

Corona Unmasked: New Facts and Figures

A Special Interview With Dr. Sucharit Bhakdi By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. ... we have Dr. Sucharit Bhakdi, who is a microbiologist in Germany. And we're connecting with them in Germany at this time. So, welcome and thank you for joining us today.

Dr. Sucharit Bhakdi:

Thank you for having me.

Dr. Joseph Mercola:

So, can you provide us with a little bit of your background with respect to professional training? You're a microbiologist and maybe run over some of the academic credentials and affiliations you've had and what you're doing now?

Dr. Sucharit Bhakdi:

Well, I graduated from medical school in Germany. That was back in 1970. And then after a year of clinical work, I joined the Max Planck Institute of Immunobiology [and Epigenetics] to learn how to do science. And I stayed there for four years as a post-doc where I began my research in immunology. I researched the complement system and was involved in identifying the magic bullet of the complement system, which causes wrongly transfused erythrocytes to [inaudible 00:01:22]. My first piece of work was done on that. And then it went into microbiology, bacteriology and discovered that bacteria, most of them, produced similar weapons to use against us. And that's what set off my career as a microbiologist. So, I ended up chairing the department of medical, microbiology and hygiene at the University of Mainz where I stayed for 22 years until my retirement nine years ago.

Dr. Joseph Mercola:

Okay. Well, thank you for that. So, you have a very prestigious pedigree, the academic history. You're an MD/Ph.D. and for those who aren't familiar with it, why don't you say a few words about the Max Planck Institute? Because it's one of the most prestigious institutes for science in the world. I believe.

Dr. Sucharit Bhakdi:

Well, it used to be.

Dr. Joseph Mercola:

Yeah. So, maybe tell us where it used to be when you were working and what's happened since then?

Dr. Sucharit Bhakdi:

Well, the Max Planck Institute where I was, was famous because the discoverers of the so-called endotoxin, which is what leads to septic shock and death during severe infections was partly discovered there. And that's where the center of immunology was based at that time. Those were in the '70s. And that's why I went there. In fact, it was also the first institution in Germany where membranes of cells were analyzed to see what was going on within the membrane itself. And that's how I stumbled across the magic bullet of the complement system because I discovered that a complement, when it is activated, shoots bullets into the membranes of your cells. And that's what kills you.

Now, all of this is coming back to, is completing a whole circle in my life, because it now turns out that the coronavirus is also employing this method of using our own immune system to the path of self-destruction. And that is what I think is one of the major paths to adverse events after vaccination.

Dr. Joseph Mercola:

Yes, indeed. So, you're eminently scientifically qualified to comment in this area because you've spent the majority of your professional life studying these issues. So, we're eagerly looking forward to the conclusions you've reached. I think most of your comments have been directed to the vaccine. I think that's probably a good place to start, because that seems to be the objective of this whole "plandemic" narrative is to manipulate, brainwash, and cajole people into getting the vaccine.

Dr. Sucharit Bhakdi:

I agree entirely.

Dr. Joseph Mercola:

Yeah. I mean, this is where we're at and we need to understand this. And I think you're providing us with an overall perspective will help many people. Now having said that, I am convinced without any shadow of a doubt we are in the middle of one of the most effective propaganda campaigns ever engineered in the history of the human race.

Dr. Joseph Mercola:

And as a result of that propaganda and brainwashing, literally half the population is essentially unable to think rationally or logically when they're presented with facts. So, we have to understand that many people who need to hear this presented on a silver platter, will just ignore it and choose to believe it's fake or it's just not correct. So, that's okay. Because there's half of the people who aren't brainwashed and that's who we're speaking to. So, why don't you give us your perspective as to what's been happening? I've got a lot of specific questions, but I'll let you start it off by painting the broad strokes.

Dr. Sucharit Bhakdi:

Well, I agree with all of what you said, and I have actually nothing to add to that. Our whole efforts, our entire efforts, my efforts of my wife, Karina Reiss and myself are currently directed at providing information about the so-called vaccination, because we believe that this vaccination agenda and program is the greatest threat to humanity.

The greatest threat that humanity has ever come up against. And it is our duty to aggressively inform people about the dangers that they are subjecting themselves and their beloved ones to by this vaccination.

Dr. Joseph Mercola:

Okay. That's a good place to start. And as again, I want to emphasize that you are more than eminently qualified academically to comment on this because of your decades of experience in this area. So, why don't you-

Dr. Sucharit Bhakdi:

I also worked on development of vaccines.

