed sterilizing, sterilizing immunity, right? So innate immunity can be, uh, can indeed be sterilizing, but that does not mean that you will eradicate measles. For example, same, same. We have the same with polio. Remember polio was alive at innovative vaccines that we eradicate polio. We didn't, we can close a bit, but, but we did because you can still have transmission by asymptomatic people for, for example. So you will control it much more easily. Why, why will you control it much more easily with a live vaccine? Because you will have a lot of innate immune stimulation that sterilizes, we were just talking about innate immunity, how effective it is, because in contrast right now with the vaccines that with the antibodies that cannot control the infection in the transmission, innate immunity can, that is why this innate immunity is so super efficient. So if, you know, have a virus, a live virus that can do this, it will be much more efficient.

(17:03):

Okay. So in Paul off its comparison, he's really, these are really apples and oranges. You have, uh, what we believe to be a, you know, a highly mutable disease in the SARS, cov two and a less mutable disease in, in, in measles. At least we believe we won't know because we're looking at two totally different environments. One very pressured one, not, but that's the general assumption. And the vaccine is different. A bacteria live a live vaccine that induces a stronger innate immune response, which really does it, you know, uh, neutralize this virus, maybe not eliminate completely, but it does a much better job than the virus, the vaccine that we're talking about now, uh, for SARS cov two. Correct. And so those two things now,

(17:48):

No, no three things. And we didn't do a

(17:50):

Mass vaccination for the

(17:53):

Measles is a very important one because that is where the immune pressure comes from.

(17:58):

Okay. Now the last part of this though is off. It says it doesn't matter if you're right geared. It doesn't matter because even if we have selected for a variant and at some point that variant ends up becoming the dominant strain. At that point, we'll just make a new vaccine that handles that Marriott and end of the problem. Why is that an issue? Because that seems to be what the FDA and everybody are sort of counting on. You're seeing studies, they're talking about, well, this Delta is getting problematic. We may need a new vaccine in the future. Why are you worried that that's not going to happen? That's clearly what's going to happen. So why won't that save us?

(18:36):

Well, what Paul Offit is alluding to is the influencer strategy. And again, I'm always repeating my only sentence. My only call do not vaccinate with non sterilizing vaccines during a pandemic. You know, I

mean, I'm always giving the example. You are loading your gun while you are already on the battlefield while you get already attacked, right? If you do this before you get attacked, there is no problem that what I was saying, normally, when you get infected a natural infection, virus comes into restaurant's mission and it's only afterwards at the antibody speak. So the antibodies can not really put his virus on the pressure, but if you know, vaccinate, and this, this, you vaccinate these people, I mean, you, you don't give them quarantine until they have full fledged antibodies. You don't tell them, stay at home for at least six weeks because you need your first shot. You need your second shot. And it's all going to take at least six weeks until you have full fledged antibodies. These people go out and the next day or the next week, they again can get attacked by the fires. Why, first of all, it's a pandemic. Second. We are now dealing with a new pandemic. This is a pandemic of highly infectious variant. This is pandemic of the Delta Marion, right? So it's a completely different, again, again, the conditions are not fulfilled comparing apples with oranges or whatever.

(20:15):

And let me and I, I have another, I mean, just to, cause I try to help my audience. And I think simply, but when you're talking about the antibodies needing that time to develop, I imagine a war. If we're in the middle of a war, the best way to handle a war is you send your cadets through basic training. They get bootcamp, they get fully trained, they get all their gun training, they're working out and then they're strong soldiers. So the moment that they, we send them off to attack, they're the best capability of winning that war. But if in the middle of the war, the war, you know, we, you know what, we don't have time or for whatever reason we just skip or in the middle of bootcamp, we just send these children in that haven't worked out. They barely know how to work their gun. Now they're in the middle of the fight. They're coming to the enemy. That enemy was just going to overrun them and come plowing through and, and, and wreak havoc and, and win that war. Is that, is that sort of, uh, you know, when you talk, of course,

(21:09):

Yeah. When it comes to a fighting pathogens by the immune system, we always compare this to war situations or soldiers. And it's, it's a, an analogy that works out pretty well. Yeah.

