

UNCENSORED COVI-SATION: MILLS, MCCULLOUGH, VANDEN BOSSCHE, VERKERK

Video

<https://www.anhinternational.org/news/an-uncensored-covi-sation-with-mccullough-vanden-bossche-verkerk/>

Audio file

[211117 SpeakingNaturally_Covi-sation.mp3](#)

Transcript

00:00:37 Speaker 2

Well, hello and welcome to this panel discussion on the topic of SARS, Co V2 and COVID-19. My name is Paul Mills and I'll be chairing this session and joining me will be three other individuals who have been closely following this pandemic since its inception.

00:00:54 Speaker 2

And fortunately for us, they have significant expertise in several areas of high.

00:00:58 Speaker 2

Relevance to each of.

00:00:59 Speaker 2

US and those areas that we'll be discussing include current medical treatment options for SARS, Co, V2 infection and also COVID-19 disease. We will be discussing the importance of innate.

00:01:12 Speaker 2

Unity and also the potential societal epidemiologic consequences of mass vaccinations.

00:01:21 Speaker 2

An important topic to will be discussing is that of medical ethics and gaining a better understanding too of how the pandemic has influenced the perceptions of society.

00:01:33 Speaker 2

At large on not only governmental agencies, but but also science itself.

00:01:39 Speaker 2

Before introducing the panelists, I'd like to introduce myself and tell you why I am sharing this panel.

00:01:47 Speaker 2

I'm a professor of public health at the University of California, San Diego.

00:01:52 Speaker 2

I have expertise in areas of psychoneuroimmunology and behavioral medicine, and also.

00:01:58 Speaker 2

Integrative medicine, having published approximately 400 scientific papers in these area.

00:02:06 Speaker 2

I was invited to chair this panel by the Westreich Foundation and also the Alliance for Natural Health International and frankly, when I received the invitation, I was pleased to do so because like many of you, I have followed closely this pandemic.

00:02:21 Speaker 2

I followed it through the various tragedies.

00:02:25 Speaker 2

The sadness, but also.

00:02:27 Speaker 2

The triumphs that we've seen again and again.

00:02:31 Speaker 2

But we've also been acutely aware of the many machinations, the inconsistencies of messages, and information that we've obtained from our different governmental agencies, including the CDC and also from the mainstream media.

00:02:47 Speaker 2

I've really done my best at times to find information that wasn't being presented.

00:02:53 Speaker 2

On the mainstream media.

00:02:56 Speaker 2

Seeking it out where I could find it and also finding information that.

00:03:00 Speaker 2

I had been posted at one.

00:03:01 Speaker 2

Point that had been taken down and censored.

00:03:05 Speaker 2

Now, this censorship, frankly, has been very puzzling to me, because as a scientist I keep a very open mind.

00:03:13 Speaker 2

In fact, if you speak.

00:03:14 Speaker 2

To any scientists, that's a foundation of good science, an open mind.

00:03:18 Speaker 2

We seek to find as much relevant scientific information as.

00:03:23 Speaker 2

Well as opinion.

00:03:25 Speaker 2

On what the topic at hand is.

00:03:27 Speaker 3

We then do.

00:03:28 Speaker 2

Our best to do a synthesis of that information and then from there move forward to next steps.

00:03:34 Speaker 2

Those next steps might be, well, it's time for a new set of experiments in the laboratory.

00:03:40 Speaker 2

Or if it's highly relevant and the synthesis is far enough along relevant to medical treatment, then it's time to embark on dissemination and implementation of that new treatment as it evolves over time.

00:03:54 Speaker 2

This of course is very relevant to the topic of the pandemic and.

00:03:57 Speaker 2

We'll be discussing this.

00:03:59 Speaker 2

So these are the reasons I chose to chair this panel.

00:04:03 Speaker 2

I'm really looking forward to it.

00:04:05 Speaker 2

I have a lot to learn and then I'll now begin by introducing our panelists.

00:04:11 Speaker 2

So I'd like to have doctor Peter Mccullagh introduced himself 1st and then from there Doctor Vandebosch.

00:04:18 Speaker 2

Will introduce himself.

00:04:20 Speaker 2

And then from.

00:04:20 Speaker 2

There doctor Robert Burke.

00:04:23 Speaker 2

So doctor mckellop.

00:04:26 Speaker 4

Well, thank you Doctor Mills and and let me extend my welcome to the fellow panelists and to the viewers of this important program I'm doctor Peter McCullough.

00:04:35 Speaker 4

I'm a board certified internist and cardiologist.

00:04:38 Speaker 4

I'm a trained epidemiologist in academic practice in Dallas, TX so I see patients every week in my office and I split my time between.

00:04:46 Speaker 4

Patient care as well as academic endeavors, and I'm a member of the Association of American Physicians and Surgeons.

00:04:55 Speaker 4

That's the banner behind me.

00:04:56 Speaker 4

APS has been a leading support.

00:04:59 Speaker 4

Order, in fact they were the organization that published the first home treatment guide for COVID-19 and over the last two years I've completely dedicated my clinical practice as well as my academic endeavors to face the virus.

00:05:13 Speaker 4

SARS Co V2. I have 51 papers now in the peer reviewed literature on COVID-19, including the two Seminole Papers.

00:05:21 Speaker 4

That teaching doctors how to treat the illness early to prevent hospitalization and death.

00:05:27 Speaker 4

I have over 650 papers in the National Library of Medicine as cited by that indexing organization and 5000 overall publications.

00:05:36 Speaker 4

So like Doctor Mills, I believe we're in the upper echelon of all published physicians and scientists right now in the United States and I've taken an analytic.

00:05:47 Speaker 4

View towards COVID-19 trying to give my guidance last year through a series of contributions, I was a regular contributor to The Hill trying to guide our lawmakers on pandemic response. This year I've started a radio program for the World America allowed talk.

00:06:04 Speaker 4

Radio the McCullough report and many of you have recognized me.

00:06:07 Speaker 4

I'm a frequent contributor on Fox News.

00:06:10 Speaker 4

Real America Oeyen, Newsmax, and most major news channels in the United States because, as a clinician, as well as a scientist and epidemiologist I have been fortunate to be well positioned in understanding clinically what the next twist interns will be with the pandemic and pandemic.

00:06:29 Speaker 4

Response and most recently trying to help the world interpret the emerging data on vaccine safety and efficacy.

00:06:37 Speaker 4

So thanks for having me so much on the program.

00:06:40 Speaker 2

Well thank you Doctor McCullough.

00:06:42 Speaker 2

Doctor vandenbosch.

00:06:45 Speaker 3

Hello everyone in Destiny Bush and my background despite veterinary medicine but that shortly after my specialization in veterinary medicine and in fact initially the first years of my professional career were in equine medicine and.

00:07:05 Speaker 3

Surgery, but then early on I shifted to molecular biology and biology pH D biology.

00:07:13 Speaker 3

And stay for a number of years in academia where I primarily concentrated on fire, which she also environmental biology was teaching.

00:07:23 Speaker 3

Also noses at at university in Germany, Stuttgart and I then went on and joined the vaccine.

00:07:33 Speaker 3

Industry there I worked in a number of companies primarily.

00:07:38 Speaker 3

First of all in the late development where I was very close to the product.

00:07:42 Speaker 3

Very close to vaccine development.

00:07:45 Speaker 3

For several viral diseases, and I then primarily switched to R&D, so in the research department I was mainly charge of accidents and open at the vaccine delivery. So it's in fact a special field Special Branch of vaccinology, and that's also where I learned it.

00:08:07 Speaker 3

From there I joined the Bill and Melinda Gates Foundation and also organizations like Gabby said that also my own home.

00:08:18 Speaker 3

Which was specialized in fact, in the vaccine design, I've been passionately fascinated by vaccine design, so the designing really, completely new approaches to teaching the immune system on how to tackle a number of diseases that.

00:08:37 Speaker 3

We have those solutions for right right now, about 10 years ago I realized.

00:08:42 Speaker 3

That we are turning a little bit around in circles with our vaccines.

00:08:46 Speaker 3

We have a number of very good, very dressy vaccines.

00:08:49 Speaker 3

The, but then as it comes to chronic diseases, for example, as it comes to therapeutic diseases or you mediated diseases, we are really sick.

00:08:58 Speaker 3

So I felt the need really.

00:09:01 Speaker 3

To find a completely different approach to vaccine design and I have been in the last few years.

00:09:12 Speaker 3

Concentrating on vaccines that target in case also cells that are can can tackle a broad number of different pathogens and that are not restricted by genetic appetites.

00:09:25 Speaker 3

So when yeah, well after after I had worked with these companies I said it.

00:09:32 Speaker 3

My own consultancy.

00:09:33 Speaker 3

Company, and that's what I have been doing over.

00:09:35 Speaker 3

The last

00:09:37 Speaker 3

And also very kobiet came along, I felt immediately involved because although I don't have that number of papers like you guys, I can draw from from several different fields I can draw from immunology, I can draw from vaccinology from infectious diseases, from zero noses from.

00:09:57 Speaker 3

Also evolutionary biology.

00:09:59 Speaker 3

And I think that has become very, very important during this crisis because literally the pandemic is already very very complex in its own right.

00:10:10 Speaker 3

It is a very complex interplay between the the the host of course and and the virus and then this funding is even more complex because.

00:10:19 Speaker 3

There has been a lot of human intervention in terms of infection prevention measures in terms of mass vaccination, it's.

00:10:24 Speaker 3

ETC so it seemed to be very, very important to put all the different pieces of the puzzle together, and I personally think that one of the most puzzling elements in this pandemic that has been not very well understood is demonology.

00:10:42 Speaker 3

Especially also the involvement of the innate immune system.

00:10:45 Speaker 3

It has been largely ignored and neglected and that is why there I'm primarily trying also to educate.

00:10:53 Speaker 3

People and to contribute.

00:10:55 Speaker 3

In a way that we can finally come to some consensus and find the solutions to the deep crisis we are currently in.

00:11:06 Speaker 3

Thank you.

00:11:08 Speaker 2

Well, thank you very much already, as we're doing our introductions, I'm getting so many ideas for questions beyond the list.

00:11:14 Speaker 2

That we had already populated.

00:11:16 Speaker 2

So Doctor Burke, please tell us about your.

00:11:20 Speaker 5

Thank you very much, Paul.

00:11:21 Speaker 5

I'm a sustainability scientist.

00:11:24 Speaker 5

I've been working for the last 40 years in that field and something of a polymath.

00:11:30 Speaker 5

I'm an ecologist by original training and and I have had a career that's really mixed everything from academia.

00:11:42 Speaker 5

Through to consultancy and campaigning on everything from environmental through to chemical issues and health issues.

00:11:51 Speaker 5

So my academic background.

00:11:53 Speaker 5

Uhm, after my original training in ecology was in looking at sustainable agriculture.

00:12:00 Speaker 5

Looking at if you like complexity and agroecosystems and how to create stability, there was at Imperial College London or I did a Masters or PhD and then seven years postdoc.

00:12:15 Speaker 5

Interestingly, I I was at that point.

00:12:17 Speaker 5

I started to develop a very strong interest in what we were producing in healthy agricultural systems, which was interestingly healthy foods.

00:12:27 Speaker 5

And looking at the differences in production systems between them.

00:12:34 Speaker 5

Conventional systems and the increasing globalization of the food supply.

00:12:38 Speaker 5

I was really very astounded that that my medical colleagues were not interested in nutrition nor were they interested in some of the extremely interesting plant compounds that were present in some of the plants that we were studying, and that really woke me up to the fact that that.

00:12:59 Speaker 5

We need to have people who are involved both in producing healthy foods and healthcare and I was then in 2002.

00:13:07 Speaker 5

Who offered a permanent job and instead of that I set up the nonprofit Alliance for Natural Health International and for the last 20 years.

00:13:17 Speaker 5

What we've been doing is really looking at how you can apply sustainability to health care.

00:13:24 Speaker 5

Very much working at how we can connect more with nature and.

00:13:28 Speaker 5

Understand how we can work in harmony with nature to create health rather than working against nature.

00:13:35 Speaker 5

So for me, when when the whole SARS Cove V2 pandemic developed, it was quite extraordinary seed so quickly that the primary desire was to have a very unilateral strategy. That was everything revolved around this spike protein antigen, and because it was.

00:13:55 Speaker 5

Being produced very, very quickly because it was being produced with public money because.

00:14:01 Speaker 5

Governments were indemnifying the manufacturers.

00:14:05 Speaker 5

We very quickly went very public on the fact that transparency was all important, and of course we never got transparency, and it's been a a remarkable journey and to see the changes in society and.

00:14:22 Speaker 5

To see people becoming ever more disconnected from nature, really believing that something that you know Pfizer or Moderna, AstraZeneca janjay can produce can do something more than the human immune system can do alongside now.

00:14:39 Speaker 5

Nature and yet in many regards, we're seeing plenty of evidence that there are signals and markers all around us that are telling us what is happening now is in many respects akin to a slow motion train smash, and it's as if people are asleep, not not seeing it so, uhm.

