

[\(00:01\):](#)

Um, I want to get into, you know, where I was setting this up is you're in two camps, it was clear. You've laid out a very clear issue with mass vaccination and the pressure of it, but there are people on, you know, that watch my show, that reach out and say, he's saying that natural immunity is flawed too. That there's a failure in natural immunity because you, you know, that the innate immune system has these sort of, um, temporary or short-lived antibodies that just like the vaccine induces specific antibodies that get in the way of the innate immune system spite, I've heard you say, um, that there are people who have already come in contact with the virus have had their innate immune response that are getting reinfected. You're saying that's happening with the kids now that we're seeing, even though, and I want to say this, even though on my show, I'm presenting all sorts of science coming out of Israel that shows that there's a long live robust, um, uh, protection from natural immunity. It is far better than the vaccinated immunity. Every study is showing us that, uh, studies out of Israel show that the, I think the re-infection rate is less than 1% yet. You've been pretty vocal about your concern about reinfection. So why are you, what are you saying that's different than what we're seeing in these studies in Israel saying that it's less than 1% virtually urgently, non-existent this re-infection problem? What are they the same problem? Explain it to me.

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It would have been the, a understanding of your audience. I absolutely need to correct is I'm certainly not at all against naturally acquired immunity, but there is two things. First of all, the reason why no many people get reinfected. So to say is because after asymptomatic infection, you develop short-lived antibodies. Remember this was, do you remember the story in, in mannosé in Brazil, where they got a huge wave at the beginning of the pandemic, and then they started measuring antibodies and they said, we have herd immunity. Almost everyone was positive. Guess what? A few months thereafter, they had the second huge wave, right? But the problem is that many people must have developed simply asymptomatic infection. Of course their antibodies will last for about six to eight weeks, but those who had the really gotten the disease and acquired the long standing antigen, specifically long lift antigen specific antibodies, there were of course protected.

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You're really differentiating between an asymptomatic infection and a symptomatic infection. Once we're into a symptomatic infection that cues us, that you've now getting that B cell, you created antibody memory antibodies that will remember that experience and fight the virus. Should you come in contact in the future? That's so once we're symptomatic, we're having a much stronger reaction and we develop long lived antibodies that have memory. Whereas you're saying if you're asymptomatic, your innate immune system does such a good job that you have these antibodies that don't have memory and they're short-lived, they only last for six to eight weeks to do their job. And then they they're out of there and they're gone. So there, what you're differentiating between is an asymptomatic and a symptomatic infection, very different in how our immune systems deal with it

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As an asymptomatic infection, you only see the antigen a few days, right? The virus is rapidly eliminated. So your immune system is not really primed. It has seen it. There is some activation. There will not be a long-lasting no memory, et cetera, et cetera. So the immune system has seen it, but then it went very rapidly.

[\(04:07\)](#):

Now it's interesting when I was looking at this gear, because, um, at first, when I heard you say this several times, it seemed like a flaw in the immune system that it makes these short-lived antibodies, but it occurred to me whether or not you believe in God, or perhaps just in evolution, you can come to the same realization that it appears to me that there's something brilliant about this innate immune system that it is. So short-lived because maybe, maybe I'm just going to run this by. This is just me sort of thinking it through, perhaps with something like measles, where you just, the innate immune response is never strong enough. It's always going to roll over into that more robust, long lived immunity because it's not highly mutable. And that makes sense that if we want to survive, I only need to catch that once.

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And so I want to have a specific response. And one of the specific antibodies built that will always recognize measles because it's not going to change that much. And that will last me my whole life. But when it comes to upper respiratory illnesses that we've had a real difficulty making vaccines for the major reason is they are mutable. They change a lot. And so, whereas you would want long-term immunity for a virus that's stable and gonna stay the same. You don't want a long-term immunity for a virus that's changing all the time and producing variants because at some point it's not going to recognize it. And now having those specific antibodies is going to be a problem for you because you won't recognize the virus coming in and then a really vulnerable. So our immune system has this brilliant function where in viruses, especially upper respiratory, that mutate very quickly, it only wants a quick, quick reaction.

