

Microbiologist Explains COVID Jab Effects: Dr. Sucharit Bhakdi

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While the COVID injections have been characterized as being somewhere around 95% effective against SARS-CoV-2 infection, this is the relative risk reduction, which tells you very little about its usefulness. The absolute risk reduction is only around 1% for all currently available COVID shots

Antibody-dependent enhancement (ADE) refers to a condition where the vaccination augments your risk of serious infection. We are now starting to see evidence that ADE is occurring in the vaccinated population

One of the most common side effects of the COVID shots is abnormal blood clotting, which can result in strokes and heart attacks

Even microclots that don't completely block the blood vessel can have serious ramifications. You can check for presence of microclots by performing a D-dimer blood test. If your D-dimer is elevated, you have clotting somewhere in your body

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In this interview, German microbiologist Dr. Sucharit Bhakdi sifts through the facts and fictions of the coronavirus pandemic. Together with Karina Reiss, Ph.D., he's written two books on this subject, starting with "[Corona False Alarm? Facts and Figures](#)," published in October 2020, followed by "Corona Unmasked: New Facts and Figures."

The second book is currently only available in German, but you can [download a free chapter](#)

[of “Corona Unmasked” in English on FiveDoves.com.](#)

Bhakdi’s Medical Credentials

Bhakdi graduated from medical school in Germany in 1970. After a year of clinical work, he joined the Max Planck Institute of Immunobiology, where he remained for four years as a post-doc.

There, he also began researching immunology. Eventually, he ended up chairing the department of medical, microbiology and hygiene at the University of Mainz, where he worked for 22 years until his retirement nine years ago. During that time, Bhakdi also worked on vaccine development, and says he’s “certainly pro-vax with regards to the vaccinations that work and that are meaningful.”

Much of his research focused on what’s called the complement system. When activated, the complement system ends up working in such a way that it destroys rather than aids your cells. Interestingly enough, SARS-CoV-2 uses this very system to its advantage, turning your immune system toward a path of self-destruction.

The same self-destructive path also appears to be activated by the COVID shots, which is part of why Bhakdi believes they are the greatest threat humanity has ever faced. “It is our duty to aggressively inform people about the dangers that they are subjecting themselves and their loved ones to by this ‘vaccination,’” he says.

How Effective Are the COVID Shots?

While the COVID injections have been characterized as being somewhere around 95% effective against SARS-CoV-2 infection, this claim is the product of statistical obfuscation. In short, they’ve conflated relative risk reduction and absolute risk reduction. The absolute risk reduction is actually right around 1% for all currently available COVID shots.¹

In “Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials”² Ron Brown, Ph.D. calculates the absolute risk reduction for Pfizer’s and Moderna’s injections, based on their own clinical trial data, so that they can be compared to the relative risk reduction reported by these companies. Here’s a summary of his findings:

- Pfizer/BioNTech vaccine BNT162b2 — Relative risk reduction: 95.1%. Absolute risk reduction: 0.7%
- Moderna vaccine mRNA-1273 — Relative risk reduction: 94.1%. Absolute risk reduction 1.1%

In a July 1, 2021, commentary in *The Lancet Microbe*,³ Piero Olliaro, Els Torreale and Michel Vaillant also argue for the use of absolute risk reduction when discussing vaccine efficacy with the public. They too went through the calculations, coming up with the following:

- Pfizer/BioNTech — Relative risk reduction: 95%. Absolute risk reduction: 0.84%
- Moderna — Relative risk reduction: 94%. Absolute risk reduction: 1.2%
- Gamaleya (Sputnik V) — Relative risk reduction: 91%. Absolute risk reduction: 0.93%
- Johnson & Johnson — Relative risk reduction: 67%. Absolute risk reduction: 1.2%

- AstraZeneca/Oxford — Relative risk reduction: 67%. Absolute risk reduction: 1.3%

What Kind of Protection Do the COVID Shots Provide?

Aside from providing insignificant protection in terms of your absolute risk reduction, it's important to realize that they do not provide immunity. All they can do is reduce the severity of the symptoms of infection. According to Bhakdi, they fail even at this.

"They showed absolutely zero [benefit in the clinical trials]," he says. "This is the ridiculousness. People don't understand that they're being fooled and have been fooled all along. Let's take the one of these Pfizer trials: 20,000 healthy people were vaccinated and another 20,000 people were not vaccinated.

