Vaxxer Regime Has a Real Problem Denying Natural Immunity

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STORY AT-A-GLANCE   -

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> Another Israeli study that included 700,000 people found those with prior SARS-CoV-2 infections were 27 times less likely to develop symptomatic infection for a second time, compared to those who were vaccinated

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> In addition to having the best protection available, those with natural immunity also face higher stakes when taking the COVID shot, as their preexisting immunity makes them more prone to side effects

During a September 30, 2021, U.S. Senate hearing, Sen. Rand Paul, R-Ky., went head to head with Health and Human Services Secretary Xavier Becerra. Paul called out Becerra for ignoring the science of natural immunity.

Becerra, who is neither a medical doctor nor a scientist — Paul pointed out that Becerra doesn't even have a degree in science — is traveling the country calling people "flat-earthers" for believing that if they've already had COVID they don't need the vaccine, Paul said.

"We find that very insulting. It goes against the science," Paul said. And, Paul added, Becerra is doing this in spite of an Israeli study[1,2,3] of 2.5 million people that found the vaccinated group was actually seven times more likely to get infected with COVID than those with natural immunity from a previous infection.

When Becerra said he wasn't familiar with that study and "would have to get back" to Paul on it, Paul chastised Becerra for his ignorance, saying he was making decisions for 100 million Americans who already had COVID when he isn't even keeping up with the science.

> *"You alone are on high and you've made these decisions, a lawyer with no scientific background, no medical degree. This is an arrogance coupled with an authoritarianism that is unseemly and un-American,"* Paul said. *"You, sir, are the one ignoring the science."*

Another Israeli study[4] that included 700,000 people, posted August 25, 2021, on the preprint server medRxiv, found those with prior SARS-CoV-2 infections were 27 times less likely to develop symptomatic infection for a second time, compared to those who were vaccinated.

A June 11, 2021, Public Health England report[5] also showed that as a hospital patient, you are six times more likely to die of the COVID Delta variant if you are fully vaccinated, than if you are not vaccinated at all.

October 4, 2021, Project Veritas released a video[6] (below) in which Pfizer scientist Nick Karl states, "When somebody is naturally immune … they probably have more antibodies against the virus," correctly explaining that "When you actually get the virus, you're going to start producing antibodies against multiple pieces of the virus … So, your antibodies are probably better at that point than the [COVID] vaccination."

Yet another senior associate scientist at Pfizer, Chris Croce, is caught saying that "You're protected for longer" if you have natural COVID antibodies compared to the COVID vaccine. Croce adds that he works "for an evil corporation" that is "run on COVID money."

Natural Immunity Appears Robust and Long-Lasting

As noted by Paul, there are dozens of studies showing natural immunity from a previous infection is robust and long-lasting, something that cannot be said for the COVID shots. Natural immunity is typically lifelong, and studies have shown natural immunity against SARS-CoV-2 is at bare minimum longer lasting than vaccine-induced immunity.

Here's a sampling of scholarly publications that have investigated natural immunity as it pertains to SARS-CoV-2 infection. There are several more in addition to these:[7]

Science Immunology October 2020[8] found that "RBD-targeted antibodies are excellent markers of previous and recent infection, that differential isotype measurements can help distinguish between recent and older infections, and that IgG responses persist over the first few months after infection and are highly correlated with neutralizing antibodies."

The BMJ January 2021[9] concluded that "Of 11, 000 health care workers who had proved evidence of infection during the first wave of the pandemic in the U.K. between March and April 2020, none had symptomatic reinfection in the second wave of the virus between October and November 2020."

Science February 2021[10] reported that "Substantial immune memory is generated after COVID-19, involving all four major types of immune memory [antibodies, memory B cells, memory CD8+ T cells, and memory CD4+ T cells]. About 95% of subjects retained immune memory at ~6 months after infection.

Circulating antibody titers were not predictive of T cell memory. Thus, simple serological tests for SARS-CoV-2 antibodies do not reflect the richness and durability

of immune memory to SARS-CoV-2. A 2,800-person study found no symptomatic reinfections over a ~118-day window, and a 1,246-person study observed no symptomatic reinfections over 6 months."

A February 2021 study posted on the prepublication server medRxiv[11] concluded that "Natural infection appears to elicit strong protection against reinfection with an efficacy ~95% for at least seven months."

An April 2021 study posted on medRxiv[12] reported "the overall estimated level of protection from prior SARS-CoV-2 infection for documented infection is 94.8%; hospitalization 94.1%; and severe illness 96·4%. Our results question the need to vaccinate previously-infected individuals."

Another April 2021 study posted on the preprint server BioRxiv[13] concluded that "following a typical case of mild COVID-19, SARS-CoV-2-specific CD8+ T cells not only persist but continuously differentiate in a coordinated fashion well into convalescence, into a state characteristic of long-lived, self-renewing memory."