00:15:00 Speaker 5

Really important part of the process for us in A and H is is how we can help people to become re empowered.

00:15:09 Speaker 5

Essentially, we've seen this transition away from what was going to be patient, centered, personalized healthcare to now a kind of form of.

00:15:20 Speaker 5

Institutionalized top down public health in which governments are working hand in hand with corporations with big tech, big pharma, big media.

00:15:32 Speaker 5

To provide a narrative, all dissenters shut out.

00:15:36 Speaker 5

That is a really.

00:15:36 Speaker 5

Disturbing situation, so it's really how we can help educate people how we can transition and help this movable middle.

00:15:46 Speaker 5

The people who understand that that there's something wrong, but they can't put a finger on it and.

00:15:53 Speaker 5

They don't feel safe by, you know.

00:15:56 Speaker 5

Following, for example, people who've been labeled as outright conspiracy theorists.

00:16:01 Speaker 5

And there's a huge amount of commentators who are not getting airtime, and this is one thing we're we're all doing.

00:16:07 Speaker 5

We're also doing it with the World Council for Health, which is the new umbrella organization of many different associations, group doctors and scientists who are coming together and and we've got to fix this.

00:16:18 Speaker 5

So thank you, Paul.

00:16:20 Speaker 2

Thank you for all that and I look forward.

00:16:22 Speaker 2

To us on packing.

00:16:23 Speaker 2

A lot of what you said and expanding on it as relevant to all.

00:16:27 Speaker 2

The different domains.

00:16:28 Speaker 2

We will be covering including medical therapy.

00:16:30 Speaker 2

Please start interested in your comments about the food chain and lifestyle medicine, which hasn't gotten much attention during this pandemic.

00:16:39 Speaker 2

There were several mentions.

00:16:40 Speaker 2

Each of you mentioned the word immunity during your introductory remarks, so I'd like to begin with some discussion and further understanding of the value of the role of.

00:16:50 Speaker 2

Innate immunity in this entire pandemic for those naturally who had COVID-19 and recovered from it, uh, those within out with them without the vaccination. So let's say my dear, can you begin our conversation in this area? Thank you.

00:17:07 Speaker 3

Yeah, sure, I don't know exactly where to begin, but it seems logical to me that we would begin at the very start of the pandemic, where we basically found out that the vast majority of people in good health not not only children, I would say basically everyone in.

00:17:27 Speaker 3

In good health.

00:17:29 Speaker 3

Was largely protected from the disease, and so that this, despite the fact that the population was, of course, immunologically naive because this was a new virus, and it's pretty pretty fast in the sense that within a few weeks a few months the the virus.

00:17:51 Speaker 3

Was already detected in several different counties.

00:17:56 Speaker 3

So one naively wonders why this virus could spread.

00:18:01 Speaker 3

Then while the vast majority of people were simply protected, and in being illogically naive, it's difficult to find any other answers than to say, well, this is probably a kind of.

00:18:16 Speaker 3

Innate Indian protection and.

00:18:20 Speaker 3

We we we there is little even as vaccine ologists and and we should.

00:18:26 Speaker 3

We should not forget that to a large extent this field has now been dominated by the vaccine ologists by the vaccine industry and I've been part of them and I'm of course single vaccine ologists.

00:18:39 Speaker 3

But I must admit.

00:18:41 Speaker 3

That if there is one field that is largely neglected in the field of technology, it's in a unity and that is.

00:18:49 Speaker 3

Because when you start vaccinating somebody, you start with the acquired immunity.

00:18:55 Speaker 3

You induce antibodies and that is already or or of course also T cells.

00:19:01 Speaker 3

This is part already of the aquatic mune system, so we skip this step of making unity and we immediately come.

00:19:09 Speaker 3

Or reduce our second line of immune. Besides, like the first line of the Union defence is of course the in APU system and so interestingly enough this source code V2.

00:19:24 Speaker 3

Is not a virus that is typically a childhood disease, right?

00:19:30 Speaker 3

Because I mean, especially children were almost not affected at all.

00:19:35 Speaker 3

Of course, you have always the exceptions where the even children have some underlying disease of genetic deficiencies, but on.

00:19:44 Speaker 3

On the other hand, So what?

00:19:45 Speaker 3

We know as well and.

00:19:46 Speaker 3

This is a little bit.

00:19:47 Speaker 3

Back to or.

00:19:49 Speaker 3

Related to what Rob was already saying in his introduction.

00:19:52 Speaker 3

Then there are a number of publications that clearly correlate good health health status with good innate immunity, and it has also been.

00:20:06 Speaker 3

Uh, I would say at this stage very well documented, they just that these papers aren't read and I I'm not going to bowl.

00:20:15 Speaker 3

But it is.

00:20:16 Speaker 3

It is very interesting that in a number of these publications of innate immunity, it's literally said that that it is really pretty contradictive with the current paradigm, and that this is the fields that exist and health has been exposed in spent 20 years but has not really been.

00:20:36 Speaker 3

Considered a given enough enough importance.

00:20:40 Speaker 3

So it's certainly large.

00:20:43 Speaker 3

A field that we have not been considering.

00:20:46 Speaker 3

We know that, especially in children, innate antibodies are are very, very important and protect them from a number of diseases.

00:20:56 Speaker 3

These innate antibodies, or have a large spectrum, they're Poly, reacted.

00:21:00 Speaker 3

And recognize all kinds of different variants.

00:21:03 Speaker 3

And we have simply we have simply skipped that.

00:21:07 Speaker 3

That said, it's only when the virus breaks through the native unity that then you need to go to the second line of immune defence.

00:21:15 Speaker 3

And that is where we come in.

00:21:17 Speaker 3

Of course, with the acquired immunity, that of course a number of people voted disease and then.

00:21:23 Speaker 3

Build the the well there, neutralizing the neutralize again.

00:21:28 Speaker 3

Bodies, so the question is, as I know is well.

00:21:32 Speaker 3

If we vaccinate everybody, first of all, is this going to have an impact on innate immunity?

00:21:39 Speaker 3

So this is to say if people who are in good health in good shape, even children and that kind of rely on good innate in unity should.

00:21:48 Speaker 3

We substitute designating unity now by acquiring community by antibodies.

00:21:52 Speaker 3

Is this going to be better and there comes in of course all this session.

00:21:56 Speaker 3

Also, being Eunice State that is wanting the second day and I know Peter McCullough also likes to discuss this is well is it dated?

00:22:06 Speaker 3

Way to have your vaccinal antibodies or the naturally acquired antibodies, or in other words, even people who got the disease and got their naturally acquired antibodies.

00:22:18 Speaker 3

Does it make sense to still vaccinate his people?

00:22:22 Speaker 3

Both of us and many thing that this is not only just.

00:22:27 Speaker 3

Not making sense, but it could even be.

00:22:29 Speaker 3

Harmful, so at this point I would maybe like to pass on to Peter to express his opinions on the factional immunity compares to naturally acquired immunity.

00:22:42 Speaker 3

Just to open a little bit of debate.

00:22:45 Speaker 2

Great and if.

00:22:45 Speaker 3

Is that the pig?

00:22:46 Speaker 2

I can add.

00:22:47 Speaker 2

Peter, before you begin during your introductory comment.

00:22:50 Speaker 2

Since you said you you've been discussing a lot lately, the twists and turns, those were your words of how this has all been evolving, and I'd like to understand within that twists and turns, how are you recognizing?

00:23:01 Speaker 2

Or is your medical therapies recognizing the role of the innate immunity as well?

00:23:07 Speaker 2

Thank you.

00:23:07 Speaker 4

Clinically, doctors in my circle have been very impressed with the recovery that happens after COVID-19 and the subsequent immunity, which I think is best characterized as being robust.

00:23:20 Speaker 4

Means it seems to cover all the current variants that have been experienced in the world that it's complete, meaning that it's really full coverage across the spectrum of antibodies.

00:23:31 Speaker 4

We now know there are 27 or more antigenic proteins with the virus. We know the vaccines only code against one protein, but the natural infection.

00:23:40 Speaker 4

27 and then the robust T cell immunity. All the studies that have looked at the basic mechanisms of T cell immunity show with a natural infection. There is really.

00:23:49 Speaker 4

Robust T cell response, both T helper and T presenter cells. Natural killer cells. In fact, there's a diagnostic test that's FDA cleared is called the T detect test that can actually test for minor chromosomal rearrangements in T cells. That code for cell surface receptors that recognize SARS, Co V2.

00:24:09 Speaker 4

So clinically now we have an array of antibodies we can order.

00:24:14 Speaker 4

We can order IgG.

00:24:15 Speaker 4

IG M Against the spike protein against nucleocapsid we have the T detect test so we have a lot of sophistication to evaluate natural immunity, but my points are that a good case that's well documented. The characteristic signs and symptoms of COVID-19 with a concordant positive.

00:24:36 Speaker 4

PCR tests, preferably at a low cycle threshold less than 28 cycles.

00:24:41 Speaker 4

Or a positive antigen test from a high quality laboratory antigen manufacturer like the let's say the Quidel Sofia test as an example.

00:24:50 Speaker 4

These are perfectly fine to establish a case of SARS Co V2 and I can tell you if it was possible to get COVID-19 over and over again.

00:25:02 Speaker 4

We would have seen hundreds of millions of cases and we wouldn't have missed it. COVID-19 would have put susceptible people in the hospital over and over again on the mechanical ventilator over and over again. Fortunately we have not.

00:25:15 Speaker 4

Seeing that all we have seen is, I think some confused, confusing papers dealing with false positive tests and now and again.

00:25:25 Speaker 4

So for instance, we know with the original CDC methodology for the PCR test that was adopted as all the laboratory derived assays.

00:25:33 Speaker 4

For instance, in the United States.

00:25:35 Speaker 4

I know that for sure 'cause my system.

00:25:36 Speaker 4

Did that, that original test could not distinguish between influenza and SARS. Co V2, so someone could have had influenza easily in early 2020 and been misdiagnosed as COVID-19 and then actually really have COVID-19. A year later. We knew that probably happened and also.

00:25:57 Speaker 4

It's been my clinical experience managing so many patients with COVID-19 that it's possible to intermittently test positive on PCR tests that are done afterwards. Really, in an ill advised manner.

00:26:11 Speaker 4

And actually be intermittently positive for months afterwards. I had one person in my circles would test positive 17 times intermittently, so it's it he didn't have 17 cases of COVID-19.

00:26:23 Speaker 4

He had one original case and that's it. So we now have 122 studies supporting natural immunity.

00:26:31 Speaker 4

It is such a strong case.

00:26:33 Speaker 4

The CDC is tracking vaccine failures and as of mid October the CDC had over 41,000 fully immunized vaccine failures of Americans who ended up dying or becoming hospitalized in the United Kingdom is tracking similarly as well as Israel, so it's clear that the vaccines.

00:26:53 Speaker 4

Fail in large numbers.

00:26:54 Speaker 4

The CDC, for example, does not have a single.

00:26:57 Speaker 4

Case that is a representative of the failure of a natural immunity.

00:27:03 Speaker 4

All the ones that exist in the literature.

00:27:05 Speaker 4

Again, I've looked at them carefully.

00:27:06 Speaker 4

I think they're just miss miss interpretations of a false positive test.

00:27:11 Speaker 4

Thankfully, no one gets serious disease twice.

00:27:13 Speaker 4

You can take that to the.

00:27:14 Speaker 4

Bank it basically we've seen.

00:27:17 Speaker 4

Protection against the Delta variant and we know SARS.

00:27:21 Speaker 4

Kobe 2 the mutations have been largely in the spike protein in some in some other epitopes, but by and large the mutations haven't.

00:27:29 Speaker 4

Haven't been enough.

00:27:30 Speaker 4

For the virus to change phylogeny and have it become SARS Co V3 as an example, the cross immunity from SARS Co. V1 to SARS, Co. V2 is very strong, is about 90% homologous and we have supportive data so natural immunity is so important that representative Diana Harshberger from Tennessee is proposed national legislation to.

00:27:50 Speaker 4

Recognized natural immunity.

00:27:52 Speaker 4

The CDC has had demand letters in for months from physician groups demanding recognition of natural immunity because that's the only way we can get out of the pan.

00:28:00 Speaker 4

Like if we pretend as if we're always susceptible, that means everybody has to wear masks.

00:28:07 Speaker 4

People in nursing homes have to go in lockdown.

00:28:10 Speaker 4

Do you know, sadly, that we have seniors in nursing homes? They've survived COVID-19, and every time there's another subsequent case, they're actually put in solitary confinement in their rooms. There's someone in my family.

00:28:21 Speaker 4

Circle who's been basically.

00:28:22 Speaker 4

In prison for six months after COVID-19, it's completely wrong. We're actually telling people who are COVID recovered asymptotically before they get on air.

00:28:32 Speaker 4

Across borders, none of that's needed. The FDA has not cleared any of these tests for asymptomatic testing. The World Health Organization says don't do it as a as according to their June 25th guidance and so naturally immune can be completely free of masks of asymptomatic testing.