And then they observed, over a period of 12 weeks or so, how many cases they found in the vaccinated group and how many cases they found the non-vaccinated. What they found was that less than 1% of the vaccinated group got COVID-19 and less than 1% in the non-vaccinated group also got COVID-19.

The difference was 0.8 to 0.1%, which is nothing, considering the fact that they were not even looking at severe cases. They were looking at people with a positive PCR test — which as we all now know is worthless — plus one symptom, which could be cough or fever.

That is not a severe case of COVID-19. Any vaccination that is going to get authorized must be shown to protect against severe illness and death, and this has definitely not been shown. So, forget authorization. It can't be authorized, not by any normal means.

Now [the COVID injections do not have] full authorization, it's an emergency authorization, which again is absolute bullshit, since we know the infection fatality rate of this disease or virus is not greater than that of seasonal flu. John Ioannidis has published these numbers, which have never been contested by anyone in the world and cannot be contested.

If you are under 70 years of age and have no severe preexisting illness, you can hardly die [from SARS-CoV-2 infection]. So, there is no fatality rate that can be reduced.

And for people who are elderly and have preexisting illness, as we know from Dr. Peter McCullough and his colleagues' work, there are very good means and medicines to treat this virus so that the fatality rates go down another 70 to 80%, which means there is no ground for emergency use whatsoever.

This means the FDA should be able to be forced to retract this emergency use authorization — unless they are in league with whoever wants to do this."

I neglected to follow-up on his comment about 40,000 people being equally divided between the injection and no injection groups in the COVID injection trials. A few months ago, they actually abandoned the non-injection arm of the trial, so there is no control group anymore.

The justification was that the injection was too important to deny it to the control group. It's

just another sneaky way to skirt around reporting all the adverse effects occurring in the injection group.

That said, it's worth repeating that the FDA can only grant emergency use authorization for a pandemic drug or vaccine if there's no safe and effective preexisting treatment or alternative. Since there are several such alternatives, the FDA is legally required to revoke the emergency authorization for these shots.

Evidence of Increased Infection Risk After Injection

Presently, the Centers for Disease Control and Prevention claims some 95% of SARS-CoV-2 infections resulting in hospitalization are occurring among the unvaccinated. This too is a statistical fiction, as they're using data from January through June 2021, when most of the American public were unvaccinated.

Looking at more recent data, we're finding that the majority of severe cases and hospitalizations are actually occurring among those that received the COVID jab. Unfortunately, as noted by Bhakdi:

"It's all manipulated. And, if someone wants to manipulate something and are in a position to then propagate it, you have no chance of analyzing it and telling people because we have no voice in this affair. When we stand up and tell people this, they just turn around and say that's not the truth."

Disturbingly, we're now starting to see the first indications of antibody-dependent enhancement (ADE), which many scientists were concerned about from the very beginning. India, for example, where 10% of the population has been "vaccinated," is now seeing very severe cases of COVID-19. Bhakdi says:

"What we're witnessing in India and probably also in Israel is the immune dependent enhancement of disease ... It's bound to happen. So, the people who are getting vaccinated now have to be fearful of the next wave of genuine infections, whether it's [SARS-CoV-2 variants] or any other coronaviruses, because they're all related and they will all be subject to immune dependent enhancement, obviously."

Antibody-dependent enhancement (ADE), or paradoxical immune enhancement (PIE) refers to a condition where the vaccination results in the complete opposite of what you're looking for. Rather than protect against the infection, the vaccine augments and worsens the infection.

ADE can occur through more than one mechanism, and Bhakdi is of the opinion that the enhancement is primarily due to over-reactive killer lymphocytes and secondary complement activation, both of which cause severe damage.

Antibodies Versus Lymphocytes

Bhakdi explains:

"There are two major arms of defense against viral infection. One is the antibodies that, if they are present, may prevent the virus from entering your cells. These are so-called neutralizing antibodies, which the vaccination is supposed to [produce]."

But the antibodies are not at the place that they are needed, which is on the surface of the airway epithelium. They are in the blood, but not at the surface of the epithelium where the virus arrives. The second arm of immune defense then comes into play, and these are the lymphocytes.

There are different types of lymphocytes and I will simplify matters by saying the important lymphocytes are the so-called killer lymphocytes that sense whenever a virus product is being produced in the cell. They will then destroy the cells that harbor the virus and thus the factory is closed and you get well again.