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It grabs on, we have [inaudible] killer cells, hit it or innate immune antibodies hit it. And then there's these, you know, to mop it up, these short-lived antibodies. And it's great because they clear out of the way and they're gone. And it's like the whole thing never happened. And so in many ways that innate response is the best response. And so my question would be now, as we look at the environment that we're seeing for the, the, the natural immunity versus innate immunity versus vaccinated immunity, we understand, I think all the problems with vaccination immunity, it doesn't stop the infection that doesn't stop the transmission that doesn't neutralize the virus, and therefore just creates pressure and allowing it to be a breeding ground. And so in some circumstances, as this is pressuring, and we've created this unnatural world, we really want as many people to not have come in contact with this, right, or to have at least been asymptomatic. So they still have this innate immunity in place and not naturally acquired. Are we in a situation where there may be a preference just as a scientist, looking at this bigger picture that the innate immunity may be the more important immunity right now compared to the naturally acquired immunity for these reasons?

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Yeah, well certainly for, uh, certainly for, uh, for this type of, uh, of, uh, disease, uh, because as I was saying, it's not a, it's not, uh, a childhood, uh, disease. And typically, uh, the innate immunity is, is more than sufficient than in, in fact, the acquired immunity, as you were saying is only very important. If you have a situation where the innate immunity is not really sufficient, I wanted to make a small correction to what you said, the fractional antibodies they can also of course, and neutralize. The problem is that the neutralizing capacity is of course not so good because the vaccine that we are using is pretty different. The S protein from the S protein in the circulating, in the circulating strain, the big advantage

of the natural infection you get immediately, the update you get infected by the most relevant variant that is circulating.

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So you get immediately that update and secondarily it primes in a much more efficient way so that the diversity of variants, that it will recognize that your immune response will recognize is larger than the one that got induced by, uh, by the vaccines. So that are the two major advantages, right? Okay. I don't want to make things complicated, but it is somewhere a kind of innate response that is between the purely pre-existing that has no memories broadly protective and cross protective. And the one that is the acquire that is very specific and has you have something in between, and all this is documented. These are kind of like innate antibodies that have already some kind of maturation, not really a memory that are a little bit more narrow in what they recognize. And these people who keep in good shape, et cetera, they do have this kind of innate trained, trained immunity.

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And you will see, and I, I tell you, and everybody can write this down. The immunity will become of the un-vaccinated will become better and better. Thanks to training they're continuously confronted with the virus. And so what you will see, and you can also already see this in the graphs that are published by, uh, by the, uh, public health England in the vaccine is the efficacy or the, the numbers, the number of the effected and disease paid people remain smaller or less the same. But what you see is that in the non-vaccinated, the number of infected people becomes lower and lower. And because the infection diminishes, because what I'm saying, innate immunity, whether it is strange or preexisting is sterilizing immunity. So because it gets strained, you get less and less, fewer, and fewer infections in the vaccinated. If you get fewer and fewer infectious, you get of course, fewer and fewer disease cases, and you see the number of disease getting own vaccinated going down, and what will happen is that, and that, of course also applies to children.

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What you will see with the children is that even though we continue to mass vaccination, you will see that their trained immunity, their innate immunity is going to be more and more, better and better trained. So guess what? These experts who don't understand anything about the evolutionary dynamics of the pandemics are saying, yes, we have low cases, disease cases for the kids, but we need to vaccinate them because nuke, we have a, this impact on transmission, right? Of course, as these young people get the innate immunity more and more trained, this antibodies now can be less well out, competed by the short-lived antibodies. And you simply go to the publication of public health, England. You can see Dell, uh, on the left panel, the vaccines, or the black columns and the non-vaccinated or the gray columns. Great. Okay. The first three columns it's under 39, you see an effect of the vaccine on infection.

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They'll okay. The vaccine is there, there are fewer vaccine is infected, right then non-vaccinated people under the age of 30 or 40, even the vaccine has a dramatic effect on the reduction of transmission. Then I would say, wait a minute, if I'm going to wait for like one month, then these people, their innate immunity must have gotten trained a lot better because the virus is circulating all the time. And then you, you look at the graph at the right panel, what happened? So now in the age group, 30 to 39, it's already the un-vaccinated that got less infected. And in the older group, 18 to 29, it's more or less the

same. There is a, there is a little seal advantage of the vaccines and still in those who are very unexperienced in terms of antigen encounter and, uh, maturation of their innate immune system.