Dr. Joseph Mercola:

Oh yeah. That's another point I wanted to bring up. You are not anti-vax. I am typically perceived as anti- vax, because I have been opposed to routine vaccinations for probably over three decades now. And I did provide vaccination immunizations in my medical practice up until about the early '90s, before I began to understand or realize that there was enormous complications with them.

But that is not the position you've taken. You actually are pro-vax and I suspect you've received most of your vaccinations up to date, but with this one you've turned around. So, maybe you can expand on that before you go into discussion, because I think many people will choose to paint you untruthfully as an anti-vaxxer.

Dr. Sucharit Bhakdi:

I would modify that a little bit. I certainly am pro-vax with regards to the vaccinations that work and that are meaningful. And with that, I will also say tetanus, diphtheria, yes, anytime. However, I have not been pro [to] the recommendations that have been given. So, I would never say that infants, little children, should be vaccinated against diphtheria and tetanus because they are not endangered. If you say-

Dr. Joseph Mercola:

Or hepatitis B, even more insane at day one of birth.

Dr. Sucharit Bhakdi:

Yes. Well, exactly. I'm not for that. I would be for tetanus and diphtheria at the right age, before they enter school, for instance, where the danger of getting aluminum poisoning

has subsided. And I would never go for vaccination of infants with diphtheria, tetanus and pneumococcal, as they're doing in Germany, creating massive, thousands of poor children who suffer from aluminum intoxication.

So, whereas I say I am pro-vax, I will say so only for the vaccinations that are really meaningful. And this does not pertain for instance, to influenza, to the flu. It does not pertain necessarily to shingles and it certainly does not pertain to corona.

Dr. Joseph Mercola:

Okay, great. So, thank you for refining that characterization of your position because I think it's important to do that. And that is a rational perspective, and it's really hard to argue against it if you're objective, from my perspective. So, thank you for refining that. So, why don't we dive into the primary reasons for your objections to the coronavirus vaccine, which extensively, and maybe I can dive into a little bit of the historical perspective, was characterized as being 95% effective or in that range, because there was a number of different vaccine manufacturers out there, but in a sense, 95% effective.

And that was essentially a massive statistical aberration because they conflated relative risk and absolute risk. So, the absolute risk was probably closer to 1% or 2%. Or even under 1%, I think it was under 1%.

Dr. Sucharit Bhakdi:

Under 1%.

Dr. Joseph Mercola:

Under 1%. So, why don't we start there and then it wasn't for providing immunity or protecting you from infection. It was just at lowering the symptoms, the severity of the symptoms that you had.

Dr. Sucharit Bhakdi:

Which they did not show either.

Dr. Joseph Mercola:

Yeah, but that's what they claimed.

Dr. Sucharit Bhakdi:

They didn't show anything. They showed absolutely zero. This is, the ridiculousness, it's so devastating that one doesn't understand that 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 people were vaccinated and 20,000 healthy people were not vaccinated. And then they observed over a period of I think, 12 weeks or so, how many cases did they find in the vaccinated group and how many cases did they find the non- vaccinated? And as you say, 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.

Dr. Sucharit Bhakdi:

I mean, it's not worth the scrap of paper that you look at. Plus one symptom, which could be cough or a bit of fever. And that is not a severe case of COVID-19. So, 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 you will come and say, okay, it isn't a full authorization. It's an emergency authorization, which again is absolute bullshit.

Since we know, since John Ioannidis has published these numbers that have never been contested by anyone in the world and cannot be contested, that the infection fatality rate of this disease or virus is not greater than that of seasonal flu. And if anyone is under 70 years of age and has no preexisting illness, no severe pre-existing illness, he can hardly die, even if he wants to, of COVID-19. There is no fatality rate that can be reduced. There is none.

And for people who are elderly and have preexisting illness, as we know from 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%, if they are treated properly, which means that there is no ground for emergency use whatsoever, which means that the FDA (Food and Drug Authority) should be able to be forced to retract this emergency use authorization unless they are in league with whoever wants to do this.

Dr. Joseph Mercola:

Well, they clearly are. And what'd you said is completely accurate. And just to expand on that a bit to clarify is that one of the qualifications for legally implementing emergency use authorization measures is that there cannot be a preexisting treatment that exists that is an alternative. And they exist on multiple fronts. I mean, there's at least half a dozen strategies that one can use to effectively lower [crosstalk 00:15:04].

Dr. Sucharit Bhakdi:

I'm completely with you. That's what I'm trying to say. So, the whole thing is ridiculous.