00:28:53 Speaker 4

They can be free of vaccines that there are three studies showing that the vaccines only cause harm in the naturally immune recover.

00:29:00 Speaker 4

The vaccines offer no opportunity for benefit and cause harm, so they should be just like the FDA.

00:29:06 Speaker 4

Agreed in the registrational trials. Naturally immune should be strictly excluded from receiving COVID-19 vaccines, but getting natural immunity.

00:29:14 Speaker 4

Whether it's from a first infection or even a vaccine failure and then becoming immune, that really ought to be the centerpiece for us.

00:29:22 Speaker 4

Moving out of the pandemic.

00:29:24 Speaker 4

And I'll say one final thing.

00:29:26 Speaker 4

Jennifer block.

00:29:26 Speaker 4

Medical reporter, British Medical Journal mid September.

00:29:30 Speaker 4

Had estimated in that paper in detail.

00:29:32 Speaker 4

People, but based on CDC and US Census estimates we had already had 120 million Americans have had COVID-19, and that's before the delta outbreak and delta outbreak involved a large number of younger individuals and some believe the estimates are now 200,000,000. Americans now are fully immune.

00:29:52 Speaker 4

At this CDC meetings for childhood vaccination there was agreement among the CDC and FDA and panelists that 40% of children through May.

00:30:03 Speaker 4

They had already had COVID-19, and now after the Delta outbreak, it's my estimate 80% of children in the United States have already had the illness.

00:30:11 Speaker 4

That's a large group of people who should be completely off the table for any of these interventions.

00:30:17 Speaker 4

Masks, testing, lockdown, vaccination, et cetera.

00:30:20

Thank you so much.

00:30:21 Speaker 2

Peter, that is an extremely powerful message and a message that's very different than what most of us here through the common media and messaging and.

00:30:29 Speaker 2

I think is.

00:30:30 Speaker 2

So incredibly valuable and for me it raises a question and it's something you also mentioned here at that.

00:30:36 Speaker 2

It's well well recognized the value.

00:30:38 Speaker 2

Of the importance of innate immunity.

00:30:40 Speaker 2

But it hasn't.

00:30:41 Speaker 2

Been at the forefront of the conversation.

00:30:43 Speaker 2

It's hardly been in the conversation at all, really.

00:30:46 Speaker 2

And Robert, you mentioned that a lot of your work has to do with lifestyle medicine, including nutrition, and there's this link between the our natural immunity.

00:30:57 Speaker 2

And our lifestyle and lack of comorbidities, et cetera.

00:31:02 Speaker 2

Why hasn't this been such a central part of the conversation, and what can we do?

00:31:08 Speaker 2

To improve it and of.

00:31:09 Speaker 2

Course I know rob your your alliance.

00:31:12 Speaker 2

Is endeavoring to do that for us so.

00:31:13 Speaker 2

Could you please address that?

00:31:14 Speaker 5

Yes, look, absolutely. I think some of it is because the science hasn't been well understood. If you look at, for example, the emerging evidence about the importance of epigenetics, for example, the nature of an individual's environment too.

00:31:29 Speaker 5

Essentially, reprogram particularly the innate immune system.

00:31:33 Speaker 5

That's pretty important, and it's it's it's one of the overall challenges that we see if we look at where the burden of disease tends to lie, it lies with more deprived people, but we saw very early on in the pandemic in in Europe.

00:31:49 Speaker 5

In Italy, when we started seeing the data looking at serum vitamin D levels in populations in Bergamo for example.

00:31:57 Speaker 5

All those older people that were really heavily hit their vitamin D levels.

00:32:03 Speaker 5

I mean, they may be in Europe, but they haven't been sitting in the sun a lot.

00:32:06 Speaker 5

They've been sitting in care homes and hospitals and their vitamin D levels were on the floor and so that that would be an intervention that could have a profound effect.

00:32:17 Speaker 5

Obviously people die.

00:32:19 Speaker 5

It's because the immune system is so heavy on resources.

00:32:24 Speaker 5

People need resources to be able to function, and I know the work that we did in in in the on Ebola and Sierra Leone and several years back it was extraordinary when we started administering liquid nutrition to severely ill Ebola patients, a lot of the times these people were dying from.

00:32:44 Speaker 5

Essentially nutrient starvation, dehydration, they couldn't eat the World Food Programme, food and and nutrition needed to be delivered so that the immune system could actually have resources on which to function.

00:33:00 Speaker 5

And another really interesting aspect about epigenetics is it's not just the food and it's the lifestyle, it's the effects of chronic stress.

00:33:09 Speaker 5

So there's there's very clear evidence now to suggest that these sustained stress human beings are not set up for sustained chronic stress and look back over the last couple of years.

00:33:21 Speaker 5

It's pretty extraordinary what so many people have had to deal with.

00:33:25 Speaker 5

And while at one hand you know governments saying this is the delivery system for our way out of it, we're now, you know, approaching a year into these programs, no one being released.

00:33:37 Speaker 5

I mean no, no one had additional freedom, lots and lots of people.

00:33:41 Speaker 5

Are now looking at the possibility of losing their livelihoods.

00:33:45 Speaker 5

And that also imprints epigenetically on the innate system. So the real danger is if we start to continue to disrupt the the thing that's great about young people's immune systems. They come in with a fantastic innate immunity, and we start seeing that being disrupted.

00:34:05 Speaker 5

And then we look at the impacts of stress and poor diets.

00:34:10 Speaker 5

You know, in many parts of the world we're we're being told to get used to the fact that there going to be food shortages or there might not be a Christmas.

00:34:17 Speaker 5

And certainly here in the UK we already see a lot of supermarket shelves that are pretty empty, so these are all critical parts.

00:34:26 Speaker 5

These are medicines if you like.

00:34:29 Speaker 5

And until we start looking at the the bigger picture of what's going on, it's this sort of mono focus towards this this solution.

00:34:38 Speaker 5

But slowly, you know we're seeing very clear evidence now that.

00:34:42 Speaker 5

Some unvaccinated populations the UK HSA data now over several weeks keeps showing us that the unvaccinated populations are doing better than the vaccinated.

00:34:56 Speaker 5

We're seeing many people who've been double jabbed who getting severe COVID disease.

00:35:01 Speaker 5

So we've got to really understand.

00:35:03 Speaker 5

What is happening from the epidemiology point of view, from an immunological point of view?

00:35:09 Speaker 5

And it really, I think, to anyone that was thinking about this rationally.

00:35:13 Speaker 5

It's time for a rethink and the extraordinary thing is, there doesn't seem to be a desire to do a rethink.

00:35:20 Speaker 5

And you know, with with the World Council for Health that we're also working with.

00:35:26 Speaker 5

That has a lot of doctors scientists coming together.

00:35:29 Speaker 5

From all over the world, it really looks like it's time for grassroots pressure to to make changes so that people can start to feel a bit more empowered to make decisions that make sense for themselves.

00:35:41 Speaker 2

Thank you Bob.

00:35:42 Speaker 2

I very much appreciate that I mentioned in my introduction.

00:35:45 Speaker 2

I've spent a lot of time in the field of behavioral medicine, more recently integrated medicine, and I'm really that's that's the entire roll of those two disciplines.

00:35:54 Speaker 2

Is enhancement of lifestyle appreciation really of the totality of the person from the psyche all the way down to exercise?

00:36:02 Speaker 2

And diet and so forth.

00:36:03 Speaker 2

To help care for our own health.

00:36:05 Speaker 2

And well being.

00:36:07 Speaker 2

So I have a question for any of.

00:36:09 Speaker 2

You who would like to address it and.

00:36:12 Speaker 2

Well, actually I'll start with you Garrett because you mentioned that you were active in vaccine design and development.

00:36:19 Speaker 2

You've spent a lot of time working with the Gates Foundation and other groups.

00:36:23 Speaker 2

The rollout of the vaccines that we've seen globally over what almost two years now?

00:36:29 Speaker 2

Is this what you would have expected?

00:36:31 Speaker 2

To see is this.

00:36:32 Speaker 2

What you would have done given your.

00:36:34 Speaker 2

Deep training and background.

00:36:36 Speaker 2

And vaccines.

00:36:39 Speaker 3

No, no, that's not what I that that is.

00:36:42 Speaker 3

Why I.

00:36:44 Speaker 3

I was so surprised that in fact, in the vaccine industry where I learned my job.

00:36:54 Speaker 3

Did something that I thought I had been teaching me to never do.

00:37:00 Speaker 3

And that is to vaccinate.

00:37:03 Speaker 3

In the midst of a pandemic.

00:37:04 Speaker 3

So I've been vaccinating people while they are exposed to the virus is of course not a good idea.

00:37:14 Speaker 3

So in other words, if somebody would ask me to set up an experiment.

00:37:21 Speaker 3

There I would give the virus a maximum of chance to adapt to the populations in unity.

00:37:32 Speaker 3

Then that is probably the experiment I would do, so I remember when I was working in the lab many years ago and you you had a viral strain that you wanted to adapt to some more difficult conditions.

00:37:48 Speaker 3

Then of course you would take that virus and you would.

00:37:52 Speaker 3

Of course, inoculated on a cell culture, and let's say instead of incubating at 37 degrees.

00:38:01 Speaker 3

You wanted to have a stray, for example.

00:38:05 Speaker 3

That would be more thermal resistant or that would grow at another temperature.

00:38:10 Speaker 3

You would start and adapting this virus at 38 degrees for example, and then you would passage pass its passage passage till the virus that has.

00:38:21 Speaker 3

Adapted or that has been selected to be able to replicate at a temperature will become the predominant virus in your culture, and that is exactly what we are doing with the mass vaccination.

00:38:34 Speaker 3

Of course we are generating.

00:38:37 Speaker 3

And overall immune pressure in the population and then you passage.

00:38:41 Speaker 3

Of course dividers from one person to the other, so the the general rule.

00:38:48 Speaker 3

And I thought that is what I heard with vaccine industry is when you are using a vaccine that cannot that.

00:38:58 Speaker 3

Cannot block the transmission that can not induce sterile immunity sterilizing immunity.

00:39:05 Speaker 3

Then you better make sure that the person is vaccinated already and has his full fledged immunity before you encounter the virus.

00:39:14 Speaker 3

That is what we do with people.

00:39:16 Speaker 3

Go to, you know.

00:39:19 Speaker 3

Yeah, some some countries we have there are prevailing diseases that we are not protected again then we get ourselves vaccinated.

00:39:27 Speaker 3

Well, we make sure that we get fully vaccinated before we travel, or if somebody tells you well, you need hepatitis B vaccine to work in this or this hospital, you make sure.

00:39:38 Speaker 3

That you get your full fledged vaccination before you start working there before you get basically exposed to.

00:39:44 Speaker 3

To to the virus.

00:39:45 Speaker 3

I'm always saying this is like going to the battlefield while you're still loading your arm, right?

00:39:54 Speaker 3

But you're still loading your good.

00:39:56 Speaker 3

You can already be attacked by by the enemy and the enemy obviously has a competitive advantage in that situation.

00:40:04 Speaker 3

Now we have to remember that on top this was also well known that when we started this mass vaccination, rolling out this math vaccination campaigns, we had already strains that were more infectious than we knew.

00:40:18 Speaker 3

That strains were already circulating.

00:40:21 Speaker 3

But the spike protein of which did not match the spike protein that's in the vaccine.

00:40:28 Speaker 3

So it's not like we started with vaccines that perfectly matched the circulating strains.

00:40:35 Speaker 3

Now we knew that there were already more infectious strains circulating alpha, beta, gamma, and so.

00:40:42 Speaker 3

This was on top on top.

00:40:44 Speaker 3

I would say an advantage for the virus.

00:40:46 Speaker 3

The virus was already different and then we are vaccinating people.

00:40:51 Speaker 3

We vaccinated daily time to mount his antibodies.

00:40:54 Speaker 3

Some of these vaccines needed two doses.

00:40:56 Speaker 3

After one dose.

00:40:58 Speaker 3

Of course we meet with quarantine people.

00:41:00 Speaker 3

People got out there, both exposed to the virus while they were still mounting velvet.

00:41:04 Speaker 3

They still had not published unity, so to me it seemed like this would inevitably if you do this.

00:41:11 Speaker 3

Really, at the population level, if you do this at a large scale.

00:41:16 Speaker 3

So this would not have a very positive outcome.

00:41:19 Speaker 3

It is completely different, of course, from just vaccinating one target population, for example, only the older the elderly for example, or only deliverable.

00:41:29 Speaker 3

People so so now the answer to your question is.

00:41:34 Speaker 3

I I was perplexed I I was completely completely surprised and I reacted immediately because I was 200% convinced that this was not something to experiment with and and most of our vaccines as everybody.

00:41:54 Speaker 3

No very well or always directed at certain target populations, adolescent.

00:42:00 Speaker 3

Children, elderly, etc.

00:42:03 Speaker 3

We never do mass vaccination.

00:42:06 Speaker 3

We basically have no single example of doing mass vaccination with no live vaccines.

00:42:16 Speaker 3

Now, even the subunit vaccines or the end RNA vaccines the nucleic acid.

