https://www.youtube.com/watch?v=PnJ5T1Enwq4

Professor Dalgleish

A warm welcome to this talk, and it's really quite an important one. And I'm so pleased to welcome Professor Angus Dalgliesh. Professor, welcome and thank you for coming.

Thank you.

Now, Professor Dalgliesh is a professor at St. George's University, London, I'm not going to go through all of his qualifications, but he is a fellow of the Royal College of Physicians in the UK and Australia, a fellow of the Royal College of pathologists, a fellow of the medical fellow of Medical Sciences, as well as having an MD medical research degree. Really quite impressive. And he's had 563 publications, I don't know how you fit that in one lifetime, that's what he's had. With over 25,000 citations. And I believe Professor you're still working as a cancer doctor, you're a consultant oncologist.

I am indeed, yes.

Now, what's concerning you at the moment, there's some observations that you've been making that are concerning. If you don't mind, tell us about your observations and what your concerns are?

Well, I began to notice, I've been doing melanoma patients for me over two decades, and probably three, longer than I can think. And I started working with these patients, because nobody else wanted to work with them. Because they were very difficult, they didn't respond to chemotherapy. And I was very interested in the history of immunotherapies working, so I basically immersed myself in this and started doing the first cancer vaccines, first of all, in collaboration with Donald Morton of cancer vax and the John Wayne Institute in California. And I was the only collaborator outside the US for many years. And then I started working with a whole range of cancer vaccines. And the ones that I'm most interested in, the ones that have stood the test of time are actually the simplest and the heat-killed mycobacteria ones etc. Well, so, while doing this work, I began to notice things that were wild, some people respond very well, and others not. And I won't go into the details, but it was, the first thing was clearly the vitamin D, we suddenly realized we were dealing with endemic vitamin D deficiency. And if you corrected it, they started respond better to immunotherapy, etc. So, I've had some patients on immunotherapy for several years, long before the new immunotherapies were approved the Ipilimi and Nivo and Pembro etc. And I started to notice that some of these patients who were coming up to over 10, 15, 20 years, were suddenly relapsing. And they were presenting with relapse disease after years of not having any disease. Now, this was not unusual to me, because I had seen it before. But I always want to know why.

Of cause. Are these patients with malignant melanoma, malignant skin cancers?

I noticed that the patients that had relapsed before, they all have a history or reason of something which caused a significant period of immune suppression, such as a significant upset bereavement, divorce, bankruptcy, etc. And I saw it, but there was an explanation for it. Now, more recently, I saw I started to see it in more patients than I was used to, in a short period of time. And first of all, it was six patients I counted, who all came and they had to have another lump out, we had to investigate and found they got relapse, etc. And I started to ask the question, have you had bereavement, divorce this and then the other, then it twigged. They'd all tell me: I had my booster, yes, I've kept up to date with my boosters, and it's certainly made me twig. Because I was very against the booster program. I put it by quite basically. I've done over 30 years research into optimizing vaccines and the immune response.

And I came to the conclusion that the vaccines that they use are obsessed with antibodies. And actually I'm not interested in antibodies, because it's the T cell response that you want. It is the innate T cell response. And as a cancer doctor, I noticed that the innate T cell response starts to decline at 55 And by 70, it's fairly much in your boots. It's gone there on a big ski slope. But if you superimpose the rise of a cancer treatment, it raises the opposite rate, for me like a butterfly wings. So I started to ask was it cause and effect and then we found that we have an agent such as this, the new one we worked with for a long time as IMM 101[1]. He's killed, it really boosts the innate immune response.

This is just simple bacteria that's been killed and injected.

I mean, it's, the other end of BCG, and it came out of BCG work. And it's very interesting is that BCG, it was found to boost the innate immune response. And here's the clue. If you give it more than twice, it basically starts to grow in response and just boosts anti…

So this BCG was used to prevent tuberculosis?

BCG vaccine for tuberculosis. Now, the heat-kill mycobacteria, they don't do this, if you keep giving them they keep boosting the T-cell response, they don't induce an antibody response. So as such, I thought this is a very useful agent. I've been doing clinical trials on it. And one of the things I did notice right at the beginning of the COVID, was the patient's already telling me that, well, they're often their wife or husband would say, I don't know what it does for the cancer, but I've never seen them go through winters and not have colds or flus all the time, they seemed absolutely fit. And then I realized this is the innate immune response that prevents flues or colds. I predicted this would be a very good frontline for COVID. And sure enough, it was, at the height of the first wave, and there was no vaccines mentioned, none of these patients caught COVID. And yet, their average age, 65 was the average. And they all were at risk, because they had stage four melanoma, they had a full thing. None of them got ill, they might have had a very mild COVID, where other people around were going down very badly with Covid, mainly the staff.

So these are people in your trial professor that were simply given this, this mycobacterial, very simple killed bacteria vaccine.

Yeah.

And even though it's a specific form of bacteria you are giving, we're stimulating an innate immune response that was working against a wide variety of different viruses.

So you got it in one. That was the environment I was in. And we come up with, the vaccine comes in. And as I said, I had a lot of experience in this. And I came to the conclusion, if you need to get more than two shots of a vaccine, it doesn't work. It'd be one of my general rules of vaccine. And I think that's been proven to be absolutely right the mean, the booster, it's worse than useless. And they should never have been given. If they were going to be considered, they should only be given to people who you knew their immune status, you should measure it. I went on to a TV live debate with other doctors. And I said: "Why the hell would you give a booster to a vaccine that people have already had without measuring if the response was satisfactory? Because they might not need it? Because if they do not need it, you will make things worse." And that was from the BCG example, we have to name but one. People just dismissed me, wouldn't enter into proper debates about this. This is an emergency. No, it

[1] IMM-101 : médicament immunomodulateur qui est à l'étude pour voir s'il est utile en chimiothérapie. Il se compose de bactéries Mycobacterium obuense (mycobactérie qui vit dans le sol) tuées par la chaleur. Il peut avoir relativement peu d'effets secondaires par rapport à d'autres médicaments.