Dr. Joseph Mercola:

All right. So, clearly we're both in agreement too, on the propaganda being used and the effect or the primary objective of the propaganda is to radically increase the fear, because fear is one of the primary, most potent motivations to behavior manipulation. And one of the ways they've done this is to, especially early in January, when they started collecting

the data is to suggest that people who are getting infected. And there's such a difference because they call it a case versus COVID-19, which is a radical differentiation.

When the fatality rate was dropping, then they switched. Instead of using deaths, they switched to cases. And most people believe that the cases were equivalent to deaths. And they're not, obviously. But what they did is they did some initial studies and collected data in January. And the data showed that most of the people who were getting infected were not vaccinated. Big surprise, because they just started the campaign in late December, but they've maintained that data. And they used statistics from that to all the way six months later, and their claim was, which was massively propagated on the media is that 99% of the people getting infected are unvaccinated, which is exact conflict.

It's almost the converse. We're looking at 70% to 85% of most of the studies showing people getting infected now are vaccinated. So, why don't you dive into that? Because it's an area they massively twisted around to propagandize with misinformation.

Dr. Sucharit Bhakdi:

I have nothing to add to what you say. Of course, all of this is manipulative. It's all manipulated. And as you say, if anyone 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 and we don't – when we stand up and tell people this, they just turn around and say that's not the truth.

Dr. Joseph Mercola:

Yeah. Well, that is the truth. And even they're admitting it and they're ignoring their previous claims. And then we can look at the experience of some countries that are even more successful at propagandizing their populations to convince them to get the vaccine. And I'm thinking of Israel specifically.

Dr. Sucharit Bhakdi:

[crosstalk 00:17:49] not bad. Germany is not bad. Dr. Joseph Mercola:

Yeah. Israel was like 85%, 90% of the population is immunized. So, we've got, I want to talk at this point too. Because there are three countries, Israel, Sweden and India, which absolutely destroy their narrative, because first we got Israel, which has been massively vaccinated and getting enormous amounts of cases.

They were forced. [inaudible 00:18:16] you really believe it.

Dr. Joseph Mercola:

Okay. Well, I don't, you're probably correct. I haven't studied the history over there. And then I'm sad if they were forced because that is, which is somewhat what they're moving into and the position they're moving into in this country for forcing it. But there's no-fly rule in such. And you cannot go to work. I mean, there are some CNN commentators who

believe that you shouldn't be able to go to the grocery store unless you're vaccinated.

Dr. Sucharit Bhakdi:

Yeah. Throw them into jail.

Dr. Joseph Mercola:

Yeah. Throw them in the jail. Yeah. But anyway, so we've got the experience with Israel and they are getting, I believe most of the people, the cases there are people who have been vaccinated. Then you have Sweden and India. Well, Sweden, from the perspective that they had no lockdowns, no masks, no social isolations. And they have one of the lowest rates ever. And you don't hear any talk about Sweden anymore because it disproves what their claims where. If it was the contrary to that, you'd hear about it every day. In India has hardly anyone immunized. I don't know if it's just discourteous and it's very low it's well under 25%, maybe as low as 10%. And we're not seeing a lot of cases in India at all.

Dr. Sucharit Bhakdi:

Well, I talked to Indian colleagues a couple of weeks ago.

Dr. Joseph Mercola:

Okay. So, why don't you update us on your perspective on that?

Dr. Sucharit Bhakdi:

And they said that in, of course, less than 10% of India's vaccinated, but they're an awful lot of Indians.

Dr. Joseph Mercola:

Yeah, over a billion.

Dr. Sucharit Bhakdi:

So, if a hundred million have been vaccinated, that's a damn lot. And they are in fact seeing very severe cases of true corona infections. And they are among the vaccinated. What we're witnessing in India and probably also in Israel is the immune-dependent enhancement of disease, which we have always warned against together with Dolores Cahill a long time ago. And I think also in our book. 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 corona, COVID-19 relatives or not, or any other coronaviruses, because they're all related and they will all be subject to immune-dependent enhancement, obviously.

Dr. Joseph Mercola:

Yeah. So, I definitely want you to dive deeper into that because you're really well trained and qualified to comment on it. And I like the fact that you're calling it immune enhancement because I think that's more accurate. Typically for those who are watching and may appreciate that, typically this is referred to as ADE or antibody-dependent enhancement, which I don't think is as good as – I like to term PIE or paradoxical because it doesn't make sense. It does the exact opposite of what it's supposed to do, immune enhancement.

So, why don't you discuss what's happening? Because I think this is the crux and really forms the foundational basis for your concern. Some of the projections I've heard you stated earlier as to the outcome of what's going to happen to most of the people who've been vaccinated.