That is the mechanism for how we can survive viral infections of the lung, and this happens all the time. So, the lymphocytes, in contrast to the antibodies, recognize many, many, many parts of the proteins. So, if a virus changes a little bit, it doesn't matter, because the waste products that are recognized by the killer lymphocytes remain very similar.

That is why all of us, and this is now known, all of us have memory lymphocytes in our lymph nodes and lymphoid organs that are trained to recognize these coronaviruses. And whether or not a mutant is there, it doesn't really matter, because they will recognize a mutant or variant."

According to Bhakdi, coronaviruses can only undergo point mutations, meaning only one nucleotide at a time can be changed. The influenza virus, meanwhile, can undergo more radical mutations. For example, a flu virus can completely change its spike protein by swapping spike proteins with another virus that is simultaneously present.

This sort of shift is not possible with coronaviruses. Therefore, you will never have leaps in antigenic changes either for antibodies or for T-cell killer lymphocytes. That's why the background immunity that evolves during the lifetime of a human being is very broad and solid.

Natural Immunity Is Far Superior to Vaccine-Induced Immunity

One of the most egregious nullifications of medical scientific truth is the claim that COVID "vaccination" confers superior protection compared than the natural immunity you get after you've been exposed to the virus and recover. The reality is that natural immunity is infinitely more superior to the vaccine-induced protection you get from these shots, which is both narrow and temporary.

The COVID shot produces antibodies against just one of the viral proteins, the spike protein, whereas natural immunity produces antibodies against all parts of the virus, plus memory T cells. As noted by Bhakdi:

"The very fact that the World Health Organization has changed the definition of herd immunity ... is such a scandal. I'm at a loss of words to describe how ridiculous I find this all, that this is being accepted by our colleagues. How can the physicians and scientists of the world bear to listen to all this nonsense?"

How the COVID Shot Causes Damage

As explained by Bhakdi, when you get a COVID shot, genetic instructions are being injected into your deltoid muscle. Muscle drains into your lymph nodes, which in turn can enter your

bloodstream. There may also be direct translocation from the muscle into smaller blood vessels.

Animal data submitted by Pfizer to Japanese authorities show the mRNA appeared within the blood within one or two hours of injection. The rapidity of it suggests the nano particles are translocated from the muscle directly into the blood, bypassing the lymph nodes.

Even microclots that don't completely block the blood vessel can have serious ramifications. You can check for presence of microclots by performing a D-dimer blood test. If your D-dimer is elevated, you have clotting somewhere in your body.

Once inside your bloodstream, the genetic instructions are delivered to the cells available, namely your endothelial cells. These are the cells that line your blood vessels. These cells then start producing spike protein, as per the mRNA instructions. As the name implies, the spike protein looks like a sharp spike protruding from the cell wall, into the bloodstream.

Since they are not supposed to be there, your killer lymphocytes rush to the area, thinking the cells are infected. The killer lymphocytes attack the cells, which causes damage to the cell wall. This damage, in turn, provokes clot formation. We're now seeing evidence that COVID shots are causing all manner of clotting issues, from microsized clots to massive clots stretching a foot or more in length.

Of course, when a large enough clot occurs in the heart, you end up with a heart attack. In the brain, you end up with stroke. But even microclots that don't completely block the blood vessel can have serious ramifications. You can check for presence of microclots by performing a D-dimer blood test. If your D-dimer is elevated, you have clotting somewhere in your body.

How Vaccine-Induced Antibodies Can Cause Harm

But that's not all. The anti-spike protein antibodies can also be harmful. Bhakdi explains:

"The other thing that has now emerged is just as frightening [as the clotting problem]. One to two weeks after the first jab, you start making antibodies in large amounts.

Now, when the second jab is done, and the spike proteins starts to project from the walls of your vessels into your bloodstream, it is not only met by the killer lymphocytes, but now the antibodies are also there and the antibodies activate [the] complement [system].

That was my first field of research. The first cascade system is the clotting system. Turn it on and the blood will clot. If you turn on the complement system with the antibodies that bind to your vessel wall, then this complement system will start creating holes in the vessel wall.

And you see these patients who have bleeding in the skin. Ask, where does that come from? Well, if you go around riddling your vessels with holes, you [get bleeding]. If the holes riddle vessels of the liver, or the pancreas or the brain, then the blood will seep through the vessels into the tissues ...