wasn't an emergency. Because the next thing I realized, especially when the people who had the boosters were actually often saying: “Well, I never had the COVID till I had the last booster.” Things like that. But it was in this group, getting the relapses, they all mentioned being having the boosters, as if they've done the right thing. And I suddenly twigged, I thought it's the booster that's leading to the relapse. And as a scientist, I wanted to know what the reason for that is. Well, I know that you've only got a limited capacity and your immune system. You boost with another vaccine to harness half the immune system to make antibodies to a virus that no longer exists on the planet probably for one or two even two years. You are going to weaken it. You're going to reduce the front line and then we got the papers coming out that beautifully confirmed it. They showed that the booster, you no longer make IgG 1 and 3, neutralizing antibodies. You get a subtype switch to IgG 4, there's a very detailed, excellent paper showing this. Well an IgG 4 subtype is the last you want because it's more as a tolerogenic. It basically says I've had enough of this abuse; we're switching off this assault on us with these agents. But it gets worse, because it also suppresses the T-cell response. Some people did a really nice study. I can't remember it offhand. But I actually presented it in a presentation I did yesterday. The first group who showed that the T cell response crashes after the booster in cancer patients, whereas it's not perturbed in the first two. But the booster leads to a massive reduction in the T cell response not in all of them. But in many of them. Well, to me, this was enough, because we know for immunotherapy, I knew from my work over 20 years before we even started using these checkpoint inhibitors, Ipi and Nevo, etc., that the T cell control this disease. Because I only saw relapses when there was reasonable perturbation. Now we had a booster that was clearly causing perturbation, which if it was transient, I wouldn't mind, but it was a lot more than transient, especially when the patient said: Well, I've had five vaccines, I was beginning to scream, what are they doing, what are they doing? I reported all this to various mediums, I wrote a paper to the BMJ. I thought the BMJ was had actually started to publicize things which are a little bit more concerning to doctors rather than censor it. And basically, I found I was the first in the UK to point out that the virus escaped from the lab. And it to me, it was completely obvious because it had inserts in it, that one of them could occur naturally, not six around the receptor binding site. That wasn't. And for my pains pointing this out, I thought, well, we can challenge the nature sites. Every single journal turned down and papers pointing all this out saying it's not in the public interest. I mean, basically, this was an Orwellian ministry and truth are taken out.

This is after you've had 563 previous papers published over a distinguished career. I can't think of a doctor who's more qualified than you offhand, actually. So after a distinguished career and all this work 563 papers, you couldn't get published anymore.

Well, it's not much the quantity, but there's a quality issue, too, I would say. And I've never really wanted to publish things that were a waste of time or irrelevant, or but to add to stories, I've had a lot of stories. I had a big presence in HIV. I discovered the receptor; I was the first author with colleagues doing it. And that led to me being very recognized as a serious virologist and scientist, which, to me was very surprising. I was at all the early HIV meetings, and I bumped into people at night after I was a guest of Bob Gallo, and I bumped into Fauci, what have you and all the others. And I thought, well, these guys really, the field was talking about publications, they were publishing in Nature and Science, and every two or three weeks, there appeared to me and I'm, you know, I was lucky to get one or two. And it just seemed to me that they were kind of Gods of us. And it took me quite a while before I realized, actually, no, they're not. That I came to the conclusion. And I'll say this, because it's my personal opinion that Fauci is not very bright. He thinks he is. He’s a very good diplomat, he's actually not very bright, because I pointed out in sessions when he shared that, you will never get an HIV vaccine if you use the entire envelope, there's 3000 antigens on it, you throw that as an antigen at a naive immune response, it’s going to pick out the dominant responses. And the virus has evolved, the dominant responses will be against bits of it, it doesn't give a damn about. And I also predicted that it's a decoy, that their Achilles heel lies at the heart of this. And by giving the whole envelope you'll never allow the body to see the Achilles heel. We worked it out. I won't go into that. But that's a big chunk of

papers that I did, which I felt never got the recognition that they deserve. I thought we were far more important that CD 4 receptor. But the bottom line of this led to me collaborating in my group, we have several people, we had a European collaborative group where we used lots of papers and show that the virus never causes AIDS unless it activates the immune system first. Whether it activates is determined entirely by your HLA type[2]. And those people…

That's the the sort of tissue genetics you're born with, isn't it?

Absolutely. And those people who had long term infection and didn't seem to get ill, we predicted they must have a certain HLA type. And the one of the guys that worked with me was very hot, and it's actually predicted the HLA type early on from is computations and modeling. And the modeling that my colleagues and I did in those days, unlikely people at Imperial College who don't seem to model anything remotely correctly, this turned out to be very true, because he predicted that HLA B8[3] people would get AIDS quickly. And those of HLA B27 would get it very slowly, if this Achilles heel was a bit driving the disease. And it was proven in a big MRC[4] survey that those were the only two significant things B8 fast, B27, they hardly get it. And based on the back of that I predicted, well, there's one group of chaps who never get AIDS, however much virus you given them, that's the chimpanzee, I reckon they must all be HLA B27, or similar. It took five years to persuade one of the people have a large chimpanzee colony to do the HLA, the genetic immune code, and they were all HLA B57, which is sort of a brother of B27. So, absolutely right. And the only conclusion from that was they've all been eliminated in the past, wild, by HIV. So you're dealing with a survivor population.

Absolutely, it's the selection.

We have a big understanding of this. I'm working with my Norwegian colleague, who came up with the same idea, do not use the envelope, too much inflammation, decoy, Achilles heel, etc. He identified four Achilles heels, made them in peptides, asked me to join him because the immunological expertise and been in the HIV field. He did that very successful HIV vaccine, never achieved its primary goal in trials, because the primary goal would be set wrong, had it not been set wrong, it probably would have been much more successful. We haven't given up, I have not yet, I think this is the best HIV vaccine. But what really got me about the establishment is that the Gates ask you MRC ask you, that well, they all ask you. We put this proposal and said that the envelope vaccines will never ever work, because this certainly, this already works. We've had it in humans, and it reduces the virus load very well. We want to just modify, optimize it, and we reckon that you'd be able to give this and take people off our HIV drugs, for months and months of time. It should be tremendous for Africa. And we were always rejected, it's a very clever idea, etc., etc. But we don't need a plan B at the moment because we've got a great big worldwide clinical trial and this looks like it will be positive. 1,2,3, the third time, they still say it'll be positive. I mean, wasn't Einstein who said the definition of an idiot is somebody keeps doing the same thing expecting a different answer.

Sounds like the sort of thing he would say, yeah. So your HIV vaccine, what does it actually target?

It was targeting the… this is very relevant to COVID, by the way, it targeted the nucleus, not the envelope.