00:42:20 Speaker 3

They start scenes so none of them are live vaccines.

00:42:23 Speaker 3

We never do this.

00:42:25 Speaker 3

We never vaccinate with non live vaccines in in in the midst of a pandemic there.

00:42:29 Speaker 3

Is no example.

00:42:30 Speaker 3

There is no precedent whatsoever as we know.

00:42:35 Speaker 3

Some of the.

00:42:35 Speaker 3

Pandemics or like.

00:42:37 Speaker 3

Also, of course this smallpox, we use live live vaccines so.

00:42:43 Speaker 3

Also for polio portfolio basically we came in with these vaccines after the pandemic was almost over right?

00:42:52 Speaker 3

So so so yeah, it was for me completely completely against the.

00:43:00 Speaker 3

You know the.

00:43:01 Speaker 3

The the conventional School of thoughts and and I was very surprised.

00:43:04 Speaker 2

Yeah, against training.

00:43:06 Speaker 3

Yeah, completely yes.

00:43:06 Speaker 2

Yeah, in training.

00:43:08 Speaker 2

Now you mentioned the immune pressure that that this course of action is taken, and please anybody jump in addressing this.

00:43:15 Speaker 2

But what have been the consequences?

00:43:17 Speaker 2

And I'm particularly interested in what will be the long term consequences of this immune pressure as it's created a different environment for the virus.

00:43:27 Speaker 2

To you know, evolve and adapt and.

00:43:29 Speaker 2

Change so so there's that side of it, and then of course I also want to get into just physiological consequences.

00:43:35 Speaker 2

Peter, you've seen myocarditis pericarditis?

00:43:39 Speaker 2

I also want to cover these topics as well.

00:43:42 Speaker 2

Let's talk about the long these long term consequences.

00:43:46 Speaker 4

So Paul, I think it's very important to mention, and I've messaged Dr get a vandenbossche multiple times on this.

00:43:54 Speaker 4

He's been prescient.

00:43:56 Speaker 4

In anticipating these important developments in the pandemic, I give him enormous credit for anticipating what exactly has happened, so we learned early in the summer clinically that fully vaccinated individuals were acquiring the delta variant and passing it to one another.

00:44:16 Speaker 4

From Baylor College of Medicine in Houston, Venkatakrisnan from the.

00:44:20 Speaker 4

Mayo Clinic both published their observations that the Delta variant had achieved some antigenic escape from the antibodies that were raised with the Pfizer vaccine, as some dis extent Moderna vaccine.

00:44:34 Speaker 4

So they anticipated that vaccine efficacy would drop even at the peak of immune.

00:44:40 Speaker 4

Protection from these vaccines, and then there was basically a torrent of papers it started with Chow and colleagues from Oxford in a unit in Ho Chi Minh City, a Tropical Medicine unit.

00:44:53 Speaker 4

That documented that fully vaccinated individuals with the Astra Zeneca vaccine were passing the Delta variant to one another head, Tamaki from Finland.

00:45:04 Speaker 4

Reported healthcare workers getting the Delta variant and passing it to patients and having it become fatal and then in the United States we had two good studies.

00:45:13 Speaker 4

From Ryan Marisma from the Wisconsin Department of Public Health.

00:45:17 Speaker 4

And then another one from each area in New Jersey and California, Davis demonstrating high viral loads in the nose and mouth of both the vaccinated and unvaccinated with the Delta variant, those individuals with incipient COVID-19 they had come forward for testing, and the cycle thresholds were about 22 to 24.

00:45:37 Speaker 4

So the inverse of that is viral load.

00:45:39 Speaker 4

So what we learned is exactly what Doctor Vandebosch predicted was that in fact, when we are vaccinating right into a pandemic, it gave an opportunity for the emergence.

00:45:49 Speaker 4

Of a variant that could actually do very well in the non sterilizing environment of those who are vaccinated. So now we have a situation in the United Kingdom in the 43rd UK surveillance report, weeks 39 to 43 81.8%.

00:46:10 Speaker 4

United Kingdom residents who are dying of COVID-19 are fully vaccinated. Similar data are I've been reported now for several months in Israel.

00:46:20 Speaker 4

The United States will catch up with that. Our trends are heading right in that direction, so I have said that vaccines, when I testified the US Senate in November.

00:46:31 Speaker 4

Of 2020, I told Americans I thought vaccines did play a role. They were one of four pillars for us to address COVID-19

00:46:38 Speaker 4

The first one was reducing the spread.

00:46:40 Speaker 4

Second one early treatment, third one hospital treatment and 4th 1 vaccination.

00:46:44 Speaker 4

But the vaccination approach.

00:46:46 Speaker 4

In my view, should have been targeted and should have been targeted in some way where we could keep a a limit on any emerging safety signals.

00:46:57 Speaker 4

The highest risk population that made sense was seniors.

00:47:01 Speaker 4

Certainly those who were still susceptible, not those that recovered, and we had credible evidence that nursing home workers.

00:47:06 Speaker 4

Were actually spreading it to nursing home residents.

00:47:08 Speaker 4

That was the only kind of worker to residents spread that.

00:47:12 Speaker 4

We had documented the literature, so I had estimated maybe.

00:47:15 Speaker 4

Maybe yeah 2 1/2 to 5 maybe 10 million people at the most of the United States should have been vaccinated in the first foray into vaccines.

00:47:25 Speaker 4

But what happened was just an unqualified disaster.

00:47:28 Speaker 4

We basically tried to snow plow the entire population with the vaccines.

00:47:33 Speaker 4

We had, a mortality signal emerge.

00:47:35 Speaker 4

As soon as in January 22nd, with only 27 million Americans vaccinated, we already had excess mortality. If we would have had a data safety monitoring board.

00:47:44 Speaker 4

In place that it would have shut down the program, I'm convinced in February very similar to that is what we saw with the swine flu pandemic in 1976. But instead there was a blind eye towards safety and also a blind eye towards failing efficacy.

00:47:59 Speaker 4

And we've run all the way up now to a situation where in our various system we have over.

00:48:04 Speaker 4

18,000 individuals who have died. We know from 2 separate analysis from Rosen McLaughlin that 50% of these deaths occur within 48 hours. 80% occur within a week 86% of the time. There's no other cause.

00:48:20 Speaker 4

US and we know it's biologically plausible because all the vaccines available in the United States as well as.

00:48:25 Speaker 4

The UK as we speak and the EU actually use genetic technology to create a mosaic of cells in the human body, somatic cells and immune cells that produce the spike protein may actually harness the bodies a cellular machinery to produce the spike protein for an.

00:48:45 Speaker 4

Uncontrolled period of time and for an uncontrolled amount, and so you can imagine among variation in individuals the tolerance to handle a potentially lead.

00:48:56 Speaker 4

Full round of production of the spike protein, the spike protein is proven to be pathogenic.

00:49:02 Speaker 4

It damages organs, damages endothelial cells, causes blood clotting, it's hidden loan, and by itself has been shown to damage key cells in the heart and cause myocarditis and the FDA in the United States agrees.

00:49:16 Speaker 4

It also causes neurologic injury, but triggers other immune phenomenon that cause Guillain Barre syndrome.

00:49:24 Speaker 4

Other neurologic syndromes and our regulatory agencies agree and actually have warnings on it, so this is basically evolved now into a public health disaster.

00:49:33 Speaker 4

The first public health disaster was SARS, Co V2. The respiratory infection and the second disaster now is the what, really the fallout and the consequences of an ill advised mass vaccination.

00:49:45 Speaker 2

Thank you again.

00:49:47 Speaker 2

Powerful messaging and extremely troubling for me personally, it brings up this topic of informed consent even when this vaccination program began.

00:49:57 Speaker 2

It was already known there would be this laundry list of adverse events, some less serious, some extremely serious, even potentially.

00:50:05 Speaker 2

Mortality, and we've seen that bear out.

00:50:08 Speaker 2

Over the many, many months.

00:50:10 Speaker 2

However, the message to the public remains the same that the vaccines are safe.

00:50:15 Speaker 2

And effective, I don't think either of those are certainly the first ones, not true.

00:50:20 Speaker 2

And So what happened to informed consent?

00:50:24 Speaker 2

And what can we do for next steps to fill in the public and Rob?

00:50:28 Speaker 2

I know you'd like to speak about that, but.

00:50:30 Speaker 2

Anybody jump in?

00:50:31 Speaker 5

Yeah no I can, uh, I mean, I think nothing happened with informed consent.

00:50:36 Speaker 5

It didn't happen.

00:50:37 Speaker 5

So I think I mean, there's a there's a couple of extremely important elements to to recognize about properly informed consent is that you need information.

00:50:47 Speaker 5

So the the the very notion that that.

00:50:49 Speaker 5

Come at the time that people started making informed consent. All they could think of was numbers like 94 percent, 95% efficacy that came out of press releases. Press releases from, you know, Pfizer Astra, Zeneca, Moderna, et cetera. With these, you know, telephone number.

00:51:10 Speaker 5

Type VE levels that.

00:51:12 Speaker 5

That made them feel safe.

00:51:15 Speaker 5

You know, in the end, people wanted to feel safe and they had no real understanding.

00:51:20 Speaker 5

I mean my what really surprised me early on was that you know if you look at other public health measures, take for example, fluoridation of water supplies, there tends to be a sort of regional experimental.

00:51:33 Speaker 5

Program where they'll say OK, there will be certain areas that will be test areas, and we'll compare.

00:51:40 Speaker 5

People who drink fluoridated water against people who drink unfluoridated water and let's see where we're at.

00:51:46 Speaker 5

We'll test early treatments.

00:51:49 Speaker 5

We'll we'll look at all these things.

00:51:50 Speaker 5

What the the notion of rushing full scale into mass vaccination as clear to said that there is no.

00:51:59 Speaker 5

Precedent for doing this?

00:52:01 Speaker 5

And the bottom line is that the you know we were involved in in a campaign to to block the changes in UK medicinal law at the time all of this was happening we we had, we've now gone through Freedom of Information the the campaign.

00:52:21 Speaker 5

We launched that created responses to that from the public were manifold greater than all other petitions and consultations that have been done with government before, so.

00:52:35 Speaker 5

It it suggested that people were really concerned, but again, what we saw very early on is this complete shelving of democracy, so it didn't seem to matter what the public felt.

00:52:47 Speaker 5

This under these emergency conditions, governments and industry could pretty much do whatever they wanted.

00:52:54 Speaker 5

Now from an informed consent point of view, there are a number of places where an individual might want to go for information, and the most obvious one is to the vaccinator.

00:53:07 Speaker 5

But of course as we pinpointed in our consultation response.

00:53:12 Speaker 5

They were needing to vaccinate so many people.

00:53:15 Speaker 5

They were pulling people out of the military and out of other jobs who had no information at all about what was going on.

00:53:23 Speaker 5

So there was no possibility of doing that.

00:53:26 Speaker 5

Occasionally you'd find that someone would be given the you know the pill, the product information.

00:53:32 Speaker 5

Leaflet, that is a compulsory requirement and again bearing in mind these are emergency use authorizations.

00:53:38 Speaker 5

They're not properly registered products, so at that time there was very little.

00:53:43 Speaker 5

In the way of postmarketing surveillance data, finding themselves into this, but there were still a number of significant adverse reactions so and and where people got those pills.

00:53:54 Speaker 5

Very often they were given them after they were vaccinated.

00:53:57 Speaker 5

So interesting when you look at the sort of the legalities in most countries, it's a similar situation.

00:54:03 Speaker 5

That four are vaccinated to deliver or for any medical intervention to be delivered without properly informed consent actually constitutes battery or assault on the person.

00:54:17 Speaker 5

So that has happened many million times over already and people seem to think it's OK, and I think this is this sort of strange culture shock that's happened over the last couple of years by sustaining emergency by by.

00:54:35 Speaker 5

And of course this emergency will.

00:54:38 Speaker 5

Be maintained if you carry on using PCR tests that.

00:54:41 Speaker 5

Will you know that the problem will never disappear because you know we're generating more of a problem with mass vaccination and we're using PCR that whenever prevalence goes down, we know from basis theorem the levels will go up, so you can have this perpetual system that that freezes the population from being able to act normally.

00:55:02 Speaker 5

And one of the most.

00:55:04 Speaker 5

Devastating parts of that is the collateral damage that is beginning now that we're two years in almost two years in that's beginning to happen at all sorts of levels of society, and this is not just health impacts.

00:55:17 Speaker 5

This is effects on economies and this is effects on livelihoods.

00:55:21 Speaker 5

On education on you could go.

00:55:24 Speaker 5

Far as saying, you know, it really impacts on the future of humanity itself.

00:55:29 Speaker 2

Well, data we we mentioned earlier, just much of our food supply has been extremely limited, at least in cycles over the months of this.

00:55:39 Speaker 2

Based on what you were just saying in our earlier discussion about the medical side, you know I had many family members and friends who wonder.

00:55:47 Speaker 2

Should I take the booster or?

00:55:49 Speaker 2

Not some have gotten.