[The COVID injections] are in your bloodstream for at least a week, and they will seep into any organ. And when those [organ] cells then start to make the spike protein

themselves, then the killer lymphocytes will also seek and destroy them [in that organ, creating more damage and subsequent clotting].

What we are witnessing is one of the most fascinating experiments that could lead to massive autoimmune disease. When this will happen, God knows. And what this will lead to, God knows."

COVID Jab May Trigger Latent Viruses and Cancer

The COVID jabs can also decimate your lymph nodes, as your lymph nodes are full of lymphocytes and other immune cells. Some of the lymphocytes will die immediately upon contact, causing inflammation.

Cells that don't die and take up the mRNA and start producing spike protein will be recognized as virus producers and get attacked by the complement system. It essentially creates a war between some immune cells against other immune cells. As a result of this attack, your lymph nodes swell and become painful.

This is a serious problem, as the lymphocytes in your lymph nodes are lifelong sentinels that keep latent infection such as shingles under control. When they malfunction or are destroyed, these latent viruses can activate. This is why we're seeing reports of shingles, lupus, herpes, Epstein-Barr, tuberculosis and other infections emerge as a side effect of the shots. Of course, certain cancers can also be affected.

"As we all know, tumors are forming every day in our bodies, but those tumor cells are recognized by our lymphocytes and then they're snuffed out," Bhakdi says. "So, I am worried sick that the world is being goaded into taking something into the body that is going to change the whole face of medicine."

Informed Consent Is Virtually Impossible

After giving this issue a great deal of thought, Bhakdi is convinced that the COVID injection campaign must be stopped.

"Gene-based vaccines are an absolute danger to mankind and their use at present violates the Nuremberg codex, such that everyone who is propagating their use should be put before tribunal," Bhakdi says.

"Especially the vaccination of children is something that is so criminal that I have no words to express my horror ... We are horribly worried that there's going to be an impact on fertility. And this will be seen in years or decades from now. And this is potentially one of the greatest crimes, simply one of the greatest crimes imaginable ...

As we all know, it is laid down by the Nuremberg codex that in case experiments are to be conducted in humans, this can only be performed with informed consent.

Informed consent means that the person to be vaccinated has to be informed about all the risks, the risk benefit ratios, the potential dangers and what is known about side effects. This cannot be done with children, because children are not in the position to understand it.

Therefore, they cannot give informed consent. Therefore, they cannot be vaccinated. If

anyone does that, he should be set before a tribunal. If grownups have been informed and want to get the shot, that's all right. But don't force anyone to get the shot. It has to be by informed consent only."

Of course, informed consent is also virtually impossible even for adults, as they're only given one side of the story. All side effects and risks are censored virtually everywhere and discussions about them are banned. The U.S. government is even pushing to criminalize discussion about COVID injection risks.

Where Do We Go From Here?

If you've already gotten one or two shots, there's nothing you can do about that. Certainly, do not get a booster, as each booster is undoubtedly going to magnify the damage.

"In the end, I predict that we're going to see mass illnesses and deaths among people who normally would have wonderful lives ahead of them," Bhakdi says. The question on people's minds is, can anything be done to reverse the damage from these shots? As yet, we do not know.

However, if you have received one or more shots and develop symptoms of an infection, Bhakdi recommends treatment with hydroxychloroquine and/or ivermectin, such as the Zelenko protocol,⁴ and the MATH+ protocols,⁵ which have proven their effectiveness. It's important to realize you may actually be more prone to serious infection, not less.

Nebulized hydrogen peroxide can also be used for prevention and treatment of COVID-19, as detailed in Dr. David Brownstein's case paper⁶ and Dr. Thomas Levy's free e-book, "[Rapid Virus Recovery](#)." Whichever treatment protocol you use, make sure you begin treatment as soon as possible, ideally at first onset of symptoms.

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Notes

¹ [The BMJ Opinion November 26, 2020](#)

² [Medicina 2021; 57: 199](#)

³ [The Lancet Microbe July 1, 2021; 2\(7\): E279-E280](#)

⁴ [Zelenko protocol](#)

⁵ [Covid19criticalcare.com](#)

⁶ [Science, Public Health Policy and The Law July 2020; 1: 4-22 \(PDF\)](#)

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