---

[2] système héréditaire complexe de caractéristiques se trouvant à la surface de pratiquement toutes les cellules de l'organisme humain et que l'on détecte particulièrement bien sur les globules blancs. Les antigènes **HLA** jouent un rôle important dans la défense immunitaire

[3] type dans lequel les taux sanguins de lymphocytes sont plus facilement affectés

[4] Medical Research Council, Conseil de la recherche médicale

Right. So the proteins in the nucleus of the HIV virus,

It ignored the envelope. We subsequently optimized it by adding in the one bit that drives the immune activation, which I'd spent years identifying, we added and it makes things better, so it really works well Now. The thing that really annoys me, we're talking people spending billions, BioNTech was involved in, NIH the Gates Foundation, GAVI, we approached them all and they all brushed us off, we know what we're doing. And each of those big worldwide vaccine trials, it was the same thing being presented, just different technology. So, it made me realize, do not fall for technology. Now, listen to that, because this is what we hear all the time. And 10 years ago, it was DNA vaccines. Ha! They going to save the world. This happened the other. They work brilliantly in mice, and guinea pigs and dogs, but as soon as you get bigger than dogs, they do not work.

These DNA virus vectors.

Yes, DNA, then everybody said RNA is the thing. Now don't think RNA is recent. I mean, this is the other thing. And when I was given a thing, saying that I actually blame the RNA technology for making the boosters even worse, I had people involved with them say, the attitude was, well, what do you have, you know, what you're talking about? You're just a clinical oncologist. No, I sat on the scientific board, our company that called itself The messenger RNA cancer vaccine company for five years. I left six or seven years ago. And they had everything in place. I mean, they weren't able to take it forward. So the the messenger RNA industry has been there waiting for an excuse for a long time. And I think the pandemic was the excuse to use something to save the world, etc. This was the kind of thing. When I go back again to the patients who relapsed,

The melanoma, yeah,

I go back to that. I put it all down to the immune suppression caused by the business. But I've seen some later relapses, which you say, well, perhaps the immune suppression was recovered by now. And then you become aware of that this is where the RNA comes in. Up to me, I was always suspicious, I saw all these reports, and they were always pushed aside. And many publications were pulled. I mean, the censor, that Orwellian censorship, by whatever it is, I don't know. But whatever is the censorship it's been awful. But now there is enough data out there, there's enough people cried foul, that quality control of messenger RNA viruses, which I believe was always the big issue. I mean, it was a big, big issue. That's not been solved. And you've seen all…

The quality of the vaccines.

For the first-time a mainstream media, the article in spectator Australia actually went through, that not only is the quality control, awful, but it's contaminated with DNA plasmids, one report up to 350 odd times, with sequences from the SV 40 promoter. Well, the SV 40 is a oncogenic promoter used in cancer development in mice. And, you know, first so I say, what the hell is that doing in a mRNA vaccine, you have to ask? Because the presence of that and the presence of DNA means it can integrate. Surely, that's not possible. Well, you don't have to go very far into the literature to find people reporting that the spike protein is integrated into all sorts of different tissue. And they said that it stays at the point of the injection site, and there's no way it spreads. Oh, that's all right, then safe. This turns out to be a complete lie. It's been identified in autopsy, it's been identified everywhere. This is the other thing with patients, I can't get autopsies on these patients to prove this. It’s quite incredible. But a colleague who had an explosive cancer, a colorectal, basically at surgery sent the pieces, the metastasis away, and Spike messenger RNA from the vaccine insertion was confirmed. So this to me is quite frightening, that this is occurring. And also that there's been this we don't need to do post mortems on patients dying from this. It is like it's from on high and they just won't do it. I pleaded for one

on the patient who died from explosive melanoma, who said I never felt well, after the booster. I just felt chronically unwell. And then the melanoma came I suppose in back.

Had the patient relatives consented to a post mortem?

Oh, yes. Oh, yes.

So just a minute. You're one of the most senior doctors in the country. You want you to post mortem, the relatives had consented to a post mortem, but that was refused, this is just unbelievable.

Unbelievable!

You're overruled, by whom?

Well, perhaps it had something to do if there was a report which goes into the Lancet of people who died after vaccines to see whether it could, I don't know if you saw that? It appeared in the Lancet, but then it was pulled. It was pulled very quickly. The explanation given: it wasn't properly peer reviewed, which tells you it's not. Peer review is over and dead, have been basically, it's not politically within the political mantra. And this is what really frightens me. I went to do an interview along these things into a mainstream media channel. And the guy warned me at the beginning, he says, I have to be very careful the way I ask you questions, and please don't be put off. I probably sound fairly hostile, very happy to discuss facts. There's certainly other, but he said the government have made it a crime to criticize the vaccine program on the media. And I said, I'm astonished, but actually thinking about it, I'm not surprised because it explains why nothing, nothing is being discussed. Someone in the mainstream media told me that they actually told me they can't do it. And as you know, the Ofcom basically waded into Mark Stein on GB news, requiring just that, I mean, it's the job of the press to raise questions. And that actually is my job. I mean, I was carpeted for saying this without proof. And I'd actually have to present proof. Well, they won't let you get a proof for the start. But based on this, one of the things that I did do, because I been with many others, particularly, Ross Jones, and Clare Grant, we have written many, many letters to the people who need to know about all these issues. That was particularly Ross about children, which I do enjoy 100%. I said, there's absolutely no need for a vaccine. This vaccine actually, I said. For the beginning, they said only for people over 70 and they were very ill. And when it came down to 40,50. As you know, there was no need for that because we were getting this myocarditis signal. Why did they carry on persisting going down? Anyway, that's another story. But we reported all this to people like Chris Witty[5], and Department of Health, NHS, the MHRA, we basically got no engagement, which I think is an absolute disgrace given the seriousness of the summit. And so I was told to say, "Have you been reported to the counter disinformation, which was set up by the government there, and it says you can do if you go through this particular process they got on it, you know, and I was told by somebody who had done all this and found that they had been reported for it. So I decided and went through this process. I mean, I suspect I have been reported more times than anybody else, because I started with a virus. I appeared, bang, bang, bang, criticizing the virus, the origin of the virus, lockdown, bang, bang, as I said, lockdown was moronic. I said, you should never lockdown when you haven't bothered to quarantine. And if R&D doesn't work, there's no point lockdown and it never works for airborne diseases, in allness at all. And just as a counselor, I said, You lockdown the cancer death rate in 6 to 12 months to 2 years will go through the roof because they won't be getting screened and early treatment. And I pride ourselves we were bloody good at that then this lockdown of the collapse of the NHS has destroyed that, it's really, really tragic. So I found actually one

[5] il occupe le poste de médecin en chef pour l'Angleterre et de conseiller médical en chef auprès du gouvernement britannique depuis 2019

of the things, one of our letters handed into included Chris Whitty and everybody else this that and the other, that this resulted in another complaint to the CDU about me the next day.

