Partial Transcript:

Mass Vaccination in a Pandemic Benefits versus Risks
Interview with Geert Vanden Bossche

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Interviewed by Dr. Philip McMillan, McMillan Research
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Geert Vanden Bossche, PhD, DVM (Huldenberg, Flemish Region, Belgium)
Managing Director, VARECO, former Adjunct Professor, Freelance Consultant - Vaccine Discovery & Preclinical Research incl. scientific-technical support in patent litigations (LinkedIn)
https://www.linkedin.com/in/geertvandenbossche/

Philip McMillan: We have 20/20 vision at the moment when we look back at the pandemic . . . I thought the only way we could manage this is to lockdown . (Asks GVB to discuss his thoughts)
Geert Vanden Bossche: Frankly speaking from the very beginning... I always said that it was a bad idea to do lockdowns that would also effect the other people; that we would protect younger people from having contact, from being exposed. Because remember the big difference back then was of course that we had a viral strain, Covid strain, that was circulating a dominant strain that was not highly infectious as those we are seeing right now. (8:25)
Of course, when a new virus gets into a population, it immediately gets to the folks that have, you know, weak immunity. And we know, we know these people. This is to a large majority, of course, elderly people, people that have underlying diseases or are otherwise immune suppressed, etc. And of course, I mean, it was certainly the right thing to do to protect these people and for them also to isolate.

But we have to distinguish—frankly speaking--that is what we have not been doing—between those people that have strong innate immunity. I mean it's not, when you see a person, you cannot, you don't know this. But we know that young people have quite decent innate immune response and therefore they are naturally protected. And even more, I mean, if they get in contact with coronavirus it will boost their natural immunity – so therefore from the very beginning I don't-- I disapproved. You know the fact that schools got to close, and universities and that youngsters were prevented from even having contact with each other.

That situation is of course completely different if you look at vulnerable people. The virus is come new in the population. There is no humeral immunity. There is no immunity at all, in fact. So nobody has been in contact.

So the youngsters, they can rely on good innate immunity. Elderly people, I mean the innate immunity is waning. The innate immunity gets increasingly replaced by antigen specific immunity as people get older, so these people very clearly needed to be protected.

But it has taken a lot of time before we understood in fact, how exactly the immune response and the virus were interacting. So there has been a lot of confusion. A lot of mistakes made, well, mistakes, I mean retrospectively. And that has also led to [??] control, right, from the beginning I would say.

PM: With that in mind ... We all had the hope that vaccines would come and break the cycle. From your expertise, you seem to have a different thought about how we should have been thinking about vaccines then and now....

GVB: If you go to war, you better make sure you have the right weapon. The weapon in itself can be an excellent weapon. And that is what I’m saying about the current vaccines. I mean, brilliant people who have been making these vaccines in no time and with regulatory approval, and everything

So the weapon in itself is excellent, but the question is, is this the right weapon for the kind of war that is going on right now? And there my answer is definitely no, because these are prophylactic vaccines, and prophylactic vaccines should typically not be administered to people who are exposed to high infectious pressure. So don’t forget that we are administering these vaccines in the heat of a pandemic. So in other words, while we are preparing our weapon, we are
fully attacked by the virus. **The virus is everywhere.** So that is a very different scenario from using such vaccines in a setting where the vaccinee is barely or not exposed to the virus.

I’m saying this because if you have a **high infectious pressure**, it’s so easy for the virus to jump from one person to the other. So if your immune response, however, is just mounting as we see right now by the number of people who get the first dose. They get the first dose, the antibodies are not fully mature, the ___ are maybe not very high, so **their immune response is suboptimal.** But they are in the midst of this war. While they are mounting an immune response they are fully attacked by the virus.

And every single time, I mean this is textbook knowledge, every single time you have an immune response that is suboptimal in the presence of an infection, in the presence of a virus that infects that person, **you are at risk for immune escape,** so that means the virus can escape the immune response. And that is why I am saying that these vaccines – I mean in their own right are of course excellent – but to use them in the midst of a pandemic and do mass vaccination because then you provide within a very short period of time the population with a high antibody type so the virus comes under enormous pressure.