Dr. Sucharit Bhakdi:

I mean, I will start by saying something that we've also written in our book, that there are two major arms of defense against infection. One, against viral infection, one are the antibodies that, if they are present, may prevent the virus from entering the cells. These are so-called neutralizing antibodies, which the vaccination is supposed to – yes.

But since the antibodies directed against respiratory viruses are not really there 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. Most respiratory viruses will be able to enter the lung cells. And the second arm of immune defense then comes into play. And these are the lymphocytes.

Now 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 and they will then come and destroy the cells that harbor the virus and thus is the factory closed. And people get well again.

That is the mechanism 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. All right. 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.

And that is why all of us, and this is now known, all of us have memory lymphocytes in our lymph nodes and in our 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.

Dr. Joseph Mercola:

Or variants, is what they're calling [crosstalk 00:24:14].

Dr. Sucharit Bhakdi: Or variants, the same, variants. But the variants you see, aren't really altered so much.

Dr. Joseph Mercola:
Right, it's pretty minor.

Dr. Sucharit Bhakdi:
It's extremely little because coronaviruses can only undergo point mutations. Meaning only one nucleotide at a time can be changed. This is the difference to flu. The flu virus can completely change its spike protein by exchanging the spike protein. One virus can exchange its spike protein with another virus if two viruses are in the cell. This sort of shift is not possible with coronaviruses.

And therefore you will never have leaps in antigenic changes either for antibodies or for T-cell killer lymphocytes. And that's why the background immunity, I don't want to talk about herd immunity, but the background immunity that evolves during the lifetime of a human being is very broad and very solid. And that's why when the virus enters the body of a 17-year-old, who has not any preexisting illness, the virus is not going to kill that man or woman.

It cannot. We are immune. And in fact, this is the good news. There have been papers appearing in June that have collectively shown that, indeed, our immune system already knows this new virus and is already trained in combat with this virus. And this is absolutely clear and conclusive that evidence is there and anyone can go and read those papers that have shown that the response to vaccination.

If you're vaccinated today, the immune system immediately responds by throwing out the antibodies that everyone wants. They are already in the treasure trove of the immune system. Plus the killer lymphocytes that you need in case the virus gets to the lung. And that is that. In fact, because these papers have been published, we now know that the narrative that this virus is new and therefore dangerous because the immune system cannot recognize it is a lie. It's wrong.

Dr. Joseph Mercola:
Yeah, it is.

Dr. Sucharit Bhakdi:
Proven to be wrong. So, now we have no reason whatsoever to vaccinate. First of all – yeah.

Dr. Joseph Mercola:
Well, let's dive into the herd immunity because that's the crux of the issue. And I really want to focus on what are the most egregious nullifications or decimation of medical scientific truths. And that is the concept that unless you have immunity from the vaccine,

you're not protected. It doesn't matter if you've received natural immunity, which is far different, far superior, and infinitely more superior. Let's go into it. So, I want you, you're so qualified to go into this, this is why I wanted to discuss it.

You had mentioned these antibodies that are in the blood and not on the epithelial surfaces. Well, the antibodies are three types IgG, which is the long-term, IgM, the acute. And then you got secretory IgA. So, I'm thinking that in the natural infection you have the secretory IgA but the vaccine does not produce that, but maybe it does. So, then of course, you've got the lymphocyte too

So, why don't you expand on that a bit, just to clarify and help us understand why natural immunity is infinitely superior to a vaccine-induced immunity?

Dr. Sucharit Bhakdi:

Well, the antibodies don't really, they're not enough of them. The struggle between antibodies and virus is a struggle of numbers. So, one antibody can bind one spike point and once it's bound, it's gone. So, even if you have secretory IgA out there lining the epithelium, which you do, but you have minuscule amounts of it. That's known, it's minuscule. The moment the viral load is high, they just overrun. It's that simple.

So, the antibody – so the virus will always get into the lung just as the flu does, but then the killer lymphocytes will come and extinguish the fire. Now, in that process, of course, viruses may enter the blood. When lung tissue is destroyed, virus may enter the blood, and then maybe the antibodies will play a protective role by preventing the virus from disseminating via the bloodstream to other organs.

In fact, it is known that the coronavirus does not disseminate to other organs. It is known that the spike protein, it can dissociate away and by itself, on its own, travel to distant sites in the body. And that can also be partly suppressed by antibodies, probably. But this is not a big deal.

The big deal are the lymphocytes, which are the naturally occurring cells that protect you. And of course, vaccination that is aimed primarily at creating IgG antibodies in the blood have no way of competing with natural immunity via lymphocytes, no way at all.

