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War Against Natural Immunity

“A Covid-19 vaccination or negative Covid-19 test result will be required to attend Summerfest 2021.” This event policy and many like it across the country completely ignore the millions of Americans who have experienced and survived COVID. The natural immunity of so many has led the way toward herd immunity, yet has largely been dismissed by the government, policymakers, the media, and businesses. This unfounded discrimination does not appear to be based on a disparity in public health risk. Those with natural immunity should have the same rights and privileges as those with vaccine-induced immunity.



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The government and media have solely focused on the vaccinated. Determined to get as many humans as possible injected, as if this is the only real solution to the pandemic, there has been an outright disregard for natural immunity. The lack of knowledge about immunity duration, resistance to variants, and other reasons to reject natural immunity as substantial can even more strongly be said about vaccine-induced immunity. There is a lack of knowledge about immunity duration, the need for booster shots, short- and long-term adverse health effects, breakthrough infections, resistance to variants, effect on those with natural immunity, and disease spread due to high viral load. There are a lot of unknowns with vaccination; however, there is a push to convince the masses that this is not the case. Even those with natural immunity are being coerced into getting vaccinated.

The irony is that the vaccine has failed many people through breakthrough infection, viral loads equivalent to actual infection that can easily spread to others, COVID symptoms much like those experienced by the unvaccinated, and COVID symptoms for days after receiving the vaccination. As an August 12 article in the *Washington Post* noted, “Breakthrough infections do not appear to be as extremely rare as hoped, accounting for more than a fifth of new recent infections in Los Angeles; New Haven, Conn.; and Oregon, officials said.” According to the CDC, breakthrough infections were responsible for 75 percent of the COVID cases that resulted from a large public gathering on Cape Cod. And Catherine Brown of the Massachusetts Department of Public Health stated that 74 percent of 469 COVID cases linked to summer events and gatherings in a small town were in fully vaccinated people, and almost 80 percent of these were symptomatic.

Current COVID vaccinations are far from perfect, yet there seems to be a mission to convince the public that natural immunity is inferior to vaccine-induced immunity. But this is simply not true. In a retrospective, observational study of millions of Israelis, it was “demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2 compared to the BNT162b2 two-dose vaccine induced immunity,” according to a preprint of a study at [medRxiv.com](#) Researchers found through data



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analysis that the vaccinated individuals included in the study had a 13.06-fold increased risk for breakthrough infection as compared to those previously infected who had natural immunity. In other words, this large population study showed that natural immunity is superior to vaccine-induced immunity for the Delta variant of SARS-CoV-2.

Additionally, in a May 28 op-ed titled *Quit Ignoring Natural COVID Immunity*, medical doctors Jeffrey Klausner and Noah Kojima stated that “those who have recovered from COVID-19 have a strong protective immunity, protecting them from repeat infection, disease, hospitalization, and death. In fact, that protection is similar to or better than vaccine-induced immunity.”

According to a study conducted by the Cleveland Clinic whose purpose was to evaluate whether those with natural immunity should get vaccinated, “vaccination significantly lowers the risk of SARS-CoV-2 infection among people who haven’t already had COVID-19 — but not necessarily among people who *have* already had it.” In other words, this study indicates that vaccination of those with natural immunity did not provide additional benefit.



Pointless restrictions: People who have had COVID and recovered have strong natural immunity, arguably better than immunity from the vaccines. Why should they have restrictions, including masks, placed upon them when the vaccinated do not? (*Photo credit: arturogi/iStock/GettyImagesPlus*)

The CDC’s current position is that all should get vaccinated regardless of having previous COVID illness and recovery. Their reason for those with natural immunity still being vaccinated? “That’s because experts do not yet know how long you are protected from getting sick again after recovering from Covid-19,” said CDC Director Dr. Rochelle Walensky. This can be said about COVID vaccines, as well. This reasoning is flawed and deceptive.

Recently, the CDC has been touting a study that analyzed a brief period of Kentucky COVID data that showed unvaccinated individuals with natural immunity were two times more likely to be reinfected with COVID than vaccinated individuals with natural immunity. In contrast, the Israel National News reported that Health Ministry data showed “Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection.” In the Kentucky data analysis study, the sample size was 246 people. The Israeli data analysis had a sample size of 5,193,499 people. The larger the sample size, the more accurately it reflects the population and its characteristics.