**That wouldn't matter if you could eradicate the vi – if you can prevent infection, but these vaccines don't prevent infection. They protect against disease.** (14:04) Because, we are just, unfortunately, we look no further than the end of our nose. In a sense that hospitalization, that’s all that counts, you know, getting people away from the hospital but in the mean time we are not realizing that we give all the time during this pandemic by our interventions the opportunity to escape the immune system.

And that is, of course, a very very, very dangerous thing, especially if we realize that these guys— they **only need 10 hours to replicate.**

So if we think that by making new vaccines, new vaccines against the new infectious strains we are going to catch up, its impossible to catch up. **I mean the virus is not going to wait until we have those vaccines ready.** I mean this thing continues. And as I was saying, the thing is, if you do this in the midst of a pandemic, that is an enormous problem. These vaccines are excellent but they are not made for administration to millions of people in the midst, in the heat of a pandemic. So that is my thought. . . .

**PM: question comparing antibiotics and superbugs.**

**GVB:** I mean, it's pure science. (15.54)... The rule is very simple, I mean, same with antibiotics. Either the antibiotics do not match very well with the bug. That’s not good. That 's why we are making antibiograms, you know, to first identify which is this germ and then we choose the antibiotics. We need to have a very good match otherwise it could be resistance. So when I compare this to the current situation, **do we have a good match with our antibodies? No.** At this point in time, we don’t have a good match any more because we have almost like this hetero-- variance (16:35) so that differs from the original strain. So the match isn't very good any more and hence we see people are still protected but **they're already shedding the virus.** So that is one thing. The other thing is the quantity of course. You tell people you take your antibiotics according to the
prescription. Please don’t, as soon as you feel well, that doesn’t mean you can stop the antibiotics. Same here.

And I give just one example. If you now give people just like one dose, they are in the process of mounting their antibodies. Their antibody cells need to mature, etc. so this is a suboptimal situation. We are putting them in a suboptimal situation with regard to their immune protection. On the other hand they are in the midst of the war. They are fully attacked by all these kinds of highly infectious variants. So I mean, it’s very clear that this is driving immune escape and will ultimately drive resistance to the vaccines.

So my point is, yes, Philip, it is very similar, but there is one difference. The virus needs living cells. I mean, if you’re driving immune escape but the guy has no chance to jump on somebody else, who cares? This situation is now different because we are in the midst of a war. There is a high infectious pressure, so the likelihood that an immune escape immediately finds another living cell, that means another host, is very, very high. It’s per definition, it’s the definition almost of a pandemic.

PM: It’s perfect common sense. What do we do?

GVB: That question is very easy. I mean, we need, we need to do a better job when we are confronted with situations that seem very dramatic. Like an epidemic. You know, our generation has not been living in times where there are epidemics or pandemics. And so we immediately take action and jump on the beast with the tools we have instead of analyzing what is really going on.

And one thing that I thought was extremely interesting was, and it’s something that was not really understood. We know that a number of people are asymptotically infected. So they are infected but they don’t develop severe symptoms. Of course, they can have some mild symptoms, upper respiratory disease, whatever.

So the question is, what exactly happens with those folks that they can eliminate the virus? They eliminate the virus. They will transmit it. They will shed it for like a week or so. And then they eliminate this. And you could say, “yeah, of course we know that antibodies eliminated it.” Oh, wait a minute. The antibodies come later. You have first this surge of shedding of the virus. And it’s only afterwards that you see a moderate and short-lived raise of antibodies (19:54).

