(00:00):

And so why is COVID-19 vaccination? And, you know, I say this not in a provoking way, not at all, but that is what I call an unforgivable sin. So why, well, I just told you that a specific spikes, specific antibodies that are acquired upon asymptomatic infection, they can exert some weak pressure on this innate antibody, the vaccine antibodies for God's sake. I mean, vaccinate antibodies, that that is the purpose of vaccination is to strongly prime your immune system so that this vaccine, all antibodies recognize. So to say the virus with a high affinity and they strongly bind to the virus, for sure they are going to exert a very strong suppression of your innate antibodies. Whereas the short-lived antibodies that you acquired to complete this asymptomatic infection, exert a weak pressure. This pressure from the factional antibodies is going to be very, very high. And you could say, well, that is always the case.

(01:10):

When you vaccinate, of course, this is always the case. And in general, it's not a problem at all. It could even be fantastic news, but it's of course not fantastic news. If this vaccine all antibodies do not match the virus that is circulating because this vaccine of antibodies resulted from a vaccination that use the vaccines that has the spike protein of the original uhand stray and the antibodies that are induced by that vaccine do no longer match the circulating variant that we have right now, which is the Delta, for example. So we are dealing with another pandemic. We are now dealing with a pandemic of a highly infectious variant, and the antibodies that we are generating are still the antibodies that match the ones straight. So if you have vaccine all antibodies that do not, that are very, very specific, but only recognize a strain that is no longer relevant that has basically disappeared.

(02:15):

Then it is completely useless. Of course. And you could say, well, okay then, yeah, I'm still having my innate antibodies. No, I guess what I'm saying is that no, because that is the price you pay. The price that you pay is that these antibodies will suppress your innate immune antibodies. So that is very problematic. So you do the higher infection rates because of Delta variant. This vaccine, all antibodies are now continuously boosted. So this is the other than you could say, well, I'm just going to wait until my antibodies wane. And then my innate antibodies, my innate immunity will be completely restored and that I'll be finding it. That is not the case. Why not? The Delta variate is circulating all the time. You get re-exposed all over, but each time you get re-exposed to the virus, it's like you get the boost like you get the boost chop.

(03:08):

So this vaccine, all antibodies are continuously boost and the relevant innate antibodies. So the innate antibodies that could protect you from south school, we do. And even from all other Corona viruses are constantly suppressed. So that is very problematic. So because of this sustained suppression by the vaccine, all antibodies kids may no longer be naturally protected against a number of childhood infections that do not usually result in disease. So I was saying these innate antibodies that for example, recognize our school. We too are also the type of innate antibodies that will recognize, for example, influenza, that we will recognize a number of other Corona viruses. And therefore these viruses that I mentioned do never cause childhood diseases that cause childhood infection that who cares. If the, if, if the child doesn't get the disease, but now all of a sudden this type of innate antibodies gets suppressed by the vaccine, all antibodies.

(04:07):

For sure, you're going to see a number of childhood infections that are now turned into childhood diseases because of the suppression. So on top the innate antibodies, and this is a very serious thing. What I'm saying right now, uh, I cannot go in the immunologically in the immunological detail of this, but it is very well known and documented. And when I say documented, I need publications that innate antibodies or protective of self. So that means that these innate antibodies also, uh, a role, uh, to prevent, although immunity in a sense that they prevent that they prevent self components from being recognized by the, by the immune system, when self components are recognized by the immune system, of course, that, that, that means that you have auto reactivity, that you have autoimmune disease. So in it, antibodies can prevent that. But of course, if you suppress these innate antibodies, this protective function is no longer there.

(05:16):

And therefore I'm sure. And to some extent it has already been documented that this is highly likely to raise the incidence of how the immune diseases, uh, also in, in, in children, particularly in, in, in older children, I would say as of the age of, uh, a, uh, between eight and 14, whereas in the lower age groups, the younger children, you will primarily see if there's mass vaccination continues in children, that you will have an increased incidents in a number of childhood diseases that are not normally childhood diseases, as I just mentioned. So vaccinating children against soft school with two deprives them from their capacity to standardize this virus, as well as a number of other viruses that do not usually cause harm to children. So in the meantime, of course, as I previously said, in vaccinated children, yeah, they may get mild or moderate disease, uh, but the resulting training of their innate immune system or the acquisition of natural spikes, specific antibodies, which happens in case they get a disease, we'll provide them with sustained protective, innate, or acquired immunity.

(06:36):

And that is not only very critical for their individual health, but these are also the cornerstones for herd immunity, this type of immunity, the innate immunity and the acquired immunity as a result from natural disease. So much better than factional antibodies. There is all the types of immunity that will eliminate the virus that will reduce transmission. And that will ultimately contribute to herd immunity. And we are simply destroying it by vaccinating our people. So vaccination does not, not improve your protection against severe disease or hospitalization. So that, that is something very important because right now what you hear, at least in my country and in a number of European countries is that, uh, officials say, well, wait a minute, wait a minute. Yeah. We know that vaccination does no longer protect against transmission, et cetera, and, and, and no longer against disease, but it still protects you against severe disease or hospitalization.

(07:40):

So this is completely, completely wrong. There isn't an incredible confounder in this analysis. Why? Yeah, because of course they are just looking at people who get severe disease and get hospitalized. One has to know that as I was just saying, innate immunity protects you again very often against infections. So it protects you against mild disease and it protects you against moderate disease. All the unvaccinated people that do not land in the hospital, they are all protected, but they are not taken into account. Would any official dare to say, yeah, but wait a minute. I mean, these people have not been infected. This is impossible. I just said, we have the Delta variant circulating. You can wear masks. You can keep distance, social distancing, et cetera. This virus is so infectious. It is almost impossible to avoid exposure. So, so many people still get exposed to this virus and either develop no symptoms whatsoever, or they may be developed mild symptoms, or they develop maybe moderate disease.