In terms of immunity duration, a recent Emory University study observed that recovered COVID-19



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patients retain broad and effective long-term immunity to the disease. The study followed 254 patients with mild to moderate symptoms and found that immunity remained strong over an eight-month period. Another study, “Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection,” concluded, “Substantial immune memory is generated after COVID-19, involving all four major types of immune memory. About 95% of subjects retained immune memory at 6 months after infection.”

It is important to note that natural immunity may very well last much longer than eight months, but not enough time has elapsed while living with this virus for a full understanding. At any rate, we don’t hear about the effectiveness of natural immunity, and it certainly is not reflected in the pandemic policies that are popping up to combat public resistance to vaccination and vaccine deficiencies.

But what about vaccine-induced immunity — how long does it last? A study published in the *New England Journal of Medicine* titled “Antibody Persistence through 6 Months after the Second Dose of mRNA-1273 Vaccine for Covid-19,” stated that regarding the Moderna vaccine, “The durability of protection is currently unknown.” Their research attempted to address this and concluded with, “These results are consistent with published observations of convalescent patients with Covid-19 through 8 months after symptom onset.” In other words, in this study, vaccine-induced immunity from the Moderna vaccine had staying power comparable to natural immunity results to date.

Again, not enough time has passed to determine the true length of immunity. Many in the public-health bureaucracy, and the vaccine makers themselves, are indicating that the COVID vaccine will be an annual shot much like the flu vaccine. Moderna CEO Stephane Bancel has said that booster shots will be needed in the near future to protect from waning immunity and new COVID variants. The alleged need for a booster is already being observed, as breakthrough cases due to the Delta variant are on the rise throughout the country. In Israel, booster shots have already been rolled out. In the United States, the FDA has granted an emergency use authorization for a third shot of the Pfizer vaccine; however, it is currently restricted to those Americans ages 65 years and older, those at high risk for COVID infection, and those at higher risk as a result of their job.

In the rare case that natural immunity is recognized in a government health policy, there is a qualifier added to the requirement, such as “Positive Covid test in the last 6 months.” With an understanding of immunity duration for both vaccine-induced and natural immunity, it is curious why a vaccine passport lacks an expiration date, but those presenting with natural immunity have a six-month validity time frame imposed or are not even considered protected at all. Policies that ignore natural immunity and/or limit the “good for” date on natural immunity but not vaccine-induced immunity are illogical and biased. This type of discrimination causes one to wonder what is truly motivating these policies (something besides public health concerns) and creates additional distrust around this public-health issue.

As of September 23, 2021, 42.5 million, or roughly 13 percent, of Americans have had COVID. It is likely that this number is significantly higher, given that many people decided to forgo COVID testing to avoid stigma, work issues, and future life- and medical-insurance concerns. These COVID survivors are being coerced to succumb to vaccination in the form of “privileges” being withheld, despite the fact that they possess significant natural immunity. They, and others who choose to not get vaccinated, (depending on the jurisdiction) will be forced to suspend normal life activities such as visiting a restaurant, going to a concert, or working out at a gym. The violation of rights is astonishing! On the other hand, a tide of “privilege” is now washing over the vaccinated in some locales. The Australian tourism minister, Dan Tehan, was quoted as saying that giving more freedoms to people who are



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vaccinated would encourage more to get the jab. The plan is to manipulate, entice, and perhaps force the unvaccinated to become vaccinated. Curiously, the push to get everyone, including those with natural immunity, vaccinated does not appear to be based on a robust public-health risk assessment that concluded vaccine immunity is more effective than natural immunity in preventing viral spread and infection.