So the antibodies cannot be responsible for elimination of the virus. So what is responsible for elimination of the virus? (20:06) Luckily enough, we have a number of brilliant scientists, independent brilliant scientists, that have now increasingly been showing, and there is increasing evidence, that what in fact is happening is that Nk cells are taking care of the virus. So Nk cells that the virus gets into these epithelial cells and such to replicate but Nk cells get activated and they will kill, they will kill the cell in which the virus tries to replicate. So as I was saying that the virus needs to rely on a living cell so you kill that cell. It’s gone. It’s all over. So we have the solution. We have the solution within the pathogenesis because some people eliminate it.

PM: Regarding Nk cells, somebody may not know what you mean... Natural killer cells – a special group of white cells that take out the virally-infected cell...
This brings up a point I’ve been making. We haven’t spent enough time understanding how the virus impacts the body and understanding how the pandemic then will impact the world. We have spent all our time just going for solutions. Has that been a mistake?

GVB: Of course, this has been the most important mistake, I think. I’m not sure if many people, and I was part of them. (22:02) So in all modesty, I was part of them. I’m not sure whether many people understand how a natural pandemic develops, and why we have this first wave, we have this second wave, and we have this third wave. I mean, these waves of disease and mortality and morbidity. They shift from one population to another. I’m saying, for example, the second wave, which was typically also the case with influenza in WWI, when basically more soldiers, young people, died in the trenches of influenza than from injuries or whatever.

So first the elderly, weak immune system etc, then it gets a wave of morbidity and mortality to the other people, and then it gets back to people who have antibodies. So, we have to understand this first. How do this come? Why all of a sudden does this wave of morbidity and mortality shift, for example? Why are there three waves? How do we explain this? And also, how does it come that some people are naturally protected and others are not? What are these mechanisms? What are these molecular mechanisms? Because if you make vaccines and all these things, at the end of the day, this is going to interact at the molecular level.

And we have not the understanding of this. I was just explaining, we don’t understand our weapon because we don’t understand that prophylactic vaccines should not be used in the midst of an epidemic. And we don’t understand exactly what the virus is doing. So we go to a war and we don’t our enemy, we don’t understand the strategy of our enemy and we don’t know how our weapon works. I mean, how’s that going to go? It’s a fundamental problem to begin with. (24:00)

PM: I understand, but at the same time I’m thinking, if government’s doing respond in some way . . . they seem to be in a lose-lose situation. Is that a fair statement to make?

GVB: I don’t think so [mentions Hippocrates and agrees with “first do no harm] It wouldn’t matter if you start vaccinating people and even it doesn’t work. The problem is that we induce a long-lived antibody response, and as a matter of fact we know, I mean that is not my knowledge, it’s all published. The problem is that we failed to put the pieces of the puzzle together.

The fact is that these long-lived antibodies, which have high specificity of course, for the virus, they outcompete our natural antibodies. Because they’re natural antibodies, they have a very broad spectrum but they have low affinity, right? So by doing this, even if your antibodies don’t work anymore, because there’s resistance or you know the strains are too different from the original strain, these still, these specific antibodies continue to outcompete your natural antibodies, and that is a huge problem because I was saying just a few minutes ago, these natural antibodies, they provide you with broad protection. This protection, yes, is a variant non-specific. It doesn’t matter what variant you get, it doesn’t even matter what coronavirus is coming in, they will protect you, unless of course you suppress this level of innate immunity or it is, for example, outcompeted by long-lived specific antibodies.

And so, it’s not like, “OK, so you missed it. OK, let’s try again.” No, you did some harm. This is different from drugs.
Immunizing somebody is installing a new software on your computer. Don’t forget, I mean these antibodies, they will be recalled every single time you’re encountering a coronavirus, right? I mean, you cannot just erase this. So this is very serious. This is very serious. (26:36)

**PM:** (mentions previous SARS vaccine research with ferrets. When exposed to a coronavirus again, they got a very severe response to it)

**Vanden Bossche:** [...] Well, you see all my passion and conviction, but I mean I’ve been the last to criticize the vaccines in terms of would they in some regard be unsafe because you know you would have this exacerbation of disease due to antibodies that doesn’t match very well with the coronavirus that they’re exposed to, etc. I know there is reports on this and there is a lot of a, you know, serious thoughts about this.