Counter Disinformation Unit.

So help, what do I do? As you say I'm in a far far better position than any of these people. I cannot believe the complete unbelievable, I've got to choose my words very carefully. But to rely on Sage[6] you you better you get better information from the people running Battersea dogs home. Infection Control in my view, I mean, I just couldn't believe that. And Chris Witty, I cannot believe the stupidity of the statements that he has made, right from the beginning. We told him about vitamin D you know This and the other and he came back they had the contact and he said there's not enough evidence to do anything about it. I mean, not enough evidence is beyond belief. And then, when we challenged him on doing children, he says, Oh, you got to vaccinate the children in order to protect the parents or grandparents. Well, that one sentence he revealed acres of stupidity. First of all, you don't vaccinate people to protect other people. That was the first thing he got wrong. And then by saying to protect, the parents and the grandparents had already been subjected to this vaccine battering, you've admitted it doesn't work. It's unbelievable. And so I mean, I think Chris Whitty said one or two things that made a reasonable sense earlier on. He said, you can't really introduce vaccines, unless that nothing works. And the virus is really lethal, kills young people, the third of them, which is absolutely true. So why did they allow a vaccine program to be rolled out for a disease that only killed old people in my view, just bought forward death by about three months? And didn't actually kill anybody else? Any more than the random viruses, the flus, etc.? Do it? I think there has to be accountability. You know, has to be, this Hallett inquiry[7], it actually should be fit to the line this was in your watch, your charge, all this stuff now is because you didn't do things. And I think why didn't Whitty resign? Why didn't Valance resign? They're like a load of useless footballers passing the ball around the back. Because they couldn't be bothered to assault the team out properly. It just passed, passed. They're blaming everybody else. I mean, I think leaks inquiry is just a fast and a whitewash. And by the time they come to any conclusions, that people, it will go on for so long, that we forgotten what it was all about. People will be completely retired or dead or God knows. And I think they should be the people who should have intervened because they barely knew about things and if they didn't lead to the right people getting resigned.

Going back to your patients, professor, with the melanoma. There's this perturbation in the immune system. Now, have you seen aggressive is that is the melanoma become more aggressive, sort of more virulent melanoma as a result of the perturbations, which may well include the vaccine?

Completely. In fact, it's my colleagues who came up with, they're saying we're seeing this too, is absolutely explosive. They coined this word explosive. And my colorectal colleagues have seen this now. They're talking about explosive presentations of colorectal cancer in young people, particularly, like they've never seen before. And it was one of those that the integration of the spike protein in there.

So it's almost like a new disease, explosive colorectal cancer of the young.

So they are presenting, and it's already in the liver and the lymph nodes of the lungs, whereas normally,

It's already metastasized.

[6] Strategic Advisory Group of Experts on Immunization (SAGE)
[7] Enquête sur le Covid-19 à UK

Yeah, this is a process, but when you put them under pressure, it gradually escapes, this is a slow process in most people. Explosive is an extremely unusual and the colorectal surgeons are all reporting this.

Have you seen any cases that you probably wouldn't expect of lymphoma, cancer of the lymphatic system?

Oh, absolutely not. I mean, I don't do lymphomas in the clinic, so that's the first thing. But I'm hearing people who've after their booster vaccines, have gone down with lumps in the neck and things like that, and I found colleague works somewhere else completely. And I bumped into him, I said, you know, how are you? No, I'm okay, but I've developed some lumps in my neck and they've been diagnosed as lymphoma and I just trying to be sympathetic, so what on earth cause that. And the patient said, Oh, apparently, it's due to the vaccine. That's what my oncologist said. I said, this is the reaction. I'll get it everywhere. And yet, when we report it, higher up the chain, we're told it's anecdote, to shut up and not cause panic amongst the patients. Any rate, that person told me that 3 of her friends out of a couple of dozen had all had the same thing. It was quite amazing. Then I found somebody else locally had had a lymphoma diagnosis. Then I found a close member of the family had developed a leukemia, and that was after the booster vaccine. Now here, I want to point out that quite a few people, especially my age and cetera around, probably have low grade B cell disease, lymphomas, leukemias, etc.

Myelomas, yeah,

Yes. And it's mainly maintained under control because there's a good healthy T-cell surveillance and keeps it under control. So when you give a booster and you start to find these B cells leukemias and things coming more common, you don't have to look hard to work out what the pathogenesis is, why they suddenly appear. But my other colleagues have pointed out that they're seeing more renal cancer too, a lot more renal cancer. Now, renal cancer and myeloma were always lumped together as being tumors that seem to respond to immune therapy. But they were both the ones that responded to interferon and interleukin two[8] before we had different therapies. So, that again would fit the T cell perturbation control theory.

What sorts of leukemias potentially are we talking about here?

Will be cell ones. So I mean, one of the ones specifically had a rare subtypes called mantle cell[9]. But that that will fit into the more chronic,

Remind me please, is that the myeloid type?

Yes,

Right, thank you. Yeah. Now, you mentioned before about the, SV 40, now this is the Simian virus, I think isn't it similar virus 40?

Yeah.

Am I right in thinking that coincidentally infects monkey kidney cells, which are cultured….

[8] https://www.monsystemeimmunitaire.fr/linterleukine-2-une-cytokine-multifonctions/

[9] Le lymphome à cellules du manteau (LCM), l'un des 70 sous-types de lymphome non hodgkinien, résulte d'une modification maligne d'un lymphocyte B à l'intérieur d'un ganglion lymphatique.

Absolutely right.

Too, and then those cell cultures are used to make the DNA which is then used to make the RNA which is in the vaccine, is that the way it works?

