

Denial of Natural Immunity in Vaccine Mandates Unprecedented

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STORY AT-A-GLANCE

- › People with natural COVID-19 immunity continue to be discriminated against and are still expected to get double- or triple-jabbed in order to comply with vaccine mandates – an unprecedented move in history
- › New data from the U.S. Centers for Disease Control and Prevention show that prior COVID-19 infection, i.e., natural immunity, is more protective than COVID-19 injections
- › The U.S. Supreme Court recently upheld a vaccine mandate at the Centers for Medicare & Medicaid Service (CMS), which affects 10.4 million health care workers employed at 76,000 medical facilities, making no exceptions for those who have natural immunity to COVID-19 due to prior infection
- › One study found that the risk of reinfection with SARS-CoV-2 decreased by 80.5% to 100% among people who had previously had COVID-19
- › In Switzerland, residents who have had COVID-19 in the past 12 months are considered to be equally as protected as those who've been injected

COVID-19 injection mandates raise glaring questions, with a key one revolving around natural immunity. Your immune system is designed to work in response to exposure to an infectious agent. Your adaptive immune system, specifically, generates antibodies that are used to fight pathogens that your body has previously encountered.¹

If you've had COVID-19, the research is strong that you're well protected against reinfection. New data from the U.S. Centers for Disease Control and Prevention even show that prior COVID-19 infection, i.e., natural immunity, is more protective than COVID-19 injections.²

However, people with natural immunity continue to be discriminated against and are still expected to get double- or triple-jabbed in order to comply with vaccine mandates — an unprecedented move in history.

'Unprecedented' Denial of Natural Immunity

The U.S. Supreme Court recently upheld a vaccine mandate at the Centers for Medicare & Medicaid Service (CMS), which is part of the U.S. Department of Health and Human Services. The mandate affects 10.4 million health care workers employed at 76,000 medical facilities,³ making no exceptions for those who have natural immunity to COVID-19 due to prior infection.

Speaking with The Epoch Times, Dr. Scott Atlas, a former White House COVID-19 Task Force adviser, called the SCOTUS ruling "another denial of scientific fact," adding:⁴

"Our continued denial of superior protection in recovered individuals, with or without vaccination, compared to vaccinated individuals who've never had the infection ... the denial of that is simply unprecedented in modern history. Proven fact and decades of fundamental immunology are somehow denied. If we are a society where the leaders repeatedly deny the fact, I'm very concerned about the future of such a society."

While upholding the vaccine mandate for medical facilities that accept Medicare or Medicaid payments, SCOTUS blocked a White House mandate that would have required private companies with 100 or more employees to ensure staff have gotten a COVID-19 injection or were tested regularly for COVID-19 — or face steep fines.

The Labor Department's Occupational Safety and Health Administration (OSHA) was supposed to be in charge of enforcing the rule, which would have affected more than 80

million U.S. workers.⁵ Of their decision, the court noted:⁶

“Although Congress has indisputably given OSHA the power to regulate occupational dangers, it has not given that agency the power to regulate public health more broadly. Requiring the vaccination of 84 million Americans, selected simply because they work for employers with more than 100 employees, certainly falls in the latter category.”

Despite the private business vaccine mandate being struck down, the White House urged states and businesses to voluntarily enact sweeping vaccine mandates,⁷ again ignoring the fact that many people are already naturally immune.

World No. 1 tennis player Novak Djokovic is a prime example — despite previously having COVID-19, and therefore having acquired natural immunity, he was barred from playing at the Australian Open because he didn't get the COVID-19 injection.⁸

Natural COVID-19 Immunity Superior to Shot-Derived Immunity

Data from New York and California health officials, published in the CDC's Morbidity and Mortality Weekly Report, show that people who had previously had COVID-19 were far better protected against COVID-19 infection with the Delta variant than people who had been jabbed. The report states:⁹

“By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19.

During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization

rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization.

Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning.”

In another study,¹⁰ researchers reviewed studies published in PubMed and found that the risk of reinfection with SARS-CoV-2 decreased by 80.5% to 100% among people who had previously had COVID-19. Additional research cited in their review found:¹¹

- Among 9,119 people who had previously had COVID-19, only 0.7% became reinfected.
- At the Cleveland Clinic in Cleveland, Ohio, the incidence rate of COVID-19 among those who had not previously been infected was 4.3 per 100 people; the COVID-19 incidence rate among those who had previously been infected was zero per 100 people.
- The frequency of hospitalization due to a repeated COVID-19 infection was five per 14,840 people, or .03%, according to an Austrian study; the frequency of death due to a repeated infection was one per 14,840 people, or .01%.