00:55:50 Speaker 2

It didn't notice anything.

00:55:52 Speaker 2

Some have gotten it and then really with the booster is when they began to notice significant adverse effects.

00:55:58 Speaker 2

They hadn't so much had with the initial vaccination, so I'd like to discuss the booster topic in the sense of.

00:56:06 Speaker 2

What's it lining up?

00:56:07 Speaker 2

What is the first shot lined up for people that then makes them more vulnerable to an extreme reaction later?

00:56:13 Speaker 2

And more broadly, what is your philosophy on on the use of boosters?

00:56:17 Speaker 2

Through this pandemic.

00:56:18 Speaker 3

Who should responded at this?

00:56:20 Speaker 2

Oh please, let's.

00:56:21 Speaker 3

Let's have a.

00:56:22 Speaker 2

Conversation so anybody jump in whoever starts.

00:56:24 Speaker 2

If somebody wants to jump in on them just.

00:56:26 Speaker 2

Please the this.

00:56:28 Speaker 2

To me, it's a it's.

00:56:29 Speaker 2

A vitally important question because, as we've said, many people have already received the vaccination and they're at now a decision point.

00:56:37 Speaker 2

What's the next step do I don't?

00:56:38 Speaker 2

I based on their own personal experience?

00:56:41 Speaker 2

Based on practice things.

00:56:42 Speaker 2

They've been reading.

00:56:43 Speaker 2

Perhaps based on experiences.

00:56:45 Speaker 2

Of friends and family, and they're conflicted.

00:56:47 Speaker 2

Frankly, part of it is what we're just saying.

00:56:49 Speaker 2

About the informed.

00:56:50 Speaker 2

Consent, there's no information for them to readily go to to make a sound decision, so they're seeking, so please, let's address this.

00:57:01 Speaker 3

No, no.

00:57:02 Speaker 3

First of all, the whole.

00:57:03 Speaker 3

I, I think this is this is a.

00:57:06 Speaker 3

Maybe the most important.

00:57:09 Speaker 3

Message about the pandemic.

00:57:12 Speaker 3

That is that you will and I will come to the booster.

00:57:16 Speaker 3

Of course you will never ever, never ever control any pandemic.

00:57:22 Speaker 3

If you cannot control the transmission and the infection.

00:57:26 Speaker 3

So right now the standard is protection.

00:57:29 Speaker 3

Well, it was protection.

00:57:31 Speaker 3

Initially it was about herd immunity.

00:57:33 Speaker 3

Then it was already mitigated.

00:57:35 Speaker 3

It was diminishing infectious pressure.

00:57:39 Speaker 3

Then it was diminishing disease or protection against disease.

00:57:43 Speaker 3

Now it's protection against severe disease.

00:57:46 Speaker 3

OK, this might be important criteria with regard to, you know, health management and not overloading our systems.

00:57:54 Speaker 3

But in terms of controlling a pandemic, it's not.

00:57:58 Speaker 3

It's not a valuable benchmark, and so that means that.

00:58:03 Speaker 3

As long as you give the virus a possibility to replicate.

00:58:10 Speaker 3

And you continue increasing that pressure because frankly speaking that is what the boosters in injections are going to do, so these people.

00:58:21 Speaker 3

When they will get the boost and remember, the boost is still with the, you know with the the conventional vaccine.

00:58:28 Speaker 3

It's not an update.

00:58:29 Speaker 3

So it's not with the S13 of the of the delta value, so.

00:58:35 Speaker 3

What you're going?

00:58:36 Speaker 3

To do is you're going just to increase the antibody levels again, and we know that these antibodies are not capable of of of in fact controlling virus circle.

00:58:49 Speaker 3

Fish, so another important thing because it's very, very complex and.

00:58:55 Speaker 3

I want to keep it simple, but in fact the interactions are very very complex.

00:58:59 Speaker 3

One also has to bear in mind that these people get the third shots because their antibody titers are declining.

00:59:08 Speaker 3

That is something which was generally found right.

00:59:11 Speaker 3

But when their antibodies are declining, that also means that the.

00:59:19 Speaker 3

Idiot antibodies that they still have and that can provide sterilized immunity that they are now going to be less suppressed.

00:59:31 Speaker 3

So that means the specific antibodies are declining.

00:59:35 Speaker 3

The innate immunity comes a little bit bad.

00:59:39 Speaker 3

And can diminish can diminish the infectivity texture.

00:59:44 Speaker 3

Pressure, so now we are in a situation where your your booster effect really induces a sub optimal effect.

00:59:54 Speaker 3

If it would really increase the antibodies level at a very high titer, it could have a certain effect over a longer time.

01:00:04 Speaker 3

The dead effects that protective effect is now to some extent also diminished and the virus is just capable of replicating borderline.

01:00:16 Speaker 3

Because the image immunity kicks in again and can take away part of the effectivity.

01:00:21 Speaker 3

So that is an optimal situation to further drive.

01:00:25 Speaker 3

Really, the immunity and what I'm always saying is that and that is logical.

01:00:30 Speaker 3

We we always look at these things, you know, at an individual level.

01:00:37 Speaker 3

But we have we have to understand that.

01:00:42 Speaker 3

If we cannot protect the population, we cannot protect any individual.

01:00:48 Speaker 3

And if we just look at the individual, this is not going to solve the problem.

01:00:54 Speaker 3

So in other.

01:00:54 Speaker 3

Words you may have momentarily, you may have an effect of the boost, a positive effect, and that's what we have.

01:01:02 Speaker 3

You know people think that it is going to happen in Israel right now where they got their own already deterred boosts.

01:01:10 Speaker 3

It'll be over home.

01:01:12 Speaker 3

People don't realize because it's not their individual case that by doing this again massively, we further derive the immunity and that this virus will now come in a more infectious, even more infectious form that will then of course.

01:01:32 Speaker 3

Also, for the individual escaped, even through that boosted immunity.

01:01:37 Speaker 3

So at the end of the day.

01:01:39 Speaker 3

What we do at the population level has for every single individual an impact, and that is why if we only look at snapshots and we look only in the short term, for example, we have seen an evaluation in Israel two weeks after the boost, two weeks after boot.

01:01:58 Speaker 3

Guys, this is.

01:01:59 Speaker 3

Success and we diminish the effectivity et cetera, et cetera.

01:02:04 Speaker 3

And that doesn't count.

01:02:05 Speaker 3

The pandemic is, per definition, an evolutionary event.

01:02:10 Speaker 3

It evolves and the more it it holds and the more and that is not just that does not need.

01:02:15 Speaker 3

Saying these these are the molecular epidemiologists who are following where this this this virus is moving and where all these mutations are converging.

01:02:26 Speaker 3

So, and that is to an end station that is common, and the more we evolve towards that end station that is higher infectiousness and I hope it will not be.

01:02:36 Speaker 3

But I think it could be resistance.

01:02:39 Speaker 3

Then this is of course going to have in the longer term, or even in the meter, a detrimental impact for every single element of that population.

01:02:50 Speaker 3

So if we just look at the individual level and just look at snapshots and short term, we can we can cry victory, but we have to.

01:03:00 Speaker 3

Look at this along the lines of what a pandemic really is, which is an evolutionary phenomena, and then the boosts of doing this massively and and people will follow the IT can follow this because for me this train.

01:03:13 Speaker 3

This you you be the reasoning the host virus interaction, you study demonology and you make a prediction, and when you're really very convinced that you have not made no mistakes in your reasoning and that get very confirmed by the data, I mean this is very, very compelling and what I expect, for example, in the example of the country.

01:03:36 Speaker 3

Israel is that after a short period.

01:03:40 Speaker 3

Of a progressive imply.

01:03:42 Speaker 3

Time the virus will have overcome again the effect of the boost and we don't.

01:03:47 Speaker 3

We don't go up again like maybe maybe worse than before, but I don't want to be the drama queen here, but anyway, that is the effect the the effect of the boost.

01:03:58 Speaker 3

The first shows the same.

01:03:59 Speaker 3

You have not full fledged in unity at that at that point.

01:04:03 Speaker 3

And you have antibodies that are not fully functional, so that means they cannot fully neutralize the virus, but they can of course already bind to the virus and.

01:04:14 Speaker 3

You know what is in the literature about antibodies that bind to the virus but have no functionality in the sense that it cannot neutralize the virus.

01:04:25 Speaker 3

And now this is a topic on.

01:04:27 Speaker 3

Its own right, but it.

01:04:29 Speaker 3

Seems like this situation is thrown even to enhancing the disease.

01:04:35 Speaker 5

ID yes.

01:04:35 Speaker 3

And then I would like to refer to to Peter because he's one of the guys who is observing his patients after the first shot and and and and see what's happening for example.

01:04:46 Speaker 2

Yeah, that's that.

01:04:47 Speaker 2

That is a question I've had too.

01:04:49 Speaker 2

So yes, Peter, you want.

01:04:50 Speaker 2

To address this in your medical work.

01:04:52 Speaker 4

The US FDA and the advisory panel reviewed the data on boosters September 17th and the 1st vote by the panelist was 16 to two against boosters.

01:05:06 Speaker 4

And the rationale was in part that there were some data suggesting that boosters weren't needed, as pointed out by Doctor Vandenbosch that some of these analysis on vaccine failures were done really just a few months after being fully.

01:05:21 Speaker 4

Immunized so the vaccines did hold up to some degree with the alpha, the beta and the gamma variance.

01:05:29 Speaker 4

Just, you know at least a small portion of gamma.

01:05:32 Speaker 4

There were papers by recently published by the way by Self and 10:40 and others suggesting the vaccines were doing something, at least for a few months against the legacy.

01:05:42 Speaker 4

C variants, but one of the you know key pieces of information is those legacy variants are exactly that, their legacy.

01:05:49 Speaker 4

They're in the past, they're gone. We have 99% delta right now since it's thriving among the vaccinated. Whether they're fully immunized or received boosters, and we have data from Israel showing failure of the boosters.

01:06:02 Speaker 4

In some papers there's other papers suggesting that maybe the boosters are having a short term effect, but I'm greatly concerned about the biology of what the vaccines do.

01:06:12 Speaker 4

We know that the vaccines cause production of the spike protein, the spike protein, the 1200 amino acid protein that confers the pathogenicity of SARS, Co V2 to keep giving the human body a run of spike protein in different mosaics of tissues. We know the lipid nanoparticles now go to the brain heart.

01:06:33 Speaker 4

The adrenal glands, the ovaries, other sensitive organs to keep having rounds of production of spike protein and exposing.

01:06:40 Speaker 4

The body to these dangers is extremely concerning, and we now had a really a stunning finding by Bruce Patterson, presented in preprint in July 29th and then at the Rome International Summit, and I've had a chance to interview Doctor Patterson. He'll be coming up on America out loud talk radio.

01:07:00 Speaker 4

He's a brilliant scientist who studied at the University of Michigan and Northwestern University. He was a molecular biologist and researcher at Stanford and at Northwestern he's a top shelf investigator. He clearly showed that in people sick enough with respiratory SARS Co V2.

01:07:16 Speaker 4

Infection that the S1 spike protein was recoverable from CD 16 positive human monocytes up to 15 months after the infection.

01:07:25 Speaker 4

Doctor Patterson in a personal conversation basically told me he's extremely confident that after the vaccine that the spike protein will persist in the human body.

01:07:36 Speaker 4

Of some individuals.

01:07:37 Speaker 4

Clearly, for more than a year.

01:07:39 Speaker 4

So you can imagine no wonder people feel bad with long COVID syndrome. They have brain fog. They have muscle weaknesses, other neurologic phenomenon people also similarly feel bad after the vaccines, even if they haven't had one of the explosive non fatal or fatal consequences. They feel bad after COVID-19 vaccinations. Some of them do.

01:07:59 Speaker 4

And now the concern is accumulation of spike protein if we the if the vaccine injections occur more frequently than a year and it looks like we're looking at every six months, there is a medical certainty now that spike protein will accumulate not only within immune cells, but probably in the interstitial spaces, maybe in.

01:08:19 Speaker 4

Neurologic tissue muscle cardiac tissue.

01:08:23 Speaker 4

For basically a prolonged residence inciting inflammation itself causing damage, we now have a paper from China showing that the spike protein interacts with two cancer genes.

01:08:35 Speaker 4

One the P 53 gene and the other one being the BRCA gene to have a foreign protein in the body for a prolonged period of time.

01:08:44 Speaker 4

Interacting with cancer gene.

01:08:45 Speaker 4

Having a negative impact on inflammatory illnesses and then neurologic and cardiac systems, I think is extremely worrisome.

01:08:54 Speaker 4

I was on Australian TV with an interview and I was shocked to learn that Australia is planning to have 14 doses per person.

01:09:02 Speaker 4

That is 1 dose every six months for seven years.

01:09:06 Speaker 4

That type of prolonged exposure to a spike protein in my medical judgment is extraordinarily risky for the development of chronic disease as a manifestation of vaccine.

01:09:20 Speaker 4

Right now all the vaccine where risk we're seeing is short term.