(21:20):

Like to see a stop this mass vaccination campaign, because it's because of the pressure you're talking about. And Paul off its approach with mass vaccination is going to create a barrier that each time we then vaccinated for we're going to create a more, more infectious and potentially create a problem is the fear that at one day there'll be a pathogen that we just can't there's no vaccine can stop. It. Is that basically the concern

(21:44):

When I read peer review journals from, you know, molecular biology, molecular epidemiologists, right? I mean, they are simply predicting this and I cannot understand it's like, I am, I'm, I'm telling these things, but if you don't mind, I can, I can simply, you know, citations, peer review journal by, you know, this is, uh, like Harvard medical school, the Donna Farber cancer Institute, uh, MIT, uh, et cetera, right? And there are statements like, and this is published early this year when neutralizing antibodies are broadly present in the population broadly present in the population is when you do, for example, mass vaccination, population level selection for antibody evading infection, competent viral mutants may result in rapid resurgence of SARS cov two infection. So that is one thing that we see right now, the

resurgence of the infections, right? I mean, this is a very strange situation where we all of a sudden seen all these countries where we have this mass vaccination, we see an increase in infectivity, but to your point to the, to the, to the resistance.

(23:03):

So what this paper says as well is evidence from multiple experimental studies suggest that specific single mutants may be able to evaluate spike, targeting vaccines and immunity in many individuals and rapidly lead to the spread of vaccine resistant COVID to one variant that can escape convalescent plasma. Neutralization is already in South Africa. This was beginning of this year and could experience greater positive selection, pressure once vaccines or deployed widely. Finally, the overall size of the pandemic in terms of number of active infections will play a significant role in whether the virus can be brought under control with vaccines. The speed at which neutralizing antibody resistance develops in the population increases substantially as the number of infected individuals increases suggesting that complimentary strategies to prevent soft COVID V2 transmission, for example, antiviral prophylaxis, and that do not exert a specific selection pressure on the virus are key to reducing the risk of immune escape in this context, vaccines that do not provide sterilizing immunity, and therefore continue to permit transmission will lead to the buildup of large standing populations of virus greatly increasing the risk of immune escape.

(24:48):

And I mean, there are other publications I don't want to take too much of your time where it is very, very clear. I'm not the only one. I'm probably the only one who dares to speak out, but I mean, this world-class molecular epidemiologists or very, very well aware and have been warning at the beginning of this year. I must read this one that the emergent and the rapid rise in prevalence, and this was of the alphabet Agama has prompted renewed concerns about the evolutionary capacity of SASCO V2 to adapt to both the rising population immunity and public health intervention, such as vaccines and social distancing. As a consequence, the epidemiological and immunological properties will likely complicate the control of COVID-19. So, I mean, they'll, this is not new people. No people have seen already that before we even started the mass vaccination, the virus was already under tremendous pressure, most likely because of high, um, infectious pressure in areas that were very densely populated like in South Africa, the Mandela bay, or, uh, in Brazil, in the favelas, et cetera.

(26:11):

And because of that, there was a high local immune pressure, but this pressure was directed against the spike protein. And it has already, uh, shown. They have shown that the many mutations in the S protein were really driven by immune selection, pressure, pressure, exerted by the population. Now, guess what we are now coming with a vaccine, the target of which is the spike protein and the spike protein is the target of the infectiousness. So now, if I'm saying I'm exerting immune pressure on top of the pressure that got existed already before the mass vaccination, I'm exerting pressure on the factiousness of the virus, because that is what is, is doing, making the virus infections. So then if that is the case, I would expect an explosion of board infectious virus. And that is exactly what we are seeing. Why does

(27:12):

Paul off it? And you say, everyone knows this. If you're an immunology, you should know this. Why does it Paul off at no, this,

(27:18):

I dunno, sometimes, sometimes, um, they'll, I mean, this is my personal opinion. I'm not saying that this is the case. Sometimes I'm under the impression that the establishment, you have always an establishment, you have this in vaccinology and immunology in all branches, in all disciplines that the establishment things, well, you know, we, we have made it, I've made my reputation, my name, my careers. And just based on my knowledge, I'm going to draw conclusions. If you are tackling a very complex problem, like a pandemic, and you intervene with infection prevention and with vaccines, and you think you can afford yourself to leave stones unturned. I mean, then for sure, this is a recipe to make big, big mistakes. So mid-July my respect for these people and what they have been doing. But even world renowned professors are making right now, big, big, big mistakes, because they are not doing their homework or because they cannot draw from all these different fields and immunology and virology and vaccinology and evolutionary biology, et cetera. And if you don't do this, if there is one field that is missing, because you think you are a virologist and not an immunologist, and you think I can explain this from the viewpoint of neurology, then you have no right to speak. You have to familiarize yourself with those disciplines. If you want to say your words in, in, you know, the analysis of the, of the pandemic and, and certainly, certainly how to tackle it.