

[00:02]

Interviewer: Last night, it was great to meet you here in Budapest, of all places.

So, you've been advising Bobby Kennedy and his team in America. What do you think your biggest contribution has been to the MAHA movement?

[00:19]

Professor: Okay. Just so you understand the structure of this advisory role, we work with a number of scientists, physicians, medical doctors, and business advisors.

We publish papers on various medical issues as academics, and some of those papers are used by the Kennedy administration to make major policy decisions.

I would say that most of our work nowadays relates to vaccine development efforts, vaccine clinical positioning, approvals, and so on.

This is becoming a major public concern—how safe vaccines are, how efficient and effective they are, what the side effects are, and what people need to know about them.

[01:24]

Interviewer: Well, of course, I was actually thrown out of the ruling Conservative Party after 20 years simply for asking questions about the safety and efficacy of the mRNA vaccines.

That was three and a half years ago.

What do you think the public perception is now?

I would say that, in England, probably 90% of doctors and nurses in our National Health Service wouldn't take the boosters now—or even the flu vaccine.

I think probably 85% of people in England know that there's something wrong with those COVID vaccines.

In fact, I'd say it's probably only the mainstream media and our political class who are still holding the line on all of this.

[02:09]

Professor: Listen, I think this has been one of the biggest policy and business failures in recent history—this vaccine industry and the way it has operated.

You can control the media and push people into certain situations for a while, but once people realize that they've been misled—as many believe happened with the mRNA vaccines—they begin making their own decisions.

Those decisions include not getting vaccinated, not getting injected, and, as you mentioned, sometimes not even taking the flu vaccine.

The reason is that people feel they were pushed beyond a certain limit. Trust in governments and government policies has been damaged, especially where people believe pharmaceutical companies have had excessive influence over decision-making without appropriate academic or scientific oversight.

Many people believe the system has become more about making money than about serving the public.

Once that comes to light, I think our future becomes a little more promising.

There's still a lot of work to do, obviously, but this represents a major turning point.

[03:42]

Interviewer: There are huge vested interests on the other side trying to keep a lid on all of this.

Personally, I think this could be the end of mainstream media if it's eventually shown that they were complicit in covering up the truth.

I think there's going to be a massive loss of trust in our political class, who blindly voted for something they didn't fully understand and simply accepted what Big Pharma told them—that it was "safe and effective."

There could also be a huge loss of trust in healthcare and science.

But transparency is the best disinfectant. Truth and transparency are what matter.

How far away do you think we are from fully exposing the truth about the COVID vaccines?

I mean, it's been nearly six years now.

[04:36]

Professor: Listen, the information is already there.

It's in the scientific literature, and it's becoming part of public conversations, just like here at CPAC in London.

During my panel discussion with Dr. Victor, he spoke very openly and informatively.

The academic papers already exist.

Leading scientists—including Peter McCullough, Stephanie Seneff, and myself—have published extensively.

People know us because of our scientific work, not because of politics. We didn't enter politics or economics; we simply continued doing science as honestly as we could.

All of this information is already available.

It simply needs to be organized and presented outside the traditional mainstream media, because very few younger people rely on those sources anymore.

The younger generations have their own ways of finding information.

Mainstream media can continue trying to hide information if they choose, but people are increasingly finding it through independent media channels.

The HighWire is one example.

Academic publications are another valuable source of information, although they aren't always easy for the general public to read.

[06:07]

Interviewer: The former editor of The Lancet said that up to half of the papers published there were not reliable.

Professor: Indeed.

There have been cases where studies that didn't support the prevailing narrative were rejected or removed.

Now those editorial decisions are coming under greater scrutiny.

Secretary Kennedy has requested explanations regarding how certain publication decisions were made.

He has asked for the communications, the expert reviews, and the evidence that editors relied upon when making those decisions.

That makes it much more difficult to dismiss or discredit scientific work that deserves serious consideration.

[06:07]

Interviewer: The former editor of The Lancet said that up to half of the articles they were publishing weren't true.

Professor: Indeed. They have rejected or withdrawn studies that didn't support the prevailing agenda or narrative.

Now they're being asked—by Secretary Kennedy—to explain those decisions.

He's asking them to provide the reasons, the communications, and the list of experts they consulted before making those editorial decisions.

That makes it much more difficult for them to continue discrediting scientific work that deserves proper consideration.