(08:57):

There are a few days in bed. And so what they are never getting to the hospital. So none of these Earnin vaccinated individuals that are all protected against severe disease or counted. So that is, uh, an incredible under estimation of the protection that this provided to these people that are healthy, thanks to their innate immunity. So the vast majority of the infects native healthy individuals are protected against mild or moderate disease and are of course much, much less likely to contract severe disease. I mean, they are protected against severe disease. However, some healthy un-vaccinated individuals may develop moderate disease as a result of sustained empty spike antibody titers. So remember, I'm always repeating myself. Of course, it's still possible that even in vaccinated, people have some moderate disease because they are still sitting on some short lift antibodies, but as they recover, I'm repeating myself, they develop broadly functional, naturally acquired antibodies that protect them against the diversified spectrum of variants.

(10:10):

And that is going to contribute to herd immunity. So given the small supply, if we look who are now, the people that are in vaccinated get severe disease need to be hospitalized. Well, if you compare this as a, as a percentage of the total population that is only vaccinated, and that inevitably gets exposed to the virus, this is a very small subset. And because this is a small subset, and because in many countries, I don't know exactly what the measures are right now in the Philippines, but, uh, in, in several European countries, at least there's no resumption of the precautionary measures because, uh, the officials know, wow, the virus is spreading of being vaccinated is not going to protect the spread. So they are again recommending people to, to wear masks, et cetera. So there is more precautious stake. And again, the subset of this hospitalized and vaccinated individuals is shrinking.

(11:12):

And so what you will see is that fewer and fewer of these vulnerable and vaccinated people will land in the hospital. Whereas of course, the opposite will apply to vaccine is why is this? Well, of course, because we see that there is increasing resistance of the virus to the localizing antibodies. I think everybody has heard also the recent news about, you know, south African resistant mutants, et cetera, et cetera. And because also we continue this mass vaccination, so the mass vaccination and the boosters, or just going to enhance the resistance. So on the, on the side of the vaccine, is we, or just not doing the right thing and the subset of the in vaccinated people that, um, that landing the hospital will, will diminish. So you will see that within a few weeks. And it is already the case in some countries. Now the, uh, percentage I'm not talking about absolute numbers, I'm talking about percentage, the ratios of the vaccinated people that need to be hospitalized will exceed, will exceed the percentage, the ratio of the [inaudible] that needs to be hospitalized.

(12:24):

So you have to be very, very careful with this, uh, with this analysis. Uh, so vaccination, uh, this is a continuation of the previous slide. So the single best approach to protecting yourself and your children is to take excellent care of your health. I mean, I'm not going to dwell too long on this, but having a healthy lifestyle, healthy food, having exercise, uh, this is all very, very important. And, and also what, what comes to the, what else this is, has mental health, but that will come to this. So mild disease, as I was saying, it equals a lifelong protection. Why? Well, because it leads to draining of your innate immunity, a training that has memory. And of course, this can only be preserved provided you don't get

any I'm saying any of this COVID-19 vaccines and you stay in good health. If nevertheless, the virus breaks you shouldn't be very because you are beyond unlikely to contract severe disease provided.

(13:32):

As I was saying that you are in good health once recovered, you should stay exposed to the virus. Why? Well, there is a lot of variants coming up and changing all over the time. So if you, if the virus broke through your innate immunity, you can no longer count on a broad protection because your innate immunity is, uh, what was not sufficient to resist the virus. So now you have to rely on your antibodies that were naturally acquired. This naturally acquired antibodies have not the same breadth of protection as the innate antibodies do. So it's important that in fact, you stay in contact, you, you don't isolate yourself because if you stay in contact, you will have regular dates of the circulating virus, which will then of course, uh, provide you with updated antibodies that have still, uh, brought, uh, that's still sufficient. Uh, I would say specificity to deal with new variants.

(14:37):

If you don't do this, let's say, as things are evolving very, very fast, and you would, you, you would get the disease, you would then recover. You would build antibodies, et cetera, and you would isolate for half a year. I do not rule out. I cannot prove this, that when you come out after the half a half a year later, that the variant that is circulating by then is no longer sufficiently recognized by the antibodies you acquired back six months ago. However, if you just continue to live a normal life in society, you will automatically get exposed to every single new variant that is circulating and your acquired immune system will get a regular update. So in vaccinated people with underlying diseases, these people are, of course at risk. They should still, I think, a deal to infection prevention measures. They should really be cautious with their contacts and avoid contexts with super spreaders.

(15:37):

My heart goes out to vaccinated people, and I will do whatever I can to help these people, uh, together with colleagues, et cetera, but it is true. And this is not to discriminate against anybody because many people got vaccinated without even knowing and thinking that this was the best thing that they could possibly do. But it is true that right now, somebody who got vaccinated, who got all these antibodies is prone to promote the propagation of a highly infectious variant, because the highly infectious variant can only flourish on a background of a high immune response. That is how it got selected, right? And, uh, these people should definitely have access to every treatment, but again, they should not get the injection because again, the, uh, the, the vaccine is just going to further suppress their innate antibodies. And again, the antibodies listed by the vaccine do not recognize the values that are circulator or sufficiently recognized. The variants that are circulating right now.