And the very fact that the WHO (World Health Organization) has changed the definition of herd immunity to say that [crosstalk 00:30:27] created by antibodies by vaccination 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. I mean, your colleagues and my colleagues. How can the physicians and scientists of the world bear to have to listen to all this nonsense?

Dr. Joseph Mercola:

Just to be clear, the killer lymphocytes seem to be the champions here at providing the bulk of the immune response that's going to protect us against devastating side effects from the infection. And it's your contention that the COVID injections do not stimulate

killer lymphocyte production.

Dr. Sucharit Bhakdi:

I did not say that.

Dr. Joseph Mercola:

Okay. Well then that's why I asked for clarification. [crosstalk 00:31:25].

Dr. Sucharit Bhakdi:

I didn't say that. On the contrary, they will. However, this is going to be at the expense of the patients, because this is going to create horrible, adverse side effects.

Now, let me just try to tell you what I think. You see, normally this virus will stay in the lung because it's sort of captured there by the killer lymphocytes. So we have a lung infection and the lung can recuperate, can recover from this after the virus has gone.

What man is now daring to do is that he is daring to introduce a viral gene, the gene of dangerous gene into the blood, so that it gains access to sites that it would never gain access to in normal conditions. And these are two main sites. First, the lymph nodes, the lymph nodes that drain the muscles. And second, once the genes have entered the bloodstream, they will enter the cells that line the vessels, which are the endothelial cells. These are the cells that line all the vessels of our body down to the capillaries from the big to the smallest.

Dr. Joseph Mercola:

Can you just, I can just hold you there and just ask a quick question. The vaccine or the COVID injection jab is injected into the deltoid muscle into the arm. So, can you just walk us through how it gets from there into the blood?

Dr. Sucharit Bhakdi:

Yeah, very simple, the path that is well-known is that it drains to the lymph nodes and things that are in the lymph nodes then go into the bloodstream. In the case of these nanoparticles, however, there may be another way in, and that is the direct translocation from the muscle into the small vessels because these lipid packages [crosstalk 00:33:45] are not only so small, they have special properties of being taken up by cells actively and cast out on the other side of the cell. This is so-called transcytosis, going across a cell.

And this is something that is very poorly defined, but it seems to be taking place. We know this from animal data that Pfizer had to submit to the Japanese authorities. They have never been published in English by the way. And there they show that these packages, the nanoparticles, appeared in the blood within just one or two hours after injection, which is so fast that it means that they must have been translated directly from the muscle into the blood, which is a horrible thought, by the way.

Okay. So, when the spikes are made at forbidden sites, and these sites are the vessels of your body, the vessels of your brain, for instance, one has to imagine that if once they're sitting in a room, that would be a vessel, then the tapestry would be the cells lining the vessel. You would have to imagine suddenly spikes coming out of the wall, into the bloodstream.

That's what's happening to all these poor people. All over the body. No one knows where because no one ever bothered to look. And when this happens, immediately, the killer lymphocytes that we all have, and that have been trained in combat to recognize corona spike proteins will come and attack the cells because they think that these cells are infected. It's that straightforward. And we wrote, actually, in our second book that has only appeared in German, but we wrote this chapter in English too.

So, it can be downloaded free of charge for anyone who wants to read it. And what we wrote was that we cannot imagine that scraping the tapestry of the wall will not have serious consequences. The major one being that it will provoke clot formation because the moment a vessel is injured, clots will form. And that's why that was back in February, we said we were horribly worried that people receiving these vaccines were going to suffer from clot formation at sites we did not really know, but in the meantime, it turns out that that clot formation is probably one of the major paths to adverse events and reactions to illness, to death in all vaccine recipients.

Dr. Joseph Mercola:

Yeah. So, let's expand on that a bit, because that's a broad range of types of clots. I mean, you've got the typical type of blood clot we think of clinically is one that is big enough to occlude really crucial arteries like in the brain or in the heart, the arteries of the heart. So, you have a heart attack. So, is it that type of clot or is it much smaller ones? These micro emboli that really-

Dr. Sucharit Bhakdi:

Well, both, anything you want, anything you want, both. And in fact, pathologists are now starting to see that. And it's an incredible array of clot formation from tiny clots, micro-thrombosis, to large clots in deep veins that lead to pulmonary embolism. Anything you want.