A May 2020 report in the journal Immunity[14] confirmed that SARS-CoV-2-specific neutralizing antibodies are detected in COVID-19 convalescent subjects, as well as cellular immune responses. Here, they found that neutralizing antibody titers do correlate with the number of virus-specific T cells.

A May 2021 Nature article[15] found SARS-CoV-2 infection induces long-lived bone marrow plasma cells, which are a crucial source of protective antibodies. Even after mild infection, anti-SARS-CoV-2 spike protein antibodies were detectable beyond 11 months' post-infection.

A May 2021 study in E Clinical Medicine[16] found "antibody detection is possible for almost a year post-natural infection of COVID-19." According to the authors, "Based on current evidence, we hypothesize that antibodies to both S and N-proteins after natural infection may persist for longer than previously thought, thereby providing evidence of sustainability that may influence post-pandemic planning."

Cure-Hub data[17] confirm that while COVID shots can generate higher antibody levels than natural infection, this does not mean vaccine-induced immunity is more protective. Importantly, natural immunity confers much wider protection as your body recognizes all five proteins of the virus and not just one. With the COVID shot, your body only recognizes one of these proteins, the spike protein.

A June 2021 Nature article[18] points out that "Wang et al. show that, between 6 and 12 months after infection, the concentration of neutralizing antibodies remains unchanged. That the acute immune reaction extends even beyond six months is suggested by the authors' analysis of SARS-CoV-2-specific memory B cells in the blood of the convalescent individuals over the course of the year.

These memory B cells continuously enhance the reactivity of their SARS-CoV-2-specific antibodies through a process known as somatic hypermutation. The good news is that the evidence thus far predicts that infection with SARS-CoV-2 induces long-term immunity in most individuals."

Another June Nature paper[19] concluded that "In the absence of vaccination antibody reactivity [to the receptor binding domain (RBD) of SARS-CoV-2], neutralizing activity and the number of RBD-specific memory B cells remain relatively stable from 6 to 12 months after infection." According to the authors, the data suggest "immunity in convalescent individuals will be very long lasting."

A September 2021 paper[20] in the European Journal of Immunology assessed the persistence of serum antibodies following wild-type SARS-CoV-2 infection at 8 and 13 months after diagnosis in 367 patients. At 13 months, neutralizing antibodies against the wild-type virus persisted in 89% of cases, and SARS-CoV-2 spike immunoglobulin G (S-IgG) persisted in 97% of cases.

What Makes Natural Immunity Superior?

The reason natural immunity is superior to vaccine-induced immunity is because viruses contain five different proteins. The COVID shot induces antibodies against just one of

those proteins, the spike protein, and no T cell immunity. When you're infected with the whole virus, you develop antibodies against all parts of the virus, plus memory T cells.

> **The COVID jabs actually actively promote the production of variants for which they provide virtually no protection at all, while those with natural immunity do not cause variants and are nearly universally protected against them.**

This also means natural immunity offers better protection against variants, as it recognizes several parts of the virus. If there are significant alternations to the spike protein, as with the Delta variant, vaccine-induced immunity can be evaded. Not so with natural immunity, as the other proteins are still recognized and attacked.

Not only that, but the COVID jabs actually actively promote the production of variants for which they provide virtually no protection at all, while those with natural immunity do not cause variants and are nearly universally protected against them.

Those With Natural Immunity Have Higher Risk of Side Effects

In addition to having the best protection available, those with natural immunity also face higher stakes when taking the COVID shot, as their preexisting immunity makes them more prone to side effects.

An international survey[21] published in mid-March 2021 surveyed 2,002 people who had received a first dose of COVID-19 vaccine, finding that those who had previously had COVID-19 experienced "significantly increased incidence and severity" of side effects, compared to those who did not have natural immunity.

The mRNA COVID-19 injections were linked to a higher incidence of side effects compared to the viral vector-based COVID-19 vaccines, but tended to be milder, local

reactions. Systemic reactions, such as anaphylaxis, flu-like illness and breathlessness, were more likely to occur with the viral vector COVID-19 vaccines.

Based on these findings, the researchers called on health officials to reevaluate their vaccination recommendations for people who've had COVID-19:[22]

> *"People with prior COVID-19 exposure were largely excluded from the vaccine trials and, as a result, the safety and reactogenicity of the vaccines in this population have not been previously fully evaluated. For the first time, this study demonstrates a significant association between prior COVID19 infection and a significantly higher incidence and severity of self-reported side effects after vaccination for COVID-19.*
>
> *Consistently, compared to the first dose of the vaccine, we found an increased incidence and severity of self-reported side effects after the second dose, when recipients had been previously exposed to viral antigen.*
>
> *In view of the rapidly accumulating data demonstrating that COVID-19 survivors generally have adequate natural immunity for at least 6 months, it may be appropriate to re-evaluate the recommendation for immediate vaccination of this group."*