01:09:22 Speaker 4

Most of it's when they win the 1st 30 days.

01:09:25 Speaker 4

Death and then these immediate organ injury syndromes.

01:09:28 Speaker 4

But if we start giving boosters now, we give the real possibility of the vaccines causing chronic disease in a large population.

01:09:38 Speaker 2

Given everything you just.

01:09:39 Speaker 2

Said including what's going on in Australia?

01:09:42 Speaker 2

Where is the possible rationale for lining up some of these injections for people over over time?

01:09:50 Speaker 5

I I, I think the rationale simply comes from the fact that they are coping with diminishing.

01:09:56 Speaker 5

Umm, you know persistence of effectiveness.

01:10:00 Speaker 5

We're seeing waning effects and and they are using it as a treatment without necessarily admitting it to the public.

01:10:08 Speaker 5

And I think This is why many of us.

01:10:10 Speaker 5

Are struggling with continuing the narrative of referring to these products as vaccines because they are essentially running up against, yet we haven't seen any direct comparative trials against a whole range of more conventional treatments, and that really is the pitiful side of it.

01:10:30 Speaker 5

I, I mean from from a again a consent point of view.

01:10:33 Speaker 5

It is extraordinary when we saw the Japanese bar distribution study that showed.

01:10:38 Speaker 5

To all the regulators that had given emergency use authorization, clear evidence that the nanoparticles moved a long distance from the deltoid muscle, the view that was given to the public is that the whole immunological reaction would occur within the deltoid and as if by magic you would then.

01:10:59 Speaker 5

You know have sufficient neutralizing antibodies to deal with the problem so they knew from the outset and even when you look at the viral vector candidates again from 2007.

01:11:11 Speaker 5

We knew that the use of the viral vectors, the very viral vectors that were immediately put into production, could be associated with thromboembolic events.

01:11:20 Speaker 5

So you you start to put the picture together and you realize you know, given that the public had also been very much behind funding all of this.

01:11:31 Speaker 5

And again, fascinatingly, from the.

01:11:34 Speaker 5

Sort of.

01:11:35 Speaker 5

The communication, the point that Peter makes about the cytotoxicity of the spike protein.

01:11:42 Speaker 5

I'm staggered, you know, an institute like Salk Institute who did some of the groundbreaking work on.

01:11:50 Speaker 5

Specifically, the cytotoxicity of the spike protein alone, how that has been jumped on by fact, checkers by governments from people generally who are not in a great position to know one way or another.

01:12:03 Speaker 5

But as soon.

01:12:04 Speaker 5

As you you.

01:12:06 Speaker 5

Recognize that there is independent toxicity, and in fact, that.

01:12:10 Speaker 5

Toxicity may directly be associated with the vascular events that we start to see in later stage. You know, suddenly, as Paracelsus told us, more than 450 years ago, the dose makes the poison.

01:12:24 Speaker 5

So you know this idea of of just starting to to increase dosage just because the treatment isn't working anymore.

01:12:33 Speaker 5

When you then don't look medically at all the other options and and obviously through the work we've been doing with the World Council for Health, the number of doctors who are now being struck off.

01:12:45 Speaker 5

Because they have used ivomec tin or recommended either maktum, unless you follow the the the mainstream strategy.

01:12:54 Speaker 5

So this this notion of being able to allow.

01:12:59 Speaker 5

Clinicians to work to the best of their abilities, I mean that from a, uh, bioethics point of view is a is a very sad state to to be in, and the fact that you know patient choice doesn't count for much either.

01:13:13 Speaker 5

So people, I mean, we we've just been dealing with a A colleague who who didn't do anything.

01:13:19 Speaker 5

About his COVID-19 found himself in a ward where you know there were four people in the ward. Three of them were fully vaccinated. They had COVID-19 as bad as he did.

01:13:31 Speaker 5

But the level of care that he received because he happened to be unvaccinated was much worse than the others.

01:13:40 Speaker 5

And of course we managed to get Ivan Mekton and you know, high dose vitamin D and other things into him. 48 hours later he walked out of that hospital.

01:13:51 Speaker 5

One of the other patients died and.

01:13:53 Speaker 5

Of course, again, you know the very fact that they weren't interested to understand what had happened within that person body.

01:14:02 Speaker 5

You know, we've seen in oncology that's happening for years when someone has a phenomenal remission.

01:14:07 Speaker 5

What has happened?

01:14:08 Speaker 5

The scientists that must reside in every doctor, and that's why it's so wonderful.

01:14:13 Speaker 5

To see someone like Peter taking the risk that he does, doing the best that he can.

01:14:18 Speaker 5

The same applies to all the doctors we work with.

01:14:20 Speaker 5

The World Council of Health people taking huge risks and some of the South African doctors we're working with now for continuing to speak out next week could now be involved with the African Health Summit.

01:14:32 Speaker 5

In order to get a different message across to most sub-Saharan African nations, which is guys we know that you're not very excited about COVID because you've got major problems with TB, malaria, HIV, AIDS and these other issues.

01:14:46 Speaker 5

But don't buy into the idea that you need a vaccine because.

01:14:52 Speaker 5

It could be the worst thing, both from their own individual health point of view in terms of disturbing innate immunity in particular, but but also it may be important.

01:15:04 Speaker 5

And from an evolutionary perspective, to ensure that a very large proportion of people in Sub-Saharan Africa, I think the vaccine coverage, the COVID vaccine coverage rate is less than 5% in Sub-Saharan Africa at the moment. The longer it stays that way, perhaps the better it is for all of us.

01:15:24 Speaker 2

That's a very interesting observation, I I wouldn't have thought about that and and, well, I appreciate you sharing your personal story about a friend or colleague who was in a.

01:15:33 Speaker 2

Word I personally know and of course I've read through the literature there have been a lot of adverse events.

01:15:40 Speaker 2

Different types Peter, you mentioned some of these cured too.

01:15:45 Speaker 2

People often ask for advice.

01:15:46 Speaker 2

Gosh, what?

01:15:48 Speaker 2

What can I do?

01:15:49 Speaker 2

I'm I'm having this symptom that symptom and you know, I I don't know actually.

01:15:54 Speaker 2

So any of?

01:15:55 Speaker 2

You who could speak to that?

01:15:56 Speaker 2

What kind of general advice can we give people who have had an adverse effect?

01:16:01 Speaker 2

If you want to speak different categories, that would make sense to me.

01:16:04 Speaker 2

Do this.

01:16:05 Speaker 2

If you've had that, do this.

01:16:06 Speaker 2

If you've had this one.

01:16:08 Speaker 2

So so please chime in on that.

01:16:10 Speaker 4

Yeah pulses, I'm a cardiologist. I'll pick up on the well recognized complication of myocarditis a non fatal syndrome that the US FDA and the other regulatory authorities worldwide recognizes with the messenger RNA vaccines.

01:16:26 Speaker 4

And in a paper by Avolio and colleagues, they.

01:16:29 Speaker 4

Demonstrated that the spike protein independently damages parasites which are the cells that support the capillary network and the cardiomyocytes within the heart.

01:16:40 Speaker 4

The spike protein is expressed there.

01:16:41 Speaker 4

It incites inflammation and the syndrome occurs.

01:16:46 Speaker 4

In younger individuals it peaks.

01:16:48 Speaker 4

Around age 12.

01:16:49 Speaker 4

To 17 but it tails off all the way up to age 50 and in a paper by Rose and myself.

01:16:56 Speaker 4

Published in current problems in cardiology, we demonstrate that epidemiologic relay.

01:17:01 Speaker 4

Ship it far greater in men than women or boys greater than girls.

01:17:07 Speaker 4

I mean substantially more so.

01:17:08 Speaker 4

There must be some relationship to androgens or to the that kind of postpubertal burst in androgens or genetic ropens.

01:17:19 Speaker 4

And very importantly, it's.

01:17:21 Speaker 4

A very serious consequence.

01:17:24 Speaker 4

I was on national TV in June when the story broke and the CDC and FDA had a universe to 600 cases.

01:17:31 Speaker 4

They analyzed 200 cases and both those agencies and statements said that the syndrome was mild and it was rare and I strongly objected to Americans on national TV. I said number one, it's can't be mild because.

01:17:44 Speaker 4

90% of the patients are hospitalized, you know, mild conditions don't require Hospice.

01:17:50 Speaker 4

Relations, and I said it can't be rare because very few children have been vaccinated at that time and from a safety data perspective, it's really irresponsible to say something is where we should always be cautious and conservative.

01:18:02 Speaker 4

And but and indicate the term we use in data safety monitoring is the tip of the iceberg.

01:18:07 Speaker 4

So what they saw in June was the tip of the iceberg, and I was.

01:18:10 Speaker 4

Right on both accounts. Now we have over 11,000 cases of MYOPERICARDITIS certified by the CDC in the vaccine adverse Event reporting system and a paper published at the end of August by Tracy Hoag at the University of California, Davis.

01:18:24 Speaker 4

Shows and with these thousands of cases, now 86% of the patients are still hospitalized with chest pain.

01:18:31 Speaker 4

Signs and symptoms of heart failure. Very high cardiac trip. Onen levels of blood test indicating cardiac injury, about 1/4 have incipient heart failure with abnormal echocardiography.

01:18:43 Speaker 4

I can tell you clinically I manage these.

01:18:44 Speaker 4

Patients I have.

01:18:45 Speaker 4

To put them on drugs to prevent the develop heart failure.

01:18:48 Speaker 4

These are young kids basically be treating with heart failure drugs we would use as an adult.

01:18:53 Speaker 4

They can have no tickle activity. We have to get resolution of the syndrome. Multiple tests and imaging we know from a paper published in 2018 in circulation research from other forms of myocarditis.

01:19:06 Speaker 4

Generally it's a pretty good series. About 13% of those individuals actually have permanent cardiac damage. Now we.

01:19:13 Speaker 4

Hope that this large number of people now coming forward with vaccine induced Mac Carditis.

01:19:19 Speaker 4

We hope that there is completely recovery of cardiac function.

01:19:23 Speaker 4

But sadly there are already deaths Choi and colleagues from South Korea US reported a death in a 22 year old Korean.

01:19:32 Speaker 4

Uh, a man died shortly after the COVID-19 vaccine. He had signs and symptoms of marker. Dynasty autopsy indeed showed myocarditis and critical parts of the heart. There was dramatic inflammation and destruction.

01:19:43 Speaker 4

Of cardiac tissue.

01:19:44 Speaker 4

What's called contraction band necrosis?

01:19:46 Speaker 4

There can't be a more clear signal here that the vaccines if the mosaic of cells where the lipid nanoparticles taken up substantially includes the heart, which it can in some, and it must be stochastic in terms of how this.

01:20:00 Speaker 4

Happens, there must be some interaction with antigen or antigen receptors and then the boys far more than girls develop.

01:20:06 Speaker 4

This syndrome, which at least in now some cases, can be fatal and then in other cases may lead to permanent cardiac injury.

01:20:13 Speaker 4

I think parents and young people ought to look at the myocarditis warnings and look at it very clearly.

01:20:18 Speaker 4

The PR agencies are putting these.

01:20:20 Speaker 4

Warnings are there for a reason, and the only way to avoid this complication is to defer on the vaccine.

01:20:26 Speaker 5

That's fascinating, Pierre Corey from frontline, COVID-19 critical care alliances is started administering now anti androgen drugs specifically for that.

01:20:38 Speaker 2

Any outcomes on that yet as far as advocacy say.

01:20:42 Speaker 5

Well, they yes.

01:20:43 Speaker 5

They're they're.

01:20:43 Speaker 5

They're getting great results what what they what they've started to see.

01:20:47 Speaker 5

This is one of the difficulties about drawing data from a few months back.

01:20:52 Speaker 5

Is that it's a?

01:20:53 Speaker 5

It's a moving, you know, playing field all the time.

01:20:57 Speaker 5

The goal posts are shifting.

01:20:58 Speaker 5

And So what they were getting is extremely good results with with either mekton.

01:21:06 Speaker 5

But when they started to see worse outcomes until they started increasing the doses so there now all the time that the protocols are having to change and that would suggest that somehow the.

01:21:18 Speaker 5

The host pathogen interaction continues to evolve and I think you know here was really one of the first people to to really remind us that we've got to look at what?

01:21:30 Speaker 5

This, you know, vaccination pressure is actually doing to this interaction together with the.

01:21:36 Speaker 5

Fact that that.

01:21:37 Speaker 5

We're dealing with a new pathogen altogether and and we're now using, you know, a spike protein antigen that's based on a computer model from the original Wuhan virus that has very little.

01:21:51 Speaker 5

Relationship to what we're dealing with and it's extraordinary that these clinicians now are being more and more sidelined by the.

01:22:00 Speaker 5

System which really we we should see discourse and science.

01:22:05 Speaker 5

We should see the sharing of these protocols, the sharing of results, not the exclusion of of people are having phenomenal results.

01:22:12 Speaker 2

Indeed, yes, that's what I mentioned in my introduction.

01:22:15 Speaker 2

It's been so puzzling to me it's scientists to watch the trajectory and how certain.