Cerebral sinus venous thrombosis that causes these splitting headaches and palsies and whatever you want and nausea, vomiting. All these poor people very likely have clots in their brain vessels that no one is ever looking for. And there's a very simple lab test that tells you where the clot formation is taking place. And this is the D-dimer [crosstalk 00:38:15]. And we're getting reins of narrative coming in saying,

“Yeah, we found D-dimers in this patient, this patient, they were so high, but no one could explain where they came from.”

So, one gets tired of listening to all of this, because it was obvious. Now that is one thing. The other thing that has now emerged is just as frightening. And that is that

because the immune system recognizes this spike protein as old, the immune response is very quick. So, after the first jab, one to two weeks after that jab, everyone starts making antibodies in large amounts.

Now, when the second jab is done and the spike proteins start to project from the walls of your vessels into your bloodstream, it is not met only by the killer lymphocytes. Now the antibodies are also there and the antibodies activate complement. That was my first field of research. So, that takes me back to the first years. And this is, my God, over 40 years ago, it is clear that then, complement, which is the second cascade system in the blood.

The first cascade system is the clotting system. Turn it off, 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 riddling holes in the vessel wall. What a horrible thought. And if you go and see these patients who have bleeding in the skin. I don't know if you've seen any of these patients where I've seen lots of pictures, frank bleeding. And ask, where does that come from?

Say, well, if you go around riddling your vessel with complement holes, you want trouble, you get it. Now this can happen anywhere, of course. And if the holes riddle in vessels of the liver, for instance, or the pancreas or the brain, then the blood will seep through the vessels into the tissues. And what, may I ask the people who are being vaccinated right now, do you think it's also going to be in the blood that seeps into your liver and brain?

Well, the vaccines, because the vaccines have half times that are days, they are in your bloodstream for at least a week. And they will seep into the liver into any organ. And when those cells, when the liver cells then start to make the spikes themselves, then the killer lymphocytes will also seek and destroy them. What we are witnessing is one of the most fascinating experiments that could lead to massive autoimmune disease.

When this happens, God knows. And what this will lead to, God knows. It will take some time, but okay. And so that's that, but one last thing, and then I'm almost finished with this vaccine horror. Look at the lymph nodes, the lymph nodes are full of lymphocytes and other immune cells.

When these damn vaccines get to the lymph nodes, especially mRNA vaccines that are packaged in these lipid nanoparticles, poison. They're poison to the cells. So, some cells will immediately die upon contact. Cells that don't die and take up the vaccine and start to produce the spike are going to be recognized by their brothers and sisters in the lymph nodes as virus producers, and they will be attacked.

So, this is paternal war. War between immune cells against immune cells. That is instigated by man because man dares to introduce the viral gene to a place that it should not reach.

All right. Now, when lymphocytes die in the lymph node, of course, this is going to cause inflammation. The complement system is also going to attack and the lymph nodes swell, they are painful and this can stay for weeks on end. My colleagues here are telling me, "It's so strange, these lymph nodes, they're just swollen and what can happen then?"

The lymphocytes in our lymph nodes, they are our lifelong sentinels and keep latent infection such as shingles under control. So, when they are gone or when they malfunction, then these viruses that are sleeping in our body wake up and ravage the body. That's why shingles after shots or shots and shingles are telling us a very important story that no one is looking into.

And it is so worrisome that I spent days reading up, what can happen if you're your sentinel lymphocytes weaken and slacken their grip on dormant pathologic events. These are viruses such as shingles, herpes, zoster, but also EBV, Epstein-Barr Virus, CMV, cytomegalovirus in certain countries, toxoplasms, tuberculosis. And of course, tumors.

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. So, I am awfully, I'm just worried sick that the world is being goaded into taking something into the body that is going to change the whole face of medicine.

Dr. Joseph Mercola:

Yeah. We'll get into what your projections are in a moment, but I want to dive back a bit and go into the paradoxical immune enhancement. And from what you just said, it seems like the primary explanation for that is that there's a qualitative difference in the type of antibodies being produced.

By that I mean, the neutralizing antibodies that you referred to earlier, which are useful, but without the killer T-cells or lymphocytes, it's not going to be very effective. But then you've got this binding antibody, which you just referred to. And the binding antibody, which binds to the spikes coming out of the endothelial cell walls after the COVID injections is what causes the problem.

So, is it this that's the core of this paradoxical immune enhancement, the differentiation between the binding and the neutralizing antibodies?

Dr. Sucharit Bhakdi:

No, I don't believe that at all. I think that-

Dr. Joseph Mercola:

That's why I'm asking.