[06:49]

Interviewer: So, Andy Wakefield's work...

Professor: I know Dr. Wakefield.

I've met him.

He's not a bitter man, despite the fact that many believe he was right 30 years ago and that his career was destroyed.

There's something almost saintly about Andrew Wakefield.

His paper never claimed that vaccines directly caused autism in the way many people later alleged.

Many of the accusations made against him were simply not true.

Interviewer: And they turned his colleagues against him as well, didn't they?

Professor: Of course.

They tried to do exactly that.

They've been trying for years, but they're no longer succeeding to the same extent because more people believe the truth is finally coming to light.

[07:33]

Interviewer: I always think about this from the perspective of science.

You're a professor of...

Professor: Pediatric medicine. I retired in 2021.

Interviewer: ...and biochemistry.

Professor: Biochemistry, yes.

Interviewer: If you look at the evidence from the very beginning, there has been an increasing amount of evidence suggesting these vaccines were harming people and were not particularly effective.

But I don't see an equally convincing body of evidence on the other side.

Have you seen any convincing evidence since these vaccines were rolled out showing that they are both safe and effective?

[08:08]

Professor: Again, this whole vaccination approach—injecting something into a muscle—is, from a scientific point of view, not the ideal way to generate an immune response.

Interviewer: Can you explain what actually happens when something is injected into the muscle?

[08:24]

Professor: Injections are probably the most economically efficient method of delivering a medical product.

You inject a known amount.

You know it wasn't spat out, hidden under the tongue, or flushed down the toilet—as can happen with tablets.

From a manufacturing perspective, it's also very efficient.

It's relatively simple to produce, package in vials, store, transport, and distribute.

Economically, it's an efficient system.

However, muscle cells themselves were never designed—whether you believe by God, by creation, or through evolution—to produce antibodies.

They're not naturally part of the immune system.

So, for any vaccine injected into muscle to generate an immune response, it first has to cause local tissue damage.

Specifically, it induces local tissue necrosis.

[09:45]

Interviewer: The death of the cells.

Professor: Exactly.

Those dying cells and the resulting necrotic tissue attract immune cells to the injection site.

Those immune cells then encounter the proteins that were injected, along with substances such as aluminum—or historically, mercury-containing compounds.

Mercury, although liquid at room temperature, is still a metal.

These materials are not something the body easily eliminates.

Because of the local tissue damage and the inflammation that follows, the immune system produces antibodies.

The pharmaceutical industry has largely competed over who can generate the strongest antibody response.

Interestingly, that response often depends less on the antigen itself and more on the adjuvant that is used.

Interviewer: So the stronger the inflammatory response...

Professor: ...the greater the tissue necrosis associated with the vaccine.

[10:43]

Interviewer: I understand that during the COVID vaccination campaign, aspiration wasn't routinely performed.

In other words, they didn't check whether the needle had entered a blood vessel before injecting.

What would happen if some of the vaccine entered the bloodstream instead of remaining in the deltoid muscle?

[10:57]

Professor: Then it could be carried to other organs.

Over time, it could potentially cause local tissue damage—or necrosis—in whichever organ receives that material.

Again, because substances such as aluminum or mercury are metals, our cells don't really know how to process them.

Humans were never designed to have those substances accumulating inside the body.

For that reason, vaccines injected into muscle or beneath the skin first create local tissue damage.

That damage produces inflammation, which then stimulates an immune response.

That's also one reason repeated injections are often required.

This isn't the same sequence of events that occurs during a natural immune response.

It's a more limited process.

From my perspective, it's less efficient.

Memory cells are not generated in the same way, so you don't necessarily develop lifelong immunity.

[12:05]

Interviewer: Didn't they actually have to change the definition of a vaccine to accommodate the mRNA and DNA-based vaccines?

Professor: A natural immune response normally begins at an epithelial surface—that is, through the digestive tract or the respiratory tract.

Those epithelial cells covering the mucosal membranes play a central role in initiating immunity.

They interact with dendritic cells, which present antigens to the immune system.

From there, immune cells generate antibodies, and different classes of immunoglobulins work together with killer T cells and lymphocytes.

That is what produces the most specific and durable immune response throughout a person's lifetime.

[12:13]

Professor: ...and those immune cells generate immunoglobulins that work together with killer T cells and lymphocytes.

That creates what I would describe as the highest and most specific level of immune protection against an antigen throughout a person's lifetime.