But I think what we are talking about right now, the really, the epidemic or the pandemic problem, of having a population that is at no point during the pandemic, and to a large extent due to our intervention, has not a strong immune response. I mean this is already serious enough. This is more concerning than one or the other adverse events that could maybe elicit it—I’m not downplaying it—but that could maybe be elicited because people have antibodies that do no longer match very well with the strain they were or with the strain they were exposed to, and therefore you know **they build a complex.** They don’t neutralize the virus. They build a complex and this complex could maybe even enhance viral entry into susceptible cells and hence lead to exacerbation of disease. I mean, this may be possible.

**But** the problem I’m talking about is a global problem, a global problem. It’s not an individual getting an adverse event. It’s a global problem of, you know, making this virus increasingly infectious because we leave it all the time a chance and opportunity to escape the immune system and to drive it, to whip this, up to a level where the virus is so infectious that we can even no longer control it.

I mean, these highly infectious strains, I mean some people think, ‘Oh, the virus is going to calm down, and it will insert a number of mutations just to be gentle and kind with us.’ That’s not going to happen. **I mean, this highly infectious strain will remain. It’s not going to be spontaneous mutations that all of a sudden would make this virus again harmless because such a virus would have a competitive disadvantage.** It could not be dominant any more, so that’s not going to happen. So we are talking about a very, very, very serious problem here. (30:10)

**PM:** We’re coming to a point where people are going to have to take these vaccines, in the context of work or travel What does this mean?

**GVB:** It’s very clear. It’s very clear what this is going to mean. Let’s consider the consequences of this both at the population level and at an individual level. Because I would well understand if for the population it’s not the best thing to do, but you know on an individual level it’s still OK. Yeah, then that’s not an easy, that’s not an easy question.

But as a matter of fact, it’s exactly the opposite. Well, it’s not the opposite. **It is detrimental both on a population level as on an individual level.**
And I’m telling you why I think the population level. I explained to you. We are increasingly facing highly infectious strains that, already right now, we cannot control. Because basically what we are doing is that we are turning, when we vaccinate somebody, we are turning this person into a potential asymptomatic carrier that it shedding the virus. But at an individual level, I just told you that if you have these antibodies and at some point, and I’m sure this will, people can challenge me on this, but you know, reality will prove it. I think we are very close to vaccine resistance right now.

And it’s not for nothing that already people start developing you know new vaccines against the strains, etc. But what I was saying is that, OK, if you miss the shoot (shot?? – 31:48), you could say nothing has happened. No. You are at the same time losing the most precious part of your immune system that you could ever imagine of. And that is your innate immune system, because the innate antibodies, the natural antibodies, the secondary IgMs, will be outcompeted by these antigen-specific antibodies, from binding to the virus, and that will be long-lived, that is a long-lived suppression and you lose every protection against any viral variant or coronavirus variant, etc.

So this means you’re left just with nothing—just no -- immune response. You’re, you know. It’s numb. Your immunity has become nil. It’s all gone. The antibodies don’t work anymore. And your innate immunity has been completely bypassed. And this, and this, while highly infectious strains are circulating. So, I mean, if that isn’t clear enough, I really don’t get it.

Please do read my, my, what I posted, because it’s science. It’s pure science. And as everybody knows, I’m a highly passionate vaccine guy, right? And I have no criticism on the vaccines, but please use the right vaccine at the right place and don’t use it in the heat of a pandemic on millions of millions of people.

We are going to pay a HUGE price for this, and I’m becoming emotional because I’m thinking of my children, of the younger generation. I mean it’s just impossible what we are doing.

We don’t understand the pandemic. What we have been, we have been turning it into an artificial pandemic.