In theory, yes. I'm not completely ofay with how they are doing it. I mean, it's all sort of commercial secret. Now you find these sequences in both Pfizer and Moderna, you can start to put it together. I mean, if it was just in one batch. Somebody very early on various to pointed out that there were terrible side effects in some people, even in the first and second, yes. And then they found that there was a massive difference in the batches. So if there was three big batches, one batch would be responsible for 90% of the side effects. So, we know then this is a big quality control issue. And so if as they say they find these sequences in lots of different batches, it does suggest…

I think one of the bacteria used is E coli, which of course is what we call a gram negative. And if there's any contamination from the gram-negative cell walls that would make pretty ill as well, if that was the case. I'm dramatically concerned about what you've seen already. What possible implications could this have for cancers emerging over the next few years?

Well, obviously, I'm aware of quite a few patients who have been bullied into having the booster, just to be safe because you're at risk. I think this is highly unethical, because, and I have seen it, a communication: You are required to contact your GP immediately and arrange for another booster and things like that. That is totally unethical. It's non GMC[10] compliant. In fact, it's nearly Nuremberg trial territory, because there's no informed consent. There's not even any justification, that the boosters going to do these patients any good, in fact, completely to the contrary. And the big thing is that they they wanted you to have a vaccine. Remember, to protect everybody else, it doesn't protect infection at all from the Cleveland study[11]. I know the big Cleveland study was updated, it first came out early this year, was updated in September, and they've confirmed that if you have the booster, you're three and a half times more likely to get COVID than if you don't. So I have to put that into grievous bodily harm territory, not necessarily medical prophylactic treatment territory. Why on earth would you want to do that, and the only way that that is causing them to be three and a half times more likely, is that it is perturbative of the immune system along the lines I've said. It's used its resources to fight viruses that don't exist. It's making lots of useless antibodies, which are actually contributing to a phenomenon called antibody dependent enhancement. And the same Cleveland thing as reported that the hey the vaccine companies say, oh, but this is great technology, because all the new variants we can make a new vaccine for or give you the new variants. And we can give you two variants at once. There is no evidence that that protects you whatsoever. In fact, in all the mice work, there's evidence that it'll actually do more harm by doing it. And so first of all this type of virus, we have antibody dependent enhancement, which I think it's clearly going on. But secondly, to explain why they're so useless, is that I published with some other colleagues, il is a completely different group from the original virus going out in sequence and finding out these are all been genetically put in. I publish with another set of colleagues, is what the history of Coronavirus vaccine is, and what lessons can be learned from it. The lessons that can be learned from it is no Coronavirus virus vaccine has ever been shown to be of any use at all. And that's why we don't have one for the cold. And more importantly, they would love one, the vets would love them. But they just don't work. And the main reason they don't work is the coronaviruses have this phenomenal. Once the immune system has seen it, it locks in. It's called immunological imprinting, or antigenic sin. So when you do any variation, all you do is boost the response to the first one. And that would explain why they're so useless, and why they're letting all

[10] https://www.gmc-uk.org/ Conseil médical général
[11] https://academic.oup.com/ofid/article/10/6/ofad209/7131292?login=false

other variants in through the backdoor, and other people have said that we probably wouldn't have had the problem with the variants, if it hadn't been for the vaccine program in the first place. Which in retrospect, everybody said, well, at least it protected loads of people initial Neil Ferguson, and then it suddenly becomes 20 million or something like that. But I don't even buy that anymore, because it came in when everything was dying out, a new variant were being induced, probably by the vaccine. And you know, one of the big important chapters was… the places that got the new variants quicker. So those are the most intensifying vaccine programs. And one of the first ones came out that was completely different was Omicron, which came out of South Africa. And the South Africans beautifully described that this was a much more infectious agent. But it wasn't serious. Don't worry about it. Don't Just don't worry about it. And by the way, we've done our work, it makes no difference whether you're vaccinated or unvaccinated whether you get infected, whether you get ill whether you go hospital, whether you die, they had all that data on the plate. Again, they communicated with the government committee and all these people who decided that they are probably not that clever and got it wrong. And they persisted with lockdown and every other lunatic thing.

All South African science got it wrong.

Yeah. And of course, in retrospect, they got it 100% right. And I must say, after hearing them being interviewed, I knew they were completely right, because they were absolutely switched on. People who work in that environment tend to be a lot brighter than those who ended up in Whitehall[12].

Yeah, indeed. So, giving repeated booster doses of vaccine produces more antibodies, if you've got time to tell us what antibody dependent enhancement is, what is being enhanced by these antibodies?

Well, as I mentioned, the antibodies are they're no longer neutralizing, because they were developed in order to attack a virus, that's good, long gone. So you've got all these antibodies and they attach to the other viruses because there's some bits the same, but they don't neutralize. So by attaching to it, they have their antibodies sticking out. So they're more likely to be gobbled up by the macrophages things and brought into cells.

So it makes them more likely to go into cells,

It makes them more likely to go into cells. It's very well described. And it's the bane of trying to produce vaccines against things like Dengue fever, long it's known and there are several others of that hill.

And of course, once the antibody has helped the virus into the cell, the virus can then reproduce within the cell.

Yes,

So the government is building a new plant in Harwell Science Parkm just near Oxfordm to produce 250 million doses of mRNA vaccine per year, as far as we know. There's another plant near Melbourne, we believe, in Australia to produce a couple 100 million doses per year. There's another one in Canada. Is this a good idea?

I have to think very carefully. I read today that Germany has ordered the destruction of millions of millions of doses of vaccines having come to the right conclusion. Switzerland is the same Switzerland, bin away vaccines, I think they've been hoodwinked about this. I mean, we didn't need a good facility. But now, the last mass production we need is messenger RNA. I think it should be put in totally into the

[12] siège traditionnel du gouvernement du Royaume-Uni

bin. A lot of people hate me thought this, because they put so much intellectual, everything in it. But I mean, if I was 10 years ago, involved in scientific things committees, who had everything sorted out to go in, and they're talking about cancer vaccines, you know, certainly safety issues are the same as giving it to own every man and his dog,

Just chalk and cheese. And if you've got someone who's perfectly healthy, and you give them an intervention, you've got one set of risk benefit analysis. If you've got one of your patients, for example, who's gravely ill with some form of cancer, then clearly, you're going to be prepared to take a bigger potential risk, because the risk from the cancer is so much bigger. It just seems like completely different equation.

It's proportionality. Proportionality with the messenger RNA risk and well populations, saying you would preventing them getting a disease, which if it is going to kill them, they're going to die, right? Any rate, the vaccine is gonna make no difference, I mean, you know, we've all lived through. And I mean, the COVID thing has made us forget just how lethal some of the flu epidemics have been. I mean, 30,000 a year, it's not unusual when I was a junior doctor. So we didn't close down the country for that.