Dr. Sucharit Bhakdi:

There's no molecular fundament for that because the enhancement of infection that you see in cell culture cannot be equated with any true enhancement in the body. And when you read these papers, for instance, saying that there's a discrepancy between findings in cell culture and in animals, you always have to immediately question, "Is the animal model valid at all?" And the answer is, there have been no valid experiments in animal models to show anything. In fact, there's no scientific data at all to show whether an antibody can enhance or prevent the course of infection in the correct animal model,

which is the monkey. And I have no more to say because everything else is pure speculation.

Dr. Joseph Mercola:

Okay. But nevertheless, this paradoxical immune enhancement exists, and is projected by many. And I believe including you to be possible for a large portion of deaths that's going to occur.

Dr. Sucharit Bhakdi:

I think that the enhancement is primarily due to lymphocytes.

Dr. Joseph Mercola:

That's interesting. That is interesting. So, it's the killer lymphocytes that are responsible for it.

Dr. Sucharit Bhakdi:

Yes, they are over reactive. You see, because-

Dr. Joseph Mercola:

I've not heard of this before, and the secondary complement activation.

Dr. Sucharit Bhakdi:

Yes, also. Exactly.

Dr. Joseph Mercola:

Okay.

Dr. Sucharit Bhakdi:

But that is on-site. You see when the lung produces the spike and you have too many antibodies and complement, then of course, there's going to be mass destruction of lung tissue. And if you have over-reactive killer lymphocytes, you will also have over-destruction of lung tissue.

You see the whole immune system and how it works is, I'm a Buddhist, but I will say, it's the work of God. All right. And there's a conductor.

It's like an orchestra playing. And the orchestra always plays the right tune because there's a conductor saying, "Okay, this is a virus that is not very dangerous. So, don't play too loudly. Don't get the trumpets to sound when the violins are enough."

But what the vaccine proponents are doing is that they're getting the whole orchestra out of tune and out of tone, and they're trying to replace the conductor. And this is something that is bound to lead to doom.

Dr. Joseph Mercola:

Okay. So, let's get into that. That's your projection is bound to lead to doom. So, I suspect you thought about this at some length and-

Dr. Sucharit Bhakdi:

Greatly.

Dr. Joseph Mercola:

You have come to some conclusions as to what your projections might be. Now, obviously there's going to be a range of outcomes. And I'm wondering if you could discuss with us what the conclusion is that you have reached on this topic.

Dr. Sucharit Bhakdi:

Well, the conclusion regarding the vaccines is very, very simple. The vaccination program 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, especially the vaccination of children is something that is so criminal that I have no words to express my horror.

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 and informed consent means that the person to be vaccinated has to be informed about all the risks, the risk/benefit ratios, the potential dangerous, 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 tomorrow 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.

Dr. Joseph Mercola:

Yeah, that's it, informed consent is virtually impossible currently because anything, any attempt to inform people of the negative consequences of the injection of this substance into your body is essentially censored. And in many cases it's banned. So, it's a very effective strategy. So, they're only getting one side. They're not getting the other side and you can't have informed consent without hearing both sides.

Dr. Sucharit Bhakdi:

Yeah. Right. Correct. The parents should now step in and say, "We will not allow our children to be vaccinated." And it is almost common knowledge among anyone who's been thinking about that. That the risks in pregnancy are bound and we believe that many stillbirths are a result of these vaccinations.

Furthermore, these vaccines accumulate in the ovaries and testes, and 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.

Dr. Joseph Mercola:

Yeah. It's certainly the greatest experiment in human history. It's just unequivocal. There's no doubt about it. So, the first step is if you're watching this is, if you've gotten the vaccine, you've gotten it. There's nothing you can do but you certainly don't want to get a booster. And it looks every bit is what people were projecting.

Many were projecting, actually, is they're going to come up with booster recommendations. Maybe once, twice, even three times a year you're supposed to get your booster. So, that's the last thing you want to do is get another booster injection on this. The more you get, the worse it's going to be, and the more consequences that you're going to have as a result.

So, why don't you expand on that? And we can, then going to discuss another component.

Dr. Sucharit Bhakdi:

Absolutely. I mean, there's nothing more to say. You see the orchestra is being told to play louder and louder and louder. The damage is going to get worse and worse and worse. In the end, I predict that we're going to see mass illnesses and deaths among the healthy people who normally would have wonderful lives ahead of them. Yeah. It's [crosstalk 00:54:15].

Dr. Joseph Mercola:

Do you have an idea of the range that you're projecting is that we might have those?

Dr. Sucharit Bhakdi:

No.