Who can explain? Who can explain where all of a sudden all these highly infectious strains come from? Who can explain this? Nobody can explain it. I can explain it. We had not been seeing this during previous pandemics—during natural pandemics we had not been seeing this, because every single time there was the immunity low enough so that the virus didn’t need to escape. But at the end of the pandemic when things calmed down and it was herd immunity, it was still the same virus circulating. What we are now doing is that we are really chasing this virus. It becomes, you know, increasingly infectious. I mean this is just a situation that is completely, completely, ah, completely out of control. So it’s also – we are now getting plenty of asymptomatic shedders. People who shed the virus because if they are vaccinated or they even have antibodies from previous disease. They can no longer control these highly infectious variants.

So how does that come? Does anybody still understand, because I see all these top scientists looking at these curves, at these waves, like somebody else is looking at the currency rates at the stock market. All they can say is, ‘Oh it goes up. It's stabilizing. It may go down, it may go up, etc.” I
mean, that is not science. They don’t have any clue. They don’t even know whether the curve is going to go up exponentially or if it’s going to go down, or whatever. They’re completely lost, and that is extremely scary. That has been the point where I said, “OK, Guy, you have to analyze. You have to.” But you know these people are not listening. That is the problem. (35:35)

PM: You’re putting your reputation on the line because you feel so passionate about it. I guarantee no government, no health system is going to want to hear you. You’re in effect almost giving fuel to the fire for an anti-vaxer who doesn’t want the vaccine.

GVB – Well, no, because I’ve clearly also… I’m clearly telling them that, you know, that at this point it’s so irrelevant. Whether you’re a pro-vaxxer or an anti-vaxxer. It is about the science. It’s about, it’s about humanity, right? I mean, let’s not lose our time now with you know criticizing people… We like to stigmatize, because if you stigmatize people you don’t need to bother about them any more. “Oh, this guy’s an antivaxxer, OK. I mean he’s out of the scope.”… That is a discussion that is completely irrelevant at this point. It’s about humanity. And of course, I’m passionate. Of course. It’s about your children. It’s your family. It’s my family. It’s everyone, right? And it’s simply for me, I’ve put everything at stake because I’ve done my homework, right? This is simply a moral obligation. A moral obligation, right?

PM: There’s very little one can say, When you position that you are in the position of developing vaccines and helping societies protect against infections through the use vaccines… and in this circumstance you are saying “hold it.” It’s very difficult to not listen to that. That’s the truth.

GVB: Well, the answer is very easy. This is human behavior. If you’re having panic, you do something. And we try to make ourselves believe that it is the right thing to do, ’til, you know there is complete chaos and there is complete disaster. And then people say, well, you know, yeah, politicians will probably say, you know, we have been advised by the scientists and the scientists will maybe point to someone else.

But this is now a situation. I’m asking every single scientist to scrutinize, to look what I’m writing, to do the science and to study exactly the, I call this the immune pathogenesis of the disease. And because, you know, I mean, I like people to do their homework. And if the science is wrong, you know, if I’m proven wrong I will admit it. But I can tell you, I’m not putting my career, my reputation at stake, I would not do it when I would not be, you know, 200% convinced that it’s not about me.

It’s not about me at all. It’s about humanity. People don’t understand what is currently going on and we have an obligation to explain this. And I posted my paper on LinkedIn and I invite all independent scientists, please to look at it because this can be easily understand by microbiologists, by biologists, geneticists. You know, there are plenty of biochemists, … all the biologists, etc. All the people who have elementary knowledge. It’s not rocket science. Elementary knowledge of biology should be able to understand this. I mean, I can only appeal to these people to stand up as independent scientists and to voice, you know, their opinion.

Transcribed by Twila Brase, RN, PHN, president and co-founder, CCHF

PUBLIC COMMENT DURING INTERVIEW (see screenshot on next page)
ADE is a common thing going on that troubles healthcare workers and physicians. Having a false over-reacting of your innate immune response is leading to detrimental effects on coronavirus infected people. Having this wrong memory your immunity will be challenged and create further up on the road more over-reactions straining your body. Better to have Nk-cells neutralizing broad virulence factors than focusing to the S or any other specific ONLY protein. What is your take on that?