Natural Immunity Has Become a Political Problem

By the looks of it, the refusal to acknowledge the reality of natural immunity appears to be rooted entirely in some sort of geopolitical agenda. There certainly are no medically valid reasons to claim vaccine-induced immunity is the only way forward. That narrative is clearly based on financial considerations alone. As noted by Ryan McMaken in a recent Mises Wire article:[23]

> *"Since 2020, public health technocrats and their allies among elected officials have clung to the position that absolutely every person who can possibly get a covid vaccine should get one.*

Both the Mayo Clinic website and the Centers for Disease Control and Prevention website, for example, insist that "research has not yet shown" that people who have recovered from covid have any sort of reliable protection …

This narrative is reflected in the fact that the Biden administration's vaccine mandates are a one-size-fits-all policy insisting that virtually all adults, regardless of whether or not they've already had the disease, receive a covid vaccine …

The regime has attached itself closely to a vaccinate-everybody-no-matter-what policy, and a sudden u-turn would be politically problematic. So it's no wonder there's so little interest in the topic …

Indeed, in a September 10 interview, senior covid technocrat Anthony Fauci claimed that the matter of natural immunity was not even being discussed at government health agencies …

But some physicians aren't as obsessed with pushing vaccine mandates as Anthony Fauci, and the evidence in favor of natural immunity is becoming so undeniable that even mainstream publications are starting to admit it.

In an op-ed for the Washington Post[24] last week, Marty Makary of the Johns Hopkins School of Medicine argues that the medical profession has hurt its credibility in pretending that natural immunity is virtually irrelevant to the covid equation.

Moreover, the dogmatic 'get vaccinated' position constitutes a lack of honesty about the data … The policy bias in favor of vaccines ignores many other facts as well, such as the relative risks of vaccines, especially for the young."

COVID Jab May Damage Your Heart

Indeed, Israeli data show myocarditis (heart inflammation) occurs at a rate of 1 in 3,000 to 1 in 6,000 among men aged 16 to 24 who get the Pfizer shot.[25] This condition can

cause symptoms similar to a heart attack, including chest pain, shortness of breath, abnormal heartbeat and fatigue.[26]

When myocarditis occurs, it reduces your heart's ability to pump and can cause rapid or abnormal heart rhythms that can be deadly. In severe cases, myocarditis can cause permanent damage to the heart muscle and lead to heart failure, heart attack, stroke and sudden cardiac death.[27]

Another Israeli study[28] published in The New England Journal of Medicine, which looked at all age groups and genders, found the Pfizer mRNA jab is associated with a 3.24 times increased risk of myocarditis,[29] leading to the condition at a rate of one to five excess events per 100,000 persons.[30]

Other elevated risks were also identified following the COVID jab, including lymphadenopathy (swollen lymph nodes), appendicitis and herpes zoster infection.[31]

While health authorities are shrugging myocarditis off as an acceptable and negligible risk, as most cases are "mild" and "transient," some medical doctors vehemently disagree, noting there's nothing "mild" or "transient" about myocarditis.

Among them is Dr. Charles Hoffe, a family physician from Lytton, British Columbia, who warned health officials about the ramifications of myocarditis.[32] About his young, male patients, Hoffe explained, "They have permanently damaged hearts":[33]

> "It doesn't matter how mild it is, they will not be able to do what they used to do because heart muscle doesn't regenerate. The long-term outlook is very grim, and with each successive shot, it will add more damage. The damage is cumulative because you're progressively getting more damaged capillaries."

Risk-Benefit Analysis Is a Personal Undertaking

If a person has a negligible risk of severe illness or death from COVID-19 — such as children, those who do not have chronic comorbidities and, really, anyone under the age of 60 — then the risks associated with the jab may well outweigh any potential benefit.

But the only one who can really make that determination is the patient (or parent in the case of children). As noted by McMaken:[34]

> "In the real world … many medications — including these new vaccines — come with risks that must be weighed against potential benefits. These decisions can only be made at the individual level, where patients must make their own decisions about what substances to put into their own bodies.
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> In other words, blanket policies proclaiming 'everyone must receive this medical treatment immediately, or else' contradicts the realities of the uncertainties and varying risk levels that affect individuals.
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> The facts of uncertainty and informed consent were once considered a mainstay of medical ethics — and of any political ideology that actually respects self-determination and basic human rights. Unfortunately, the philosophy of 'public health' appears to be uninterested in such trivialities.
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> At this point, it would be embarrassing for the regime to admit what actual scientific inquiry has shown: that natural immunity is generally superior to receiving the vaccine. The regime doesn't like to be embarrassed, and neither do the countless doctors and nurses who have long toed the regime's political line. So expect more of the same."

While we can expect irrational rhetoric from our so-called leaders to continue, we must never resign ourselves to their Orwellian version of reality. They're wrong, and eventually, the truth will become so obvious that their narrative will simply fall apart.

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