In other words, after recovering from diseases such as measles, mumps, rubella, or hepatitis A, you generally don't get the same disease again.

You may not even develop severe symptoms during the initial infection, but once your immune system has completed that natural process, you usually acquire lifelong immunity.

That is how the immune system is designed to function naturally.

[13:24]

Interviewer: But when it came to COVID, no real account was taken of whether people had already been infected and therefore already had natural immunity.

Professor: Of course.

They even abandoned the traditional approach of using viral proteins or peptide antigens.

Instead, they began using mRNA.

However, because mRNA has a very short half-life, it had to be chemically stabilized and modified.

In my opinion, those modifications moved the product further away from what would normally occur during a natural immune response.

From that perspective, I consider it a disastrous situation for global public health.

[14:07]

Interviewer: We've already talked about how Bobby Kennedy is trying to put things right in America.

What do you think will be the result of his demand that all vaccines demonstrate both safety and efficacy using the gold standard of clinical research—double-blind, placebo-controlled trials?

Can they actually do that?

[14:30]

Professor: The evidence we have reviewed suggests that vaccinated populations experience higher rates of chronic illness than unvaccinated populations.

When you examine all-cause mortality, chronic disease trends, and epidemiological data, you begin to see patterns that deserve careful investigation.

Correlation studies and regression analyses have identified associations between increasing numbers of vaccinations and higher rates of certain chronic conditions.

At the same time, we also need to consider the modern food supply, processed foods, and industrialized food production systems.

Together, these factors contribute to what many describe as epidemics of chronic disease.

Those are exactly the issues Bobby Kennedy is trying to address.

He is emphasizing nutrition, which I believe is critically important.

He advocates grass-fed, pasture-raised foods and less processed sources of nutrition—more like the diets our ancestors consumed.

He also believes we should reduce unnecessary medical interventions, including unnecessary injections.

That is part of both Bobby Kennedy's and President Trump's agenda, based on what they see as sound medical and scientific reasoning.

That's why my colleagues and I became involved.

Ultimately, the way out of this situation is to reverse many of the practices that brought us here.

That means focusing on food, reducing unnecessary injections, and improving overall public health.

[16:05]

Interviewer: I remember saying in the UK Parliament several years ago that we needed to get politics out of science and put real science back into politics.

When do you think Bobby Kennedy's policies are really going to come into direct conflict with Big Pharma?

How long has he given them to provide evidence of safety and efficacy?

[16:27]

Professor: About a year from now.

Some of those clinical trials have already been registered.

Of course, companies make many promises because they assume someone in the future will protect them.

Can I say that?

Interviewer: Yes—you just did.

(Both laugh.)

Professor: But I don't think that's going to happen this time.

[16:51]

Interviewer: That's good news for free speech.

What really frustrates me is that, despite all the scientific papers raising concerns about the COVID vaccines, there are still people choosing to receive them.

Peter McCullough once said they're no longer boosters—they're an IQ test.

[17:15]

Professor: Yes, in many ways I think he was making a point.

At this stage, people really need to evaluate the available evidence for themselves.

If you simply look at public health statistics—overall mortality, chronic illness, disability—or even just look around your own community, many people believe the situation has changed dramatically.

[17:45]

Interviewer: In the UK alone, since the vaccine rollout, there are around two million more people who are now unable to work.

The timing appears to coincide with the vaccination campaign.

[17:57]

Professor: Chronic disease rates have increased dramatically.

You can see it almost everywhere.

[18:02]

Interviewer: We've often been told that, for Big Pharma, "A patient cured is a customer lost."

Do you think that's really how the industry operates?

Is it ultimately driven by greed?

[18:13]

Professor: I believe much of the pharmaceutical business model depends on treating chronic illness over long periods of time.

The longer people remain dependent on medications, the more profitable the system becomes.

[18:25]

Interviewer: So—a tablet for everything, and a cure for nothing?

Professor: That's how many critics describe it.

In my opinion, the best way to stay healthy is to minimize dependence on that system whenever possible.

Focus on good nutrition, natural food sources, healthy lifestyles, and community.

Learn from traditional knowledge, ancient wisdom, and long-established principles of nutrition and healthy living.

Those are the foundations that have sustained human societies for generations.

[18:30]

Interviewer: I studied biological sciences many years ago, and one thing that always strikes me is that human beings don't evolve very quickly.