That's all I want to ask really, Professor just got one. We do plan, if you would like to, I'd like to do another video at some stage on viral origins. I don't want to do that today. But that's an interesting one. But do you have a particular blood level that you'd like to titrate your patients with cancers? How high do you like their vitamin D levels to be?

Oh, yes, I've done an awful lot of work on that. And I came to the conclusion that the normal networks, the NHS and the doctors like to bark, you normally don't need to do anything, the level is not normal at all. Because it's the normal population, which is endemically low in vitamin D. That means it’s like normal for people with low vitamin D

It’s normal for people that are low.

I mean, I did a lot of work. And I'm like most things, I include myself on this and measured my own vitamin D and took vitamin D, etc. And I read wisely. I mean, I much give full credit to David Grimes and David Anderson, who really I mean, if anybody deserves a Nobel Prize, they should have had the Nobel Prize for the COVID pandemic because hadn’t I had lobbied strongly, independently and I found that they had too, and so ignore us and the many others who probably do the same thing. I think this is medical negligence, what the government totaled medical negligence. Any rate, not forgetting your actual question is I came to the conclusion that I want all my patients to have vitamin D3 level over 100 nanomoles per liter, not 50, as the MHS seems quite happy with. And managed to get our own hospitals accept up to 75. But for my patients, I want it to be over 100 it makes an unbelievable difference.

So that'd be about 40 in American nanograms per mil.

Honestly, you've got me there,

I think, I've tried to do it, you divide by 2.5. So, it's round about that. But over 100 nanomoles per liter, it will be your preference.

Yes, it really does make a big, big difference. And that might mean giving like 10,000 units a day to bunk it up over a few weeks.

I mean, the other thing, there's 300 genes involved in absorbing and producing the active component of vitamin D3, most people are going to have a mild deficiency in one of those gene productions at some stage. So, I've seen people who have had very low vitamin D, and I'm a staggered, they outdoor lives, they have great nutrition and everything like that. And yet they've got very low vitamin Ds. I again, decided I have to know explanations for all these things.

Of course, you're a scientist, etc.

I'm a scientist. Not just accept it. I said to this guy, but I said, You're super low. It's like deliberately avoiding vitamin D, tell me what you do. Because you're always out cycling in the sun and you're so fit next. And he says, Well, I get up in the morning, I have my breakfast. And I slap on my sun cream and this that and I go for a bike ride. I said, What factor do you use? He said, 50. Right. Well, once I knew 50, I started asking other people 50 is again complete block. Because I found other people using 50 We're having super low vitamin Ds, even if they're out in the sun all the time. So it's far too strong. And that's another global thing that the NHS and people should do, they should remove factor 50. It's actually dangerous, because it completely blocks out the rest of it to cope with vitamin D. So anyway, so that's how going back I think that 100 nanomoles to aim to some people. And let me put it this way, I've seen nobody near 100 who hasn't been taken supplements. With one exception. I won't forget it. I said, it was quite an elderly man who had melanoma, We treated him quite well. And I said, you know, we need to make sure he has his vitamin D supplement, things like that. But I measured him first. And when he came back, he had a level like 97-98, which is near enough 100 Doctor. And I said, are you sure you don't take any vitamin D? And he said no, no, no, he only takes he takes his aspirin and his heart tablets. And I said, he walked out the door and his wife popped back in, she says, Do you know what though? Ever since I put him on cod liver oil, he's been lot better. The only person. Let's go back to the other scenario was the so-called ?. They don't mind mentioning that now they don't like me, but let us,

Dark colored skin.

All the early people who died had a dark kind of skin. And they did another report use this report, which found it was every form of discrimination, poverty and deprivation. They didn't mention a bit of a deeper I have never seen a dark colored skin Black and Asian person in the hospital that I've done. I've never seen one of them with a vitamin D over 30. Unless somebody's got to reverse that they're taking supplements. Not one. That was the explanation for their endless death rate that we had.

And now it couldn't have been deprivation because it was quite I mean, there was many doctors.

The first one were consultants. Yeah. They might argue that they're deprived, everybody else was the first and that was the thing I tried to get through to Whitty. And again, I mean the guy is just I mean he really is totally unfit for purpose. I mean, why hasn't been sacked? Why hasn't resigned? I have no idea, he's actually dreadful. He kept saying again and again there was no need for vitamin D and they didn't need to know about it.

Yeah, I'm pretty sure. I got a message through to Chris Whitty via various political figures as well. I'm pretty sure it got through.

I know Grimes and Anderson did too but any rate, there are four papers out there, in retrospect, showing that the vitamin D have a better protection than any other vaccine program. And the one that I think is the most important was a big Spanish study, which revealed that there's a lot of vitamin D deficiency in Spain, which I would not have thought it is, by avoid the sun. And then when they're young, they get leathery skin. So we have significantly, and they did a retrospective study of everybody

admitted to hospitals, who were ill of COVID. So they looked at everything. And the only conclusion of meta-analysis was, it was really simple. If your vitamin D level was below 30, when you went into hospital COVID, you had a 77% chance of dying. If it was over 75, you had a 2% chance dying? Well, I don't need to bother my statistical departments heads in order to work out how significantly even

I can cope with that one.

It was unbelievable.

Yeah.

I love this mycobacterium that you give. So it's a simple mycobacterium, you kill it, and you inject it and that produces a broad spectrum immunity against a variety of viruses, potentially influenza, potentially COVID.

The reason it does, it is because it boosts the innate immune.

For sure, presumably, the government are biting your hand off to get the recipe of it,

I told them all about it. And I mean, once again, you couldn't make it up. I couldn't believe this. Chris Whitty said there wasn't enough animal work done on it. It had been in hundreds of patients, we didn't have not had a single SAE. Another example that is not fit for

What is SAE, sorry?

Serious adverse event. mean, there's many of those.

In other words, this a very, very safe vaccine.

Very, very safe, unlike Pfizer, where if you go back to the various data that was released, basically, if you had a serious adverse event three or four, which means serious, you have 3% chance of dying. But nobody would give a vaccine with a 3% chance of dying with an adverse event. But it was covered up. It was only released, as you know, a court demanded that on freedom of expression be released. Otherwise, we'd never known about it.

So you're just using this vaccine in your own clinical trials at the moment, are you?