As during the 1918 Spanish Flu pandemic with its mask-mandate failure, San Francisco is once again out in front with pandemic policymaking. On August 12, the San Francisco Department of Public Health updated its Safer Return Together Order, which states, “This Order adds a requirement for certain businesses to check proof of full vaccination of both patrons 12 years and older and staff for entering an indoor portion of the business’s facility.” Nowhere in the order does it make indoor entrance provisions for those with natural immunity, those who pose no bigger threat to public health than the vaccinated. And, by the way, just as with the San Francisco mask mandate of 1918, drinking a beer in a San Francisco bar with your buddies without proof of vaccination in 2021 is also punishable. The order clearly states, “Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both.” This feels a lot like discrimination against a class of people — those with natural immunity. “Title II of the Civil Rights Act of 1964 prohibits discrimination in places of public accommodation because of race, color, religion, or national origin.” Although immunity status is not listed as a “because of,” one could argue that it would be in the spirit of the public-accommodation law to prevent the unfair and unequal treatment of a group of people who pose no direct threat to public health.

Even if it were permissible to violate the constitutionally protected rights of the people (it’s not), from a public-health standpoint it makes no sense to allow the vaccinated to roam free while those with natural immunity cannot. Given the level of breakthrough infection, a vaccine passport has little utility in preventing the spread of COVID. A vaccine passport will not prevent the viral load of an infected, vaccinated person from infecting others. The Ada Lovelace Institute assembled a group of multidisciplinary experts in immunology, epidemiology, sociology, behavioral science, law, medical history, public health, ethics, and others to deliberate the utility of a vaccine passport. They stated, “At present, vaccination status does not offer clear or conclusive evidence about any individual’s risk to others via transmission so cannot be a robust basis for risk-based decision making, and therefore any roll-out of a digital passport is not currently justified.” Perhaps we should ask the vaccinated Texas Democrats who hopped on a plane together and ended up with COVID how they feel about a vaccine passport’s effectiveness.

Those with natural immunity do not pose a public-health risk greater than the vaccinated. Those with natural immunity do not need the artificial stimulation of their immune system to prevent COVID reinfection. If you survived the disease without difficulty, which is the case for most healthy people, the risk of complications or illness from the vaccine and/or from adding the vaccination to existing natural immunity outweighs any alleged boost.

Why is the COVID vaccine being pushed so hard while natural immunity is being ignored? There is financial gain associated with vaccines. Simply, put natural immunity is not profitable. Natural immunity is free. If millions of people don’t need the vaccine or those inevitable booster shots because their body took care of immunity for them, imagine the financial missed opportunity experienced by pharmaceutical companies. Let’s take Moderna, for example: The COVID vaccine is the first-ever



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authorized product for Moderna. The company's 2019 revenue was \$60 million, compared to a 2021 forecasted revenue of \$16 billion. In addition, Moderna's stock value has skyrocketed. In January of 2019, the stock was valued at about \$16 per share. In July of 2021, the stock was valued at about \$485 per share. An additional benefit may be a change in perception toward drug makers that could quiet the push for lower drug prices. Tinglong Dai, a business professor at Johns Hopkins University, was quoted as saying, "There really has been a sea change in the way people perceive them. They're not greedy drug companies charging outrageous prices. They're saving the world. It's really brilliant PR." There is no disputing that drug manufacturers changed the course of the pandemic; however, they stand to make great gains far into the future as a result.

Corporations, especially those with great financial means, have the ability to influence political decisions through lobbyists and other means. This type of advocacy can lead to proposals for new legislation, or the amendment of existing laws and regulations. Sadly, corruption exists. One could speculate that those who stand to gain financially from this pandemic may also be influencing its policies.

Additionally, those who seek to retain power and control know that fear may keep them in a leadership position. These power-seekers will prefer that natural immunity not be discussed or acknowledged. Having natural immunity buys freedom from fear. But fear must be maintained to retain power over the cowering masses. Therefore, natural immunity can't be acknowledged as effective.

With the population of COVID survivors growing, this strategy to maintain fear and downplay natural immunity will fail. Vaccination is a strategy, but with its many flaws and issues, it cannot be the entire solution to the pandemic. Like it or not, healthy people contracting COVID fortifies the herd, and is a part of the solution. No one is advocating for COVID exposure parties, but the 39+ million people with natural immunity deserve to be recognized as having protective immunity. Grassroots efforts to stand up for the rights of those who pose the lowest COVID public-health threat — the naturally immune — are needed to combat the biased and illogical policies that continue to be enacted.

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