Yet the food we're eating today in the developed world has changed dramatically over the last hundred years.

We simply can't adapt that quickly, can we?

The food our ancestors ate for tens of thousands of years was completely different.

[19:31]

Professor: We actually cannot adapt at all in that sense.

Let me explain why.

This comes from medical biochemistry, so bear with me for a moment.

The reason you and I—and everyone walking around here, even this plant—are alive is because our mitochondria continuously produce water.

They do this using oxygen and hydrogen.

The oxygen comes from the air we breathe, and the hydrogen comes from the food we eat.

The oxygen part is easy to understand.

If someone falls into water and cannot breathe, they quickly lose their oxygen supply.

Without oxygen, they die.

If emergency services restore oxygen to the body's cells quickly enough, resuscitation can be successful.

If not, the person dies.

[20:27]

Now let's consider the hydrogen.

When oxygen combines with hydrogen inside the mitochondria, metabolic water—sometimes called mitochondrial water or matrix water—is produced.

This continual production of water is fundamental to life.

It's what keeps our cells functioning.

In many ways, you could say it is what sustains living matter within us.

The hydrogen comes from the food we eat.

However, hydrogen also has a naturally occurring heavier isotope called deuterium.

Deuterium is present in food as well.

According to my research, excessive deuterium interferes with this water-producing system inside the mitochondria.

[21:08]

Interviewer: Heavy hydrogen—deuterium?

Professor: Exactly.

That's why we have to pay close attention to what we eat and where it comes from.

If food comes from grass-fed, pasture-raised animals—the fat, dairy, and meat—it generally contains lower levels of deuterium than many industrially processed foods.

In my view, processed foods tend to contain higher levels of deuterium.

That can interfere with mitochondrial water production and with ATP synthase—the molecular machinery responsible for producing cellular energy.

As that process becomes less efficient, our overall health gradually declines.

[21:38]

Interviewer: So that explains the gradual deterioration in people's health—the declining efficiency of the mitochondria?

Professor: Exactly.

The mitochondria are central to this entire process.

Another concern, in my opinion, is that some vaccines are manufactured using heavy water, which contains deuterium.

Combined with diets rich in processed foods, that increases overall deuterium exposure.

From my perspective, that contributes to disease processes and to the public health problems we see today.

It also creates greater demand for pharmaceutical treatments.

[22:24]

The unfortunate reality is that doctors rarely ask patients what they're eating or where their food comes from.

Instead, they're trained primarily to prescribe medication.

[22:33]

Interviewer: Well, doctors study medicine.

They don't necessarily study health or well-being.

Patients arrive with symptoms, and the response is often, "Here's your medicine."

If that medicine causes side effects, then another medicine is prescribed.

[22:49]

Professor: Exactly.

That's one of the reasons Bobby Kennedy talks so much about mitochondrial dysfunction as a possible contributor to today's epidemic of chronic disease.

That's where much of our research is focused.

[22:57]

Interviewer: Just to explain for the audience, mitochondria are found inside almost every cell in the body.

People often describe them as the power stations of the cell.

[23:05]

Professor: I would describe them slightly differently.

They're really water-producing systems.

Using oxygen from the air and hydrogen derived from food, they continuously generate metabolic water.

At the same time, ATP synthase—a tiny molecular motor—rotates and produces ATP, which supplies energy to the cell.

[23:15]

Professor: As oxygen reacts with hydrogen inside the mitochondria, ATP synthase—a nanoscale molecular motor—rotates and produces ATP, which is the primary energy currency of the cell.

However, if the mitochondria become loaded with heavy hydrogen isotopes—deuterium—those molecular motors no longer function efficiently.

This is particularly significant because mitochondria are inherited exclusively from the mother.

Mitochondrial DNA follows the maternal line.

[23:36]

Interviewer: Through the egg.

Professor: Exactly—through the egg.

There are no paternal mitochondrial genes passed on to the child.

There isn't the same kind of genetic recombination that occurs with nuclear DNA.

From this perspective, there is no evolutionary adaptation that allows us to cope with excessive exposure to deuterium from industrially processed foods.

[24:12]

Interviewer: But mitochondria have their own small amount of DNA, don't they?

Professor: Yes.

Mitochondria contain their own circular DNA.

The mitochondria that come from the sperm do not survive fertilization.