Well, there's other people using it in clinical trials now. And I published a definitive one, I said, I publish I was the lead author, because it was my idea to do it. And we had lots of different centers around Europe. And we show that if you give it with gemcitabine to people with pancreatic cancer metastatic,

That's a drug you give with it.

Yeah, that's that was then in those days, the standard drug. And give it with, randomized to just standard treatment alone. The improvement in progression free disease and survival was enormous.

What progression in what sort of

Progression free survival, in what condition?

Pancreatic cancer,

Pancreatic cancer disease, I mean, it kills terrible, it kills 80% of people within the year even with good treat. So, this is highly important. And this is again where I got furious with regulators. Because this was a trial. That was 110 patients, randomized produce a fantastic result, no side effects. All they wanted to do was to do a much bigger, more expensive trial that the small company behind it couldn't afford to do. We should have allowed that to go through with post registration monitoring.

In England, we have such phrases as Park an idea, kick it into the long grass, they come to mind. So this mycobacterium you inject that with a drug and that can be effective against some forms of pancreatic cancer as a contention.

Basically what it does. It boosts the declining innate immune response, natural killer cells, gamma delta T cells, all these thing s and once you've got those at the frontline, then the antigen specific T cells resurface because we know they're there. Why weren't they there doing their job? Because, this is another stream of work, I've done a lot of publishing on. Cancers first job is to suppress the immune response. Otherwise, it couldn't get his head above the water if we attacked. And so it sends out all these suppressive factors. And the older you get, the easier it is to do this, which is why cancer rises with age. And why I think boosting this innate immune response was such a simple thing. It's to the point where, because the non-side effects is zero apart from the site where it is, and you'll get a reaction there. But that's a good thing because it means it's doing its job. I actually think you could make a case to give everybody a boost after the age of 55.

Just gonna say, I think I quite fancy this, because I suspect I've got several malignant processes. I'm a 66. I suspect I've got several malignant processes going on in my body now, that are just being suppressed by my immune system, and I don't want perturbation of the immune system will bring those out. Am I right in thinking that?

I think you're absolutely right thinking that. The body does keep all this under control very well, until it runs out of vitamin D, and then the innate immune response just gives up. So give vitamin D and boosting this, I think would keep everybody healthier. I mean, it would cost peanuts compared to the madness of this booster vaccine, for which there is no primary evidence whatsoever. It got registered on 20 mice or something apparently.

The boosters, yeah.

In the bivalent vaccine, and they did the mouse experiments, the mice who were vaccinated when they were challenged, died, compared to the mice that didn't get vaccinated. And this is something that's been seen time and time again, and we reviewed in coronaviruses.

So their vaccines have been approved on the basis of dead mice.

They've been ignored.

Oh, I see. Well, they're probably inconvenient professor.

Well, this is what it's looking like. And you know, when you look back at this, it is all horrible. I've tried to be very, you know, my first thing is most cock-ups occur because humans are inherently incompetent and useless at doing things. What I'm horrified at is this, I don't believe is applied here. I think this is far, far worse. This is planned, to me. Otherwise, no normal person would continue with this. I was pointing out another thing to people who've been brainwashed. Do you think you've got to have the jab in order to stay safe? And I said, look, the only big example that we have, I believe is relevant, was the 1976. Fort Detrick in America flu outbreak, which was a very serious do outbreak. It was killing young soldiers

in their 20s and 30s. They did a mass vaccine rollout. They got every company making vaccines, and they rolled them all out. Basically it was a fluke, as opposed to COVID. And they vaccinated over 42 million people in this probe. They are rolling it out rolling around. But certain doctors pointed out and said, I'm not sure. But I think I'm seeing an increase in Guillain Barre with vaccine program. They reported it. And I like how they said, really? Can we got all your books and the hospital on the books, they sent people out to monitor it. And they found it went from one in 100,000 to 3 in 100,000 to five, and then they said is everywhere. And when it hit nine in 100,000, the FDA, the CDC all did what they should have done with COVID. They said, is this virus still killing people? No, not at all. Stop the virus, withdraw it.

Stop the vaccine yeah.

Yeah. That is what has not been done. I believe that it would be impossible if people were being competent, good doctors working along the thing, as we've always been saying, we've talked first do no harm. And I can only come to the conclusion that this is financially driven. And I believe that all the governments are being corrupted by the Pfizer, Moderna's of the world who've actually taken their interference to new heights by nobbling the Nobel Prize Committee for two people with the messenger RNA vaccine. That is absolutely ridiculous given what's going on at the moment and give Weissman Drew actually, if you look at him, he was always worried about side effects risks.

That's one of the Nobel Prize winners

One of the Nobel prize winners. And the people that we do know being involved in RNA vaccines there. There's plenty of them deserve a discovery better than that than the two are involved with,

I think you deserve one for this mycobacterium because you've got a single vaccine that's working against many things. Professor Clancy has developed a very similar one in Australia. It's an oral, I can't remember the bacteria now, but it's a nontypeable Haemophilus, I think.

Yes.

And you just you just kill it, drink it, goes to the Peyer's patches[13], Peyer's patches send the immunological inflammation to the lymphoid tissue in the lung, and it generates mucosal level immunity in the lung. So simple, works against a dozen, hundreds of different viruses potentially.

It's exactly the same principle. That's the same principle, and the precursor of a IMM 101[14], which is what it's called, when we give it to people, what it's called mycobacteria vaccae. And that was used for TB, it was developed to try and improve on BCG. And that actually also works orally through the same mechanism. And the beauty of these things is that the bacteria walls are so complex, you can't really synthesize those, properly, they got everything, glycolipids all sorts of proteins there in just the right measure to stimulate the immune system. Because remember, the immune system has seen all these guys before. It's re priming them, it says, easily guys, yep, forgetting about remember. And in order to do that is a broad response, not a highly specific response, I spent 10 years doing cancer vaccine trials, which I was always suspicious about, because I was working with these things realizing I was getting

[13] Les plaques de Peyer sont de petites masses de tissu lymphatique que l'on trouve dans une certaine région de l'intestin grêle. Également connues sous le nom de nodules lymphoïdes agrégés, elles constituent une partie importante du système immunitaire en surveillant les populations de bactéries intestinales et en empêchant la croissance de bactéries pathogènes dans les intestins.