[\(12:48\)](#):

So the youngest children, they are, there is still a major advantage of, of being vaccinated. But I tell you, if you are going to look at this column, the under the age of 18, you will see in one or two months from now that also there, it will dramatically decrease. And it will maybe even be at the favor or at the advantage of the unvaccinated, because even those young children or young people will know, get trained more and more and will be capable, thanks to their terrain, innate immunity, to have sterilizing immunity and eliminate the virus. If we are now going to vaccinate these people, what we are going to do is that we will take away this capacity of sterilizing immune immunity. Then we live a population that nobody can sterilize. Yeah. Where we can completely forget about, about herd immunity. Can you imagine what this means?

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If you are no going to suppress this innate immunity on a permanent basis, because that is exactly what you will do if you immunize them, if you prime them, right? Secondly, they are a breeding ground for the most more infections. So this is just going to speed up to speed up the resistance and turret. When the resistance comes, I mean, these people will have their innate antibodies completely suppressed, and their, uh, acquired antibodies through vaccination or completely worthless. Can you imagine what that means for individual health and for the population health? This is just going to be a major disaster and Dell. Nobody can explain this. I'm explaining you what is happening there? And, you know, nobody cares, nobody interprets this. This is just, you know, for me, this is unbelievable. Unbelievable.

[\(14:52\)](#):

Well, this is probably been when we watched these, this FDA meeting to me, you didn't have to be a rocket scientist or even virologist to say, that's just seems very simplistic. And perhaps stupid. When, uh, I think this comment was the one that really went wild on social media. Uh, and I think really ends up being the grounds for why the FDA appears to have, you know, agreed to authorize the use of this vaccine and children take a look at this.

[\(15:18\)](#):

We're never going to learn about how Facebook's vaccine is unless we start giving it. That's just the way

[\(15:25\)](#):

There it is. We're never going to learn what the vaccine does till we start giving it to all the kids.

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They'll let me put, let me put it that way. You can talk about many, many things you can talk about, of course, all the side effects. And that is important. I'm not saying that it's not important. And that is sort of say the safety already, the fact that they are saying, yeah, well, you know, we use human beings and even children, uh, as, you know, experimental animals, but basically to see, but one thing that we do know, and the safety impact, because he's talking about safety, the safety impact will be three menace and will be of an order of magnitude that is not even comparable to the side effects we are talking about is driving this virus into resistance, depriving the children from both their innate immunity and their vaccine, all protection and preventing in an irrevocable way, the population from ever generating herd

immunity. So what we are going to do is instead of the population exerting selection pressure on the virus, we are going to allow this virus to exert selection, pressure on innate immunity of the host. So that means only people who will still have their innate immunity, intact, have a chance, have a chance to survive.

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What is the worst case scenario? If you sort of game this out, what type of damage numbers, uh, on a population level, uh, are we talking about, uh, because you you've seen very stressed in the, in the videos that I've seen. Um, I can tell right now, you're very passionate about this. What is sort of your worst case scenario concern?

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I cannot talk about figures, but what is clear is that the order of magnitude will be something completely, completely unprecedented. Because again, what I'm saying is, and this is the logic of, of the science. What we will obtain. If we do this, if we continue to mass vaccination, we continue to boost. We don't do anything about infectious pressure. We immunize all the children. I mean, if that is not going to be a catastrophe, you can put me in jail. I'm very serious about it. Is there any expert who would dare to say this? If I'm wrong with the vaccination of the children, you can put me in jail. Nobody, I do this because I'm convinced I've done my homework. I've turned this thing upside down from all sides. It is like pieces of a puzzle of a very complex puzzle that can only match in one single way.

[\(18:21\)](#):

If it's scientifically makes sense. And then you, you, you see all the data and you know, the data go. Exactly. None of my predictions, of course I can not say January or February or, or w when is this going to explode in Israel? I know it's going to explode and know it's going to be very fast, I think before the end of the year, even, but I don't know for sure, but this is really, we are giving the virus an opportunity to do a natural selection amongst the human race. Those who have innate immunity versus those who have no, no right. Not left because of what I, what I explained, I know this is very strong. You know, me in the meantime, I'm not into sensation. I'm not in today, but you know, I mean, it, it cannot be, it cannot be that we vaccinate the children. It's impossible. That is our last hope. It's our last hope.