The egg destroys the father's mitochondria, so only the mother's mitochondria are inherited.

For that reason, mitochondrial DNA remains almost entirely maternal.

From my perspective, this protects the integrity of those proton transport systems that are essential for life.

Those systems cannot simply be altered through evolution or adapted to modern processed foods that contain high levels of deuterium.

[25:00]

Interviewer: In other words, nature is trying to keep us on the straight and narrow.

Professor: Exactly.

To keep us eating the foods we were biologically designed to consume.

If you look at anthropology, one of the earliest food sources for humans was animal bone marrow.

Archaeological discoveries dating back approximately 3.2 to 3.5 million years show that early humans broke open bones to reach the marrow.

By the time they arrived, the major predators had usually already left.

The marrow provided a safe, nutrient-dense food source.

It was rich in animal fat and naturally ketogenic, while also being relatively low in deuterium.

That's very similar to the type of diet Bobby Kennedy talks about today.

It's a central part of what he's promoting through the MAHA movement.

From my perspective, it completes the picture we've been discussing.

[25:54]

Interviewer: Professor Boros, that has been absolutely enlightening.

Thank you for sharing your thoughts.

You've certainly given me a great deal to think about.

[26:06]

Professor: Thank you.

Much of what we've discussed today actually reflects very ancient biological principles.

Our DNA, hydrogen metabolism, maternal inheritance, and human biology all point toward fundamental biochemical processes that have existed throughout human history.

[26:10]

Professor: Much of what we've discussed is rooted in very ancient biological principles.

When you look at our DNA, hydrogen metabolism, maternal inheritance, and the way life functions at the biochemical level, you begin to see patterns that have existed for thousands of years.

There are even ancient symbols and archaeological artifacts that, in my interpretation as a medical biochemist, appear to reflect some of these biological concepts.

One example is the Tărtăria tablets. Their symbolism reminds me of aspects of hydrogen metabolism, maternal inheritance, and the fundamental principles of life.

Another fascinating example is bird migration.

Some birds are capable of flying from Alaska to Australia—a journey of approximately 13,000 kilometers—without landing or feeding.

That represents an extraordinary mitochondrial challenge.

From the perspective of modern medical biochemistry, we are beginning to understand how such biological systems function.

It almost seems as though nature—or, if you prefer, God—designed these systems according to very precise biochemical principles.

[27:17]

Interviewer: Where were these tablets discovered?

Professor: They were found in Transylvania, near the Mureș River, in 1961.

[27:27]

Interviewer: And they've only recently been translated or decoded?

Professor: This is my own interpretation.

There are many different interpretations of the tablets.

I'm approaching them as a medical chemist and medical biochemist, so I interpret the symbols through that scientific perspective.

[27:40]

Interviewer: That sounds fascinating.

[27:41]

Professor: I'll send you a copy of the presentation I've prepared.

It's the same presentation I've shared with members of Bobby Kennedy's team, as well as several conservative policymakers in the United States.

I also met with them during the CPAC conference in London.

I'm sending copies to political leaders in Romania as well, because these artifacts are preserved in a museum in Transylvania.

The symbolism reflects many of the biological concepts we've discussed today, expressed in an ancient language.

I find that both surprising and remarkable.

In many ways, it suggests that humanity has faced similar challenges before.

Our responsibility now is to understand biology from the ground up.

That means understanding mitochondrial function, metabolic water production, mitochondrial nanostructures, and the emerging science of deutenomics.

If we base our thinking on these fundamental biochemical principles, I believe we'll make much better decisions about health.

[28:58]

Interviewer: Work with the human body—not against it.

Work with your own biology.

[29:01]

Professor: Exactly.

Be careful about what you put into your mouth.

Think carefully about what, if anything, you choose to inject into your body.

[29:09]

Interviewer: Thank you very much.

[29:10]

Professor: Thank you, sir.

Thank you.

[29:12]

Interviewer: We'll speak again.

Note:

The papers below were cited to support administrative decisions Robert F. Kennedy's team to discontinue \$500 million in funding for mRNA vaccine research! I am happy we could help reason this important decision.

<https://endpoints.news/researchers-cited-by-hhs-on-mrna-cuts-say-their-work-is-misapplied/>

<https://publichealthpolicyjournal.com/breaking-landmark-peer-reviewed-research-library-on-mrna-injection-harms-just-released/>