01:22:20 Speaker 2

Information has been handled informational.

01:22:22 Speaker 2

I personally view it is extremely important and valuable.

01:22:27 Speaker 2

That's very sad.

01:22:28 Speaker 2

News about the cardiology story you've been sharing.

01:22:30 Speaker 2

Peter, but good news that there are approaches to help help with the treatment and maybe offset it even being incurred.

01:22:40 Speaker 5

Kurt, one of the questions we get asked a lot from our members in NH is that there seems to be a large group of people who made a decision early on to be vaccinated.

01:22:56 Speaker 5

And they thought it was the greatest thing that they could do for themselves, for their grandmothers, for their families and for the planet.

01:23:04 Speaker 5

And they now have more information than they had before, and they don't want to continue.

01:23:10 Speaker 5

And we know a lot of people have had a single jab who haven't had the second one.

01:23:14 Speaker 5

We'll also know people who've had two jabs.

01:23:17 Speaker 5

Who now are ambivalent about having a booster?

01:23:20 Speaker 5

Can you just talk about what you think from the perspective of their immune system?

01:23:27 Speaker 5

Many of them are asking, you know, will we recover if we haven't experienced any notable obvious adverse event?

01:23:35 Speaker 5

And of course some of them have.

01:23:37 Speaker 5

And some of those were sometimes short lived, others are still dealing with these problems.

01:23:42 Speaker 5

But for someone who hasn't experienced a significant adverse event.

01:23:48 Speaker 5

What's happening to their immune system?

01:23:50 Speaker 5

Will they become equivalent to say someone that is vaccine naive?

01:23:55 Speaker 3

Well, we we first have to distinguish between people who have been totally blind and that means they got their two doses of the vaccine and and those who got only a single shot and most likely didn't get really bright.

01:24:14 Speaker 3

So people have to realize Riley means that your immune system has memory that it will memorize when it sees the pattern.

01:24:24 Speaker 3

General D antigen that that is not necessarily the case when you got only one single dose, so again.

01:24:34 Speaker 3

Let me start out with the the unpleasant finding to then move to something maybe more.

01:24:44 Speaker 3

The unpleasant finding in this pandemic is that there is a snowball effect.

01:24:49 Speaker 3

So what I mean is that you have to realize when you got vaccinated so you got primed.

01:24:55 Speaker 3

Normally, your antibodies decline after a while, so there is no problem.

01:25:01 Speaker 3

But unfortunately we are dealing now with the pandemic of highly infectious variants.

01:25:08 Speaker 3

The delta.

01:25:08 Speaker 3

Variant that means that the likelihood that you get naturally boosted by this virus has now become very, very high.

01:25:18 Speaker 3

It's almost impossible to avoid for like 6 weeks in a row unless you look yourself in into a builder or something to not get exposed to the virus.

01:25:28 Speaker 3

So you have to remember.

01:25:29 Speaker 3

When you are really primed.

01:25:31 Speaker 3

As soon as your immune system sees a little bit of the virus a little bit, your antibodies will go up again drama.

01:25:40 Speaker 3

So that has always been, and again, my my my statement and and my viewpoint is that what is good for the population is good for every single.

01:25:52 Speaker 3

Individual what would be good in the first phase is that these antibodies could be clamped so they can only decline.

01:26:00 Speaker 3

Very dramatically, when we dramatically diminish the infectious pressure in the population.

01:26:04 Speaker 3

Yeah, situation back to where we were at the beginning of the pandemic where we had to answer a strain that was way less infectious than the type of variance we're dealing with.

01:26:16 Speaker 3

We're dealing with right now.

01:26:18 Speaker 3

No so.

01:26:21 Speaker 3

However, however, what so that is, something we cannot avoid unless unless we dramatically massively we do mass hypocritical Axis campaign campaigns mass antiviral chemoprophylaxis campaigns in countries that have a high vaccination rate.

01:26:41 Speaker 3

That means we have the Delta Harry and has a huge competitive advantage and has become dominant.

01:26:47 Speaker 3

So that is the only way we can.

01:26:50 Speaker 3

Take the infectious pressure down in the population and get de likelihood that people get reboots it over and over again in a natural.

01:26:59 Speaker 3

Way by the.

01:27:00 Speaker 3

Natalie circulating barrier that these likelihoods becomes remote so that there is not a continuous, let's say boost of their antibodies because.

01:27:11 Speaker 3

The thing they we barely touched upon is that these antibodies each time that they get elevated titers.

01:27:19 Speaker 3

They will also.

01:27:20 Speaker 3

They will also get against suppress your urinating.

01:27:24 Speaker 3

System and there is a lot of things that we have to say about this.

01:27:28 Speaker 3

I'm probably not expand on this one.

01:27:31 Speaker 3

There is a thought that I have Monday at the World Health Console where I will expand on this to to explain what what, what really the problem is what I think my own opinion is that.

01:27:46 Speaker 3

It's not going to get easy to get rid of this program.

01:27:51 Speaker 3

Remember, an immunization is like an installing a program on your computer that you can not erase.

01:27:58 Speaker 3

That is very different from a drug, so the only thing that one could do is to come up with.

01:28:06 Speaker 3

An immune intervention.

01:28:08 Speaker 3

That very early on, when the virus fits into the cell that is capable of recognizing that that cell is infected, then it kills the cell before even it can generates progeny and can be exposed to the immune system because that is the point where your antibodies will get boosters.

01:28:29 Speaker 3

They don't get boosted at the moment where the virus comes into the cell.

01:28:33 Speaker 3

It first of all, the fact that the cell needs to to serve as a kind of.

01:28:40 Speaker 3

Richard worked for the virus where it can replicate and then it gets released from the cells.

01:28:45 Speaker 3

It gets into the circulation.

01:28:47 Speaker 3

That's where the B cells or the memory piece of it etc can recognize the virus and that the antibodies will of course get boosted again.

01:28:57 Speaker 3

So if you can intervene before.

01:29:00 Speaker 3

This happens so that means at an early stage of infection.

01:29:05 Speaker 3

With a vaccine that recognizes the infected cell and kills it, then there is no problem whatsoever.

01:29:14 Speaker 3

That would definitely solve the problem.

01:29:18 Speaker 3

That would definitely neutralize all the vaccinations that people have seen, but we are not yet.

01:29:25 Speaker 3

There unfortunately.

01:29:27 Speaker 3

So I'm I'm not going to to expand for four hours on this router is not that many things we can do dramatically diminish the infectious pressure so that this middle boosting, because every boot is again suppressing ordinating mune system is again.

01:29:47 Speaker 3

Putting a lot of pressure even more than before on the.

01:29:51 Speaker 3

Virus, the other thing which works at an individual level is to immediately kill the virus when it gets.

01:29:59 Speaker 3

When it infects a cell in a way that the virus the infected cell is eliminated.

01:30:04 Speaker 3

This would have a beneficial impact not only for the individual, but of course, since this would induce.

01:30:11 Speaker 3

Sterilizing immunity.

01:30:13 Speaker 3

It would dramatically suppress the the infectious pressure in the population, which would of course be beneficial.

01:30:20 Speaker 3

So for all of us, because it's this infectious pressure that is continuously that is having this snowball effect where you get modern pressure.

01:30:29 Speaker 3

Then you get modern new impression.

01:30:30 Speaker 3

The virus continues to escape and add further and further again, so it's a yeah.

01:30:36 Speaker 5

That that that that's fascinating, I, I think what's also interesting is the fact that that many of the clinicians who are dealing with people.

01:30:42 Speaker 5

Have persistent what?

01:30:44 Speaker 5

What we now call post jab syndrome.

01:30:46 Speaker 5

Are benefiting from approaches that that are really about improving detoxification within the body or providing antihistamines so so because we know mast cell activation is part of one of the mechanisms that may be going on as well.

01:31:03 Speaker 5

We we we see also the liver being placed under under a lot of stress, so you know, for example people are taking N AC that that boosts the the level of glutathione in the body.

01:31:18 Speaker 5

Can be important and that that that is not typical of anything you would use for a a normal vaccine, but you would use it for any toxin, so again it it does suggest that some of the symptoms that people who do suffer ongoing symptoms post jab are actually linked to toxicity.

01:31:38 Speaker 5

And so from a natural point of view, yes, NACS quesiton.

01:31:43 Speaker 5

For example, from the to to deal with the histamine side are definitely very, very helpful.

01:31:50 Speaker 5

And herbalists are using milk Thistle to support the liver.

01:31:54 Speaker 5

Uhm as well.

01:31:55 Speaker 5

So yeah, interesting processors Peter have you got?

01:31:59 Speaker 5

Some, some some views on people who've been jabbed.

01:32:04 Speaker 5

Uh, you know, have some of them.

01:32:07 Speaker 5

You're obviously dealing with with a proportion of people also suffering adverse reactions.

01:32:12 Speaker 5

Any clinical pearls that you can offer.

01:32:14 Speaker 4

The first thing I'd mention is the diagnosis.

01:32:17 Speaker 4

To try to diagnose a vaccine injury syndrome.

01:32:20 Speaker 4

It's it's challenging, so we could just start with headache and neurologic symptoms.

01:32:25 Speaker 4

This is common. It's difficult to know when to get a CT scan or MRI the US FDA and other regulatory agencies have.

01:32:33 Speaker 4

Warnings on Astra, Zeneca and Johnson and Johnson for thrombosis in the brain and so when to pull the trigger and do imaging is a big deal.

01:32:43 Speaker 4

I mentioned myocarditis and the children went to get an EKG and cardiac tripony and my advice to clinicians is be cautious, be conservative and get the tests because.

01:32:53 Speaker 4

We don't want to miss these potentially fail.

01:32:56 Speaker 4

Full diagnosis and and they're going to come up as more and more people come forward.

01:33:01 Speaker 4

Each round of vaccination.

01:33:03 Speaker 4

The neurologic syndromes, many of them that the non specific ones once we've ruled out thrombosis, end up getting treated with some forms of drugs that have shown some benefit in clinical trials of acute COVID-19.

01:33:17 Speaker 4

Including fluvoxamine, fluvoxamine for the neurologic syndromes for these cardiac and pleural pericardial symptoms, colchicine, Prednisone, use of Ivar Mcdean, which is interesting 'cause I've or Magnus the only drug that has an anti spike.

01:33:33 Speaker 4

Protein property to it, so it believes that people are calling it spike protein disease.

01:33:38 Speaker 4

In these various organs and then as mentioned, because of the extensive tissue damage and the catabolic strain this puts on the body.

01:33:45 Speaker 4

The use of nutraceuticals and supplements in the United States, one that's popular again without an evidence base though, is N acetyl cysteine.

01:33:54 Speaker 4

An antioxidant that re generates glutathione.

01:33:57 Speaker 4

I think it's really all hands on deck.

01:33:59 Speaker 4

I'm calling for vaccine.

01:34:00 Speaker 4

Three centers is so similar to the long COVID syndrome, both manifested by prolonged presence of the spike put human body.

01:34:08 Speaker 4

Probably the vaccine injured ought to be right in there with the long COVID patient and get into randomized trials of various approaches is probably going to be a.

01:34:18 Speaker 4

A drug approach and my experience so far is that these are long lasting.

01:34:22 Speaker 4

It takes months of treatment.

01:34:24 Speaker 4

I was recently alarmed in my practice with a woman who I had for.

01:34:27 Speaker 4

10 years she's.

01:34:28 Speaker 4

Perfectly managed.

01:34:29 Speaker 4

She's about my age.

01:34:30 Speaker 4

She took Johnson and Johnson in March.

01:34:34 Speaker 4

Here we are in September.

01:34:35 Speaker 4

6 months later she develops a thrombosis of the entire left arm with no blood outflow of the left arm and term.

01:34:43 Speaker 4

Blue I spend have emergency treatment with Thrombolytics now she has to have a vascular surgery.

01:34:49 Speaker 4

Her arm is ruined.

01:34:50 Speaker 4

I did fill out the the various report and I did check.

01:34:53 Speaker 4

Off the brightbox permanent.

01:34:54 Speaker 4

Being disabled, sadly in the United States now, we have 28,000 people in the US fair system who are now checked off as being permanently disabled as a result of taking one of the COVID-19 vaccines.

01:35:07 Speaker 2

Well, and I'm pleased that we're covering this part as we're.

01:35:10 Speaker 2

Winding down our.

01:35:11 Speaker 2

Session meaning what type of therapies?

01:35:14 Speaker 2

There are drug therapies and otherwise.

01:35:16 Speaker 2

For those who have had adverse effects from the vaccines, and.

01:35:19 Speaker 2

We mentioned a.

01:35:19 Speaker 2

Few I'll also add one that and.

01:35:22 Speaker 2

Then one of.

01:35:22 Speaker 2

The Gamma series was approximately 2 weeks ago.

01:35:25 Speaker 2

There have been scientists, clinicians who have been working with different types of Chinese herbal combinations and have been having success in symptomatology.

01:35:33 Speaker 2

I don't know so much of its symptomatology just from.