[14] IMM-101 : médicament immunomodulateur qui est à l'étude pour voir s'il est utile en chimiothérapie. Il se compose de bactéries Mycobacterium obuense (mycobactérie qui vit dans le sol) tuées par la chaleur. Il peut avoir relativement peu d'effets secondaires par rapport à d'autres médicaments.

much better response to these that the industry, there will be experts went for tumor associated antigens, than tumor specific antigens, and we vaccinated against these, and you got good short term benefit. But there was nothing long term.

Why bother when you can bunk up the efficiency of the immune system with your mycobacteria injection? That's essentially a cancer vaccine, isn't it?

It is the best of the lot. Next far, far better. But the big companies like Roche spent a fortune on NYAK/NY-ESO? cell. So, it said this is the cancer vaccine. Well, if you've got NYAK on your tumor, after you've had two vaccines against it

That's a particular epitope, a particular antigen,

the tumor goes are coming under attack, I better wind this down. And then it starts growing again, is resistant to this attack. It has other tumor types on it. It's downregulated. The core one so there is no one core in tumors. So, actually boosting the army broadly, are better than trying to take long shots at just one antigen. It's a waste of time.

Yeah. And even younger people who get repeated viral infections. You know, some people come to me and say, I seem to get a cold every two or three months, John, what do I do about it? You know, it sounds like this general vaccine works against multiple different pathogens would be a good idea for them. And as you say, you haven't demonstrated any serious adverse events from it?

In hundreds and hundreds of patients with the vaccae and IMM, in the patients I've treated. I have not seen any side effect of any worth a note.

These are two variations of the mycobacteria.

The IMM. We selected for trying to get it approved for cancer, IMM, it's called mycobacteria, and BNC is the strain that we wanted to make sure there were no hiccups. The obn he did the same thing because I was absolutely sure it had to be as good as, but it's easier to manufacture and quality control.

So you could make this for less than $120 a shot.

We could, yes. It’s the current price, I believe of the the mRNA vaccines.

Really?

Yeah, I believe so in the States is $120, I think the Pfizer is slightly more.

Once you get to that level. I mean, if you're doing for cancer, I worked out in cancer, I mean, we tend to prime with it and a boost because it's not an antibody, see. And then if the cancer is very immune suppressive, you have to give it a try. But I worked out that the maximum most of the patients get a year is about six, and then they can get to do three monthly then six monthly, and by the time they're three, four years, they can just have it annually. And again, they maintain the benefit. If you were to give it, I mean, it would be a far more sensible thing to give than the totally useless flu vaccine program endured for over a decade. I mean, I don't believe there's any evidence of any use at all. But everybody I put on this, they never get flu again. So what does that tell me?

Yeah, it means we need to boost the innate immune system.

Exactly. And why the NHS and the people advising it? I mean, I just couldn't believe how stupid the people advising the government were over COVID. But then when I finally got a list of people on SAGE[15], I mean, I just despaired, there was nobody of any sets on that SAGE whatsoever.

Listen, people, optimize your innate immune system. This is not brain surgery, is not rocket science, optimize your innate immune system.

Exactly.

So simple. I've got that, I understand that completely. Thank you.

Well, over the counter, the best way you can do that is vitamin D. And the next, the next way you can do it is with some form of anti-inflammatory. Because we do know that chronic background inflammation drives most diseases of the Western world, arthritis, cardiac disease, brain disease, that all chronic inflammatory process,

Would statins be anti-inflammatory?

They are and that's about their own use. I don't think they do on the tin. And I will say that David Grimes and Anderson are basically part of their basic research they did into the cover of it in India. And that was the story of statins is as probably the first pharmaceutical column that one of the really big ones, they got the government to treat everybody for the which there's not much evidence that it works. And whenever they say, I still see people who have been put on statins have terrible side effects of muscles and things like that. Even the ones they say they don't. I think the best anti-inflammatories are the natural ones. And you can do it with the with the foods, you know, is a non-processed food diet. Get rid of all the processed foods. There's lots of really good anti-inflammatory things out there. Tumeric cucurmine, and I'm amazed that

Just say those two again, please.

Tumeric.

The yellow stuff.

And curcumin. Yes, I mean, curcumin comes from turmeric, doesn't it?

That's right. Absolutely right. And they're said to be very good for the guts, they don't get absorbed that well, but they said they're important if you've got arthritis, and all these things. And I mean, I think this sort of lifestyle change is probably far more important than trying to identify one particular drug. I really do. And even have a non-inflammatory diet by avoiding the processed foods and having good healthy vegetable foods and things like turmeric, curcumin, etc., which, you know, are widely out there. I mean, sometimes in the Sunday supplements, I find a whole page advertised Tumeric curcumin, I can't say no one has ever said, told people. But I think that an anti-inflammatory diet and perhaps some pills of your own quite damps down inflammation and inflammation adds to suppression of the innate immune response. In fact, in my work on how chronic inflammation drives cancer, I mean, I've edited books, I've written lots of reviews on it, and it is really quite incredible how it if there is A cause of cancer, it would be chronic inflammation. Because it covers everything. It covers the chronic inflammation, smoking chronic inflammation, and it can cause all those tumors caused by chronic viral infection.

[15] Strategic Advisory Group of Experts on Immunization (SAGE)

So we've known this for ages, haven't we so survived cancer with human papilloma virus

For years and years and years. And that you get the same process going on in both chronic inflammatory process that don't have a virus. And so actually…

Like the regurgitation in the Barrett's esophagus,

Everything you can do that is the next way support thing you can do. And the irony is that in our very detailed work on the vaccae bacteria, the heat-killed. I think it is the fact that heat-killed is a very important component, is not only do they boost the innate immune response, but they'd like a seesaw it dance down the over enthusiastic response associated with hyper infections, skin disease, asthma, all those things are reduced. And I've been cited by patients how they report benefits that they wouldn't even thinking on, about giving it to them for their melanoma.

The next time I'm down if you've got some spare, I'll certainly roll my sleeves up for some of that professor, that sounds like a really good idea. But as you say, why should you do trials on this? I estimate you could probably produce this in mass amounts for a pound or two a shot.

I think that you probably could, actually it's the vialing that cost money

Yeah, yeah. No, no, and paying someone to inject it. I could train people up to do the injections. That wouldn't be a problem. Yeah. Professor Dalglish, thank you so much. If you've got time next week, I'd be fascinated to get some of your views on viral origins as well,

Sure

if that's a possibility, but for now, your time is precious. We've been sitting at the feet of one of the most qualified doctors in the country. And that's pretty important to me. So thank you very much.

Thank you very much for listening. Bye.

Bye bye. Thank you.