Dr. Joseph Mercola:

Because I mean, already, we've got, I mean, it's hard to tell because there's such a limited databases. We're recording this is close to 13,000, 500,000 adverse events. Some are projecting that a minimum of five times. That is what the actuality is, because they're just not reported this. And they were six months into this or seven months.

Dr. Sucharit Bhakdi:

Yeah. So, I'm not a mathematician, but you ask a computer to do some computing and you'll come up with numbers that are so horrifying that you can't imagine that they can get through with this program.

Dr. Joseph Mercola:

By then it's going to be too late. So, have you come up with any recommendations for those who've already gotten it? I mean, the primary one is don't get another one. I mean, that's the number one most important strategy, but then there's, once people become enlightened and understand that there's a risk to what they've done or forced to do for whatever reason, what is their next step aside from not getting the next one?

Dr. Sucharit Bhakdi:

The next step is that they should realize that if they contract a real infection now in autumn, they have to realize that there are good medicines to treat the infection. All right. And they should insist that they get it.

Dr. Joseph Mercola:

Okay. So, yes, I actually interviewed Dr. Vladimir Zelenko. And he's responsible for creating many effective protocols. So, in his contention is, is that just like you stated the time, if you're exposed to this infection at the very first sign of a symptom, you've got to jump on this. You literally have like 48 hours before it could be too late. The longer you wait the worse it's going to be.

Dr. Sucharit Bhakdi:

That sounds very dramatic, but you should do something about it as soon as possible.

Dr. Joseph Mercola:

Well, it's his experience. I mean, he's got pretty significant experience in this in the front lines. So, that's what he recommends because of the viral replication. Exactly what you were saying earlier, the more viral load there is, the worse the problem.

Dr. Sucharit Bhakdi:

Yes. Well, okay. I don't think we have to say he said so. Yes, it's fine with me.

Dr. Joseph Mercola:

Yeah, I know. And there's a wide variety of different treatments that are available and certainly the conventional ones like Ivermectin and hydroxychloroquine, and quercetin and zinc.

Dr. Sucharit Bhakdi:

Sure, sure, sure.

Dr. Joseph Mercola:

All right, well, I think that covers most of the questions I had and I really am deeply appreciative of your lending your expertise and refining some of my understanding of the

pathology that was going on, especially with respect to paradoxical immune enhancement. Do you have any other comments you'd like to make or reinforce some of the earlier ones you made?

Dr. Sucharit Bhakdi:

I think I've said everything I have to say.

Dr. Joseph Mercola:

Okay, good. All right. And then the final question is, you had alluded to the fact that you've written at least one book, maybe two. And I think the current one is written in German, but you did have one of the most important chapters converted to English and that's available as a free download. So, how does someone obtain a copy of that?

Dr. Sucharit Bhakdi:

You go to the publisher, Goldegg.

Dr. Joseph Mercola:

Can you spell that?

Dr. Sucharit Bhakdi:

Yeah, it's G-O-L-D-E-G-G.

Dr. Joseph Mercola:

Goldegg, G-O-L-D-E-G-G. Okay. Dot com

Dr. Sucharit Bhakdi:

Put in a Bhakdi or put in "Corona Unmasked."

Dr. Joseph Mercola:

"Corona Unmasked," which is the title of your new book.

Dr. Sucharit Bhakdi:

Of the book. Although it's in German, the title is English. All right.

Dr. Joseph Mercola:

It's good.

Dr. Sucharit Bhakdi:

Going there then to the left of the book, you will see a link to an English chapter.

Dr. Joseph Mercola:
Okay, perfect.

Dr. Sucharit Bhakdi:
That's it.

Dr. Joseph Mercola:
And I just have one personal curiosity. You've been in Germany for what? Four decades.

Dr. Sucharit Bhakdi:
Yeah, more.

Dr. Joseph Mercola:
Why don't you have a German accent and what type of accent do you have? I mean, clearly it's a very pleasant British type of accent.

Dr. Sucharit Bhakdi:
I went to an English school and an American school in Egypt.

Dr. Joseph Mercola:
Oh, interesting. Okay. So, that explains it. And you didn't pick up any German accent, that's interesting. So, and you speak German fluently, I would imagine.

Dr. Sucharit Bhakdi:
Yes.

Dr. Joseph Mercola:
Yeah. Yeah. All right. Well, thanks to you for all your work and efforts and people will – I look forward to reading that chapter.

Dr. Sucharit Bhakdi:
Please do.

Dr. Joseph Mercola:
Yeah, I will. All right, well, thanks again. Appreciate all your help.

Dr. Sucharit Bhakdi:
You're welcome and goodbye.

Dr. Joseph Mercola:
All right, bye.