01:35:36 Speaker 2

Getting COVID perception or vaccine injury, but I assume there would be some overlap there, so there are quite a few things that we as the public as individuals can do on our own to take care of ourselves

that we've had adverse effects but also just to take care of ourselves to strengthen our own innate immune.

01:35:54 Speaker 2

Richie and we'll post some of that on the website once we post this video.

01:36:00 Speaker 2

What else, gentlemen, this has been really outstanding, particularly closing comments.

01:36:06 Speaker 4

Yeah, I I wanted to put I wanted to put put in a plug for both prophylactic and active active treatment of oral and nasal virucidal therapy.

01:36:16 Speaker 4

This is important. This has come on strong now in 2021 there are seven clinical studies. One large randomized trial over 2000 patients.

01:36:26 Speaker 4

And involved.

01:36:27 Speaker 4

And it basically uses one of several different solutions that have a virucidal activity, kills the virus.

01:36:33 Speaker 4

Either dilute povidone iodine or dilute hydrogen peroxide wisdom, lugols iodine even dilute sodium hypochlorite has an anti infective approach.

01:36:43 Speaker 4

Both mouthwash and gargle and then nasal spray or nasal nebulizer.

01:36:48 Speaker 4

Patient this is important. It looks like preventively, the effect size that we're seeing is about 75% preventive after exposure, in a congregate setting.

01:36:58 Speaker 4

So I'm telling all my patients when they're out of the house, going in to church or the Congress settings when they come home to go ahead and do oral and nasal virucidal therapy.

01:37:08 Speaker 4

With one of these solutions and there are this is in the truth for health treatment guide as well as online videos.

01:37:14 Speaker 4

In that those who have routinely go outside basically do it twice a day. The randomized trial by Chowdhury and colleagues randomized 606 individuals.

01:37:24 Speaker 4

303 to dilute povidone iodine. Nose and mouth versus matching sailing and showed a 75% abortive effect.

01:37:35 Speaker 4

We in patients who have early COVID-19 they tested positive during that early ramp up of symptoms, and it basically markedly draw.

01:37:43 Speaker 4

The evolution of the COVID-19 syndrome markedly dropped the low rates of hospitalization and death. These are motivated people.

01:37:50 Speaker 4

They ramped it up to every four hours and the mechanism is that it's dropping the viral load to some degree.

01:37:56 Speaker 4

It's not eliminating the virus, but it's dropping the viral load and probably this inoculum effect.

01:38:03 Speaker 4

Of kicking off the syndrome is related to severity, so this is something that people could do at home.

01:38:08 Speaker 4

They don't need a doctor having hydrogen peroxide or povidone iodine and having this approach at home.

01:38:14 Speaker 4

And then I think probably Rob or others will make a comment about Neutraceuticals and supplements that can also provide a base, but I'm very high now.

01:38:23 Speaker 4

On the oral.

01:38:24 Speaker 4

Nasal approach people have been focusing on hand sanitizer.

01:38:27 Speaker 4

It's not a hand infection, it's an infection of the nose.

01:38:30 Speaker 4

And mouth and I.

01:38:31 Speaker 4

Can tell you I had it personally, I had it personally in 2020. I didn't know about this 'cause the trials weren't in.

01:38:37 Speaker 4

And it literally baked in my nose and mouth for three or four days, and I wish I would have been doing something because I could have reduced the severity of my illness and maybe avoided pulmonary involvement.

01:38:48 Speaker 4

I learned this by the way from anti infective Dennis Paul Gossett in Chicago.

01:38:52 Speaker 4

He commented that Dennis had been doing this the entire time and they deal with cytomegalovirus.

01:38:57 Speaker 4

Epstein Barr virus gingivitis in the mouth, so they're used to using viral cycle therapy so they've done it themselves, and he commented that Dennis had been in the mouths of people throughout the pandemic.

01:39:08 Speaker 4

There's been no done to outbreaks.

01:39:10 Speaker 4

I thought it was a brilliant observation.

01:39:12 Speaker 3

Look at absolutely.

01:39:13 Speaker 5

And that that's in all of our protocols in the World Council for Health Early Treatment guide as well.

01:39:18 Speaker 5

Yes, you can use lugol, sardine. You can even use a Himalayan salt pipe and just put a couple of drops of Lugol's iodine. It's very portable, you don't need any technology and you can carry it with you wherever you're going.

01:39:32 Speaker 1

Right?

01:39:33 Speaker 5

Yes, you know, I think it would be.

01:39:35 Speaker 5

It's a fascinating stage in the sense.

01:39:37 Speaker 5

That the the early treatments now are so widely available to those who want to look for them.

01:39:44 Speaker 5

But of course to those who still choose to listen to the mainstream news, they still believe the vaccine is is the key solution.

01:39:54 Speaker 5

I, I think in many respects the most complicated problem we're dealing with is the.

01:40:00 Speaker 5

Political, economic, social structures that are in place and how they have in turn created a kind of stagnancy in in human psychology.

01:40:15 Speaker 5

So there's a we literally have moved into this sort of psychotic state, in which people.

01:40:20 Speaker 5

We will have a, uh, a safety need and a belonging need and they still are aligned with.

01:40:28 Speaker 5

Is a system that has come up with an approach that does not seem to be in the public interest, and that's that's what's driven me to have an interest in in people like the psychologist Irvin stabbed that has come for longer than anyone else on this planet for over 60 years.

01:40:46 Speaker 5

As a as a.

01:40:48 Speaker 5

Uh, a victim of the of the Holocaust, and he was actually saved before he was taken off to to any of the camps by a bystander.

01:40:58 Speaker 5

So he's he's.

01:40:59 Speaker 5

Written extensively about the psychology of all genocide events, and he refers to what is called the bystander event.

01:41:07 Speaker 5

The sorry the bystander effect where people literally just stand by and they watch this slow motion train smash in front of them feeling disempowered.

01:41:19 Speaker 5

I think Stephen Porges has has with his polyvagal theory.

01:41:24 Speaker 5

Three has some of the background explanation to suggest them when people are in sustained fear for a long period of time, they literally go into a kind of shutdown mode, so there's a lot of people who are in shutdown.

01:41:38 Speaker 5

There's also a lot of people who are becoming fatigued by hearing about this, it's it's.

01:41:44 Speaker 5

You know 21 months since the airwaves have been full of it, and while at one hand they

01:41:49 Speaker 5

Don't seem to have the attention to to look at other things, and they also know that their survival is very hooked up their future, their children, future, their grandchildren.

01:42:00 Speaker 5

Future is very hooked up in terms of how we take this, and again from a sort of evolutionary point of view.

01:42:08 Speaker 5

I I do think we are.

01:42:10 Speaker 5

Living through what is now a huge moment in human evolutionary history, we are at a sort of Waddington canalization event.

01:42:20 Speaker 5

OK?

01:42:22 Speaker 5

Yes Peter, you have to go.

01:42:23 Speaker 4

I have to call you yes.

01:42:24 Speaker 5

Yeah yeah thank you so much.

01:42:26 Speaker 5

Thank you so much.

01:42:28 Speaker 4

Thank you, I'll let you finish up.

01:42:29 Speaker 2

Thank you very much, Peter.

01:42:30 Speaker 5

No problem, cheers Peter, that's perfect.

01:42:32 Speaker 5

Thank you.

01:42:35 Speaker 5

I think we're at a kind of momentous moment in human evolution.

01:42:40 Speaker 5

Looking at the father of epigenetics, Waddington talked about the canalization.

01:42:47 Speaker 5

How a marble would roll down as a slope and as.

01:42:50 Speaker 5

We see epigenetic marks imprinting deeper and deeper into the genome.

01:42:57 Speaker 5

We actually not just individually, but as a society, get further and further locked into these valleys.

01:43:04 Speaker 5

And so I think it is a critical time.

01:43:07 Speaker 5

We can see a movement developing that.

01:43:10 Speaker 5

That is, saying enough is enough, and in fact there is an improvement and we'll give you the link to the enough movement that the Western Foundation is involved with and we're involved with.

01:43:19 Speaker 5

We're all involved with.

01:43:20 Speaker 5

It because we do need to.

01:43:22 Speaker 5

Kind of rethink where we're going and some of.

01:43:25 Speaker 5

The typical signals that we've had over and over again Mark Carditis pericarditis is just one of many.

01:43:33 Speaker 5

We had the VIP autoimmune signal very early on for Astra Zeneca vaccines and it's as if nothing changes this steamroller that's going ahead and as a result.

01:43:45 Speaker 5

This is, you know why we've come together with people like Doctor Tess Laurie, who who was.

01:43:50 Speaker 5

You know a major consultant to the World Health Organization and has now recognized that actually we can no longer expect that governments are going to change their minds.

01:44:02 Speaker 5

It's a dead end course, so we have to work by communicating to the people.

01:44:07 Speaker 5

And really, this is what this conversation.

01:44:10 Speaker 5

Is also all about, so I'm saying the becoming empowered is really at the heart of it and starting to take some sovereignty back and making our own decisions is a big part of how we take back some control for our future.

01:44:12 Speaker 2

That's what we're doing.

01:44:26 Speaker 2

Indeed, and with that in mind, I so.

01:44:28 Speaker 2

Appreciate all the self help.

01:44:32 Speaker 2

Therapies people can do that we've already reviewed so far here, it.

01:44:36 Speaker 2

Any final comment?

01:44:39 Speaker 3

Well, I mean other positive.

01:44:41 Speaker 3

Note there is another therapy that is a little bit along the lines of what Peter was saying, but remember, I mean it's always between the virus and the host.

01:44:54 Speaker 3

So the virucidal treatments locally are very effective.

01:44:58 Speaker 3

But there is something else you can do.

01:45:00 Speaker 3

You can you can locally stimulate also urinate immune system and that is someday.

01:45:07 Speaker 3

I remember back 20 years ago when I was still or or even longer, but it was still to some extent working as a veterinary surgeon.

01:45:16 Speaker 3

There was a product on the market and I I think it still exists but.

01:45:20 Speaker 3

It's another trade name, but back in those days it was called Viper Moon and it is in fact an inactivated paradox.

01:45:28 Speaker 3

Fibers and inactivated powerful sides.

01:45:31 Speaker 3

That was very, very popular, extremely efficient, you know used in.

01:45:39 Speaker 3

In animal health.

01:45:42 Speaker 3

Because it was of course, a problem of overuse of antibiotics, so boring more divisionary field and and literally they keep keep applications on innate in unity.

01:45:51 Speaker 3

You will find them, you know in the veterinary field because of the of the need to reduce the use of antibiotics and basically these inactivated paracles farms.

01:46:02 Speaker 3

There's nothing else there.

01:46:04 Speaker 3

A mixture of where we call them pants and pathogen associated molecular patterns that interact with TLR's on the on the surface of yourself, and that dramatically stimulate innate immunity. So this was typically taken not just by the animals, but even by the vets and the.

01:46:24 Speaker 3

Farmers who were supposed to administer this just to gargle this and it would protect you against influenza and the number of these respiratory viruses was very efficient, very efficient.

01:46:35 Speaker 3

So we should always think about both being involved.

01:46:39 Speaker 3

So with regard to what Rob was saying.

01:46:42 Speaker 3

I think the what I see as a big challenge right now.

01:46:46 Speaker 3

A really big challenge is that the the society gets split really between vaccinated and non vaccinated, vaccinated and we must say there is no doubt about is that now from an even a logical viewpoint these or have become different popular.

01:47:04 Speaker 3

Nevertheless, as I also emphasized, this is a global event.

01:47:10 Speaker 3

We can only solve this together.

01:47:12 Speaker 3

We can only solve this as a population, and so I'm I'm, I've always advocating not just for the science, but also for solidarity.

01:47:21 Speaker 3

It's only as a population.

01:47:24 Speaker 3

But we will be able to solve this again in my veterinary background, if you leave the hurt, you are no longer protected.

01:47:31 Speaker 3

You can only be protected by being part of the herd.

01:47:34 Speaker 3

Right, and if we start splitting up the population in and visually and labeling them, you know vaccinate or impacts in it.

01:47:42 Speaker 3

Now we must solve this as an entire population.

01:47:46 Speaker 3

That is how we are going to protect the population and hence protect every single individual in the population.

01:47:52 Speaker 3

I think that's very important.

01:47:53 Speaker 3

That is a message I.

01:47:55 Speaker 3

Just wanted to convey at the end of our session and thank you.

01:47:59 Speaker 3

Thank you so much for sharing fault, but maybe it's not finished.

01:48:03 Speaker 3

I don't know, sorry.

01:48:06 Speaker 2

Thank you Eric.

01:48:07 Speaker 2

I very much appreciate you fitting that message in and how you just said we're diverging into two potentially two different populations immunologically.

01:48:17 Speaker 2

That's another point for me to ponder deeply.

01:48:19 Speaker 2

I want to thank you gentlemen, for the opportunity to moderate this session, which I've very much.

01:48:25 Speaker 2

Learned a lot from personally and I also believe that our listeners will find this a great value.

01:48:31 Speaker 2

So thank you very much.