Given these findings, the researchers concluded that previous infection status should be documented and recovered patients counseled on their risk for reinfection. They stated:¹²

“Given the evidence of immunity from previous SARS-CoV-2 infection, however, policy makers should consider recovery from previous SARS-CoV-2 infection equal to immunity from vaccination for purposes related to entry to public events, businesses, and the workplace, or travel requirements.”

It's Rare to Get Reinfected by SARS-CoV-2

In a letter to the editor of The New England Journal of Medicine, Dr. Roberto Bertollini of the Ministry of Public Health in Doha, Qatar, and colleagues estimated the efficacy of natural immunity against reinfection by comparing data in the national cohort.

They found that immunity acquired from previous infection was 92.3% effective against reinfection with the beta variant and 97.6% effective against reinfection with the alpha variant.¹³ Protection persisted even one year after the primary infection.

Researchers from Ireland¹⁴ also conducted a systematic review including 615,777 people who had recovered from COVID-19, with a maximum duration of follow-up of more than 10 months. "Reinfection was an uncommon event," they noted, "... with no study reporting an increase in the risk of reinfection over time." The absolute reinfection rate ranged from zero percent to 1.1%, while the median reinfection rate was just 0.27%.^{15,16,17}

Another study revealed similarly reassuring results. It followed 43,044 SARS-CoV-2 antibody-positive people for up to 35 weeks, and only 0.7% were reinfected. When genome sequencing was applied to estimate population-level risk of reinfection, the risk was estimated at 0.1%.¹⁸

Again, there was no indication of waning immunity over seven months of follow-up, with the researchers concluding, "Reinfection is rare. Natural infection appears to elicit strong protection against reinfection with an efficacy >90% for at least seven months."¹⁹

Another study from Israel also had researchers questioning "the need to vaccinate previously-infected individuals," after their analysis showed similar risks of reinfection among those with vaccine-induced or natural immunity. Specifically, vaccination had an overall estimated efficacy of preventing reinfection of 92.8%, compared to 94.8% for natural immunity acquired via prior infection.²⁰

Evidence from Washington University School of Medicine also shows long-lasting immunity to COVID-19 exists in those who've recovered from the natural infection.²¹ At both seven months and 11 months after infection, most of the participants had bone

marrow plasma cells (BMPCs) that secreted antibodies specific for the spike protein encoded by SARS-CoV-2.

The BMPCs were found in amounts similar to those found in people who had been vaccinated against tetanus or diphtheria, which are considered to provide long-lasting immunity. “Overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived BMPCs and memory B cells,” the researchers noted.²²

This is among the best available evidence of long-lasting immunity, because this immunological memory is a distinct part of the immune system that’s essential to long-term protection, beyond the initial immune response to the virus.²³

Getting the Shot May Be Worse After Prior Infection

If you’ve had COVID-19, getting injected may pose an even greater risk, to the extent that Dr. Hooman Noorchashm, Ph.D., a cardiac surgeon and patient advocate, has repeatedly warned the FDA that “clear and present danger” exists for those who have had COVID-19 and subsequently get the injection.²⁴

At issue are viral antigens that remain in your body after you are naturally infected. The immune response reactivated by the COVID-19 injection can trigger inflammation in tissues where the viral antigens are present. The inner lining of blood vessels, the lungs and the brain may be particularly at risk of such inflammation and damage.²⁵ Writing in *Lancet Infectious Diseases*, researchers also explained:²⁶

“Some people who have recovered from COVID-19 might not benefit from COVID-19 vaccination. In fact, one study found that previous COVID-19 was associated with increased adverse events following vaccination with the Comirnaty BNT162b2 mRNA vaccine (Pfizer–BioNTech). In addition, there are rare reports of serious adverse events following COVID-19 vaccination.”

As it stands, the U.S. CDC continues to push universal injections, despite past infection status, and natural immunity is not considered adequate to enter the growing number of

venues requiring vaccine passports. This isn't the case in Switzerland, where residents who have had COVID-19 in the past 12 months are considered to be equally as protected as those who've been injected.²⁷

The end-goal of vaccine passports, though, isn't to simply track one shot. Your entire identity, including your medical history, finances, sexual orientation and much more, could soon be stored in a mobile app that's increasingly required to partake in society. While some might call this convenience, others would call it oppression.

You can fight back against vaccine mandates and their related vaccine passports by not supporting establishments that require proof of a shot or a negative test, and avoiding all digital identities and vaccine ID passports offered as a means of increasing "access" or "convenience."²⁸

Sources and References

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