

Cleveland Clinic: Already Had COVID? Vaccine Provides No Added Benefit

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A Cleveland Clinic study of the effectiveness of COVID vaccines in people with a history of previous SARS-CoV-2 infection and those without found those who had COVID but weren't vaccinated appeared to have acquired strong natural immunity.

A [new preprint study](#) by the Cleveland Clinic found people previously infected with SARS-CoV-2 were less likely to be reinfected than fully vaccinated individuals who never had the virus — suggesting the vaccine is of no benefit to people who already had COVID.

The [Cleveland Clinic](#) recently studied the effectiveness of [COVID-19 vaccination](#) among people with a history of previous SARS-CoV-2 infection and those without. The purpose of the study was to evaluate the necessity of [COVID](#) vaccination in persons previously infected with SARS-CoV-2.

The study, available on medRxiv, provides insight into how the immune system protects the body once a COVID infection is confirmed, the [Cleveland Clinic said](#).

The clinic studied 52,238 employees. Of those, 49,659 never had the virus and 2,579 had COVID and recovered. Of the 2,579 who previously were infected, 1,359, or 53%, remained unvaccinated, compared with 41%, or 22,777 who were vaccinated.

The cumulative incidence of SARS-CoV-2 infection remained almost zero among three groups — those previously infected who remained unvaccinated; those previously infected who were vaccinated; and those previously uninfected who were vaccinated — compared with a steady increase in cumulative incidence among previously uninfected subjects who remained unvaccinated.

Of all [infections during the study period](#), 99.3% occurred in participants who were not infected previously and remained unvaccinated. In contrast, 0.7% of infections occurred in participants who were not previously infected but were currently vaccinated.

Significantly, not one of the 1,359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study, according to the [Cleveland Clinic](#).

The study's conclusion appears to support what others, including [Dr. Anthony Fauci](#), have said about immunity in people previously infected with the virus. In a [livestreamed](#) conversation last month, Fauci told Howard Bauchner, editor of the Journal of the American Medical Association, it's unlikely people can get COVID more than once.

Fauci however [continues to recommend](#) everyone get the vaccine — unlike Sen. Rand Paul (R-Ky) who as [The Defender reported](#), has been one of the most vocal opponents of vaccinating people who have already been infected with SARS-CoV-2.

During a May 24 interview with John Catsimatidis on his radio show WABC 770 AM, Paul, a physician, said he was making the personal decision not to get vaccinated because he already had COVID, so he had acquired natural immunity. He said there was no evidence to support vaccinating people who've already had the disease.

Paul told Catsimatidis:

“Frankly, all of the studies show that I have just as good of immunity as the people who've been vaccinated. Now in a year's time, if people say 'Oh people that had it naturally are getting infected a lot more than people who've been vaccinated,' I might change my mind. But until they show me evidence that people who have already had the infection are dying in large numbers or being hospitalized or are getting very sick, I've just made my own personal decision that I'm not getting vaccinated because I've already had the disease and have natural immunity now.”

Paul has often challenged Fauci, director of the National Institute of Allergy and Infectious Diseases, during Senate panel hearings on Fauci's recommendations that people who have had COVID need the vaccine.

“Sorry Dr. Fauci and other fearmongers, new study shows vaccines and naturally acquired immunity DO effectively neutralize COVID variants. Good news for everyone but bureaucrats and petty tyrants!” Paul [said March 21 in a tweet](#).

In his tweet, Paul pointed to a [study](#) published online at the [JAMA Network](#) showing vaccines and naturally acquired immunity effectively neutralize COVID variants.

In a May 27 [op-ed](#) in the Courier Journal, Paul wrote:

“To dictate that a person recovered from COVID-19 with natural immunity also submit to a vaccine — without scientific evidence — is nothing more than hubris. If you have no proof that people who acquired natural immunity are getting or transmitting the disease in real numbers, then perhaps you should just be quiet.”

Paul said people are getting [re-infected in large numbers](#) after being vaccinated, which he said the [Centers for Disease Control and Prevention](#) (CDC) quietly admitted on its website. But people are not getting reinfected after having the disease naturally.

Paul [said](#) the CDC originally tried to hide the fact there were “no studies showing that getting the vaccine if you already have natural immunity is of any benefit at all.”

According to Paul, Congressman [Thomas Massie](#) (R-Ky.) got the CDC to admit there was no science to support the agency's recommendation that people with natural immunity to

COVID need the vaccine.

As [The Defender reported](#), Massie called out the CDC in April when he [found](#) vaccine studies showed no benefit to people who had [coronavirus](#) and that getting vaccinated didn't change their odds of getting reinfected.

The CDC claimed "the COVID vaccine would save your life or save you from suffering, even if you've already had the virus and recovered, which has not been demonstrated in either the Pfizer or [Moderna](#) trials," Massie said in an [interview](#) with Full Measure. Massie contacted officials at the CDC about the misinformation. Officials there acknowledged the information was false, but instead of correcting it, tried to rephrase the mistake.

"Facts are facts," [Paul wrote](#). "I'm no more likely to get or transmit COVID than someone who is vaccinated. We know this. Doctors know this. Scientists who design vaccines know this. Vaccines are created to attempt to replicate the immunity we get from having been infected with a disease," Paul said. "Vaccines are a replacement for natural immunity. They aren't necessarily better. In fact, natural immunity from measles confers lifelong immunity and the vaccine immunity wanes over a few decades."

Paul pointed to a [recent British study](#) where David Wyllie, consultant microbiologist at Public Health England, and others found no symptomatic re-infections from COVID after following 2,800 patients for several months. In fact, Paul wrote "there have been no reports of significant numbers of re-infections after acquiring COVID-19 naturally."

Shane Crotty, virologist at the [La Jolla Institute for Immunology](#), conducted a study analyzing immune cells and antibodies from nearly 200 people who had been exposed to COVID and recovered.

Crotty [concluded](#):

"The amount of (immune) memory (gained from natural infection) would likely prevent the vast majority of people from getting ... severe disease, for many years."

The results, [published in Science](#), showed the immune systems of more than 95% of people who recovered from COVID had durable memories of the virus up to eight months after infection. Previous studies showed natural infection induced a strong response, but this study showed that response lasted, said co-author Dr. Daniela Weiskopf.

In a recent [study](#) in The Lancet, Dr. Florian Kramer noted:

"The findings of the authors suggest that infection and the development of antibody response provides protection similar to or even better than currently used SARS COV-2 vaccines."

Increased risk of vaccine injury in those with previous infection

As [The Defender reported](#), numerous scientists have warned vaccinating people who already had COVID could potentially cause harm, or even death.

According to [Dr. Hooman Noorchasm](#), surgeon and patient safety advocate, it is scientifically established that once a person is naturally infected by a virus, antigens from that virus

persist in the body for a long time after viral replication has stopped and clinical signs of infection have resolved.

When a vaccine reactivates an immune response in a recently infected person, the tissues harboring the persisting viral antigen are targeted, inflamed and damaged by the immune response, Noorchasm said.

“In the case of SARS-CoV-2, we know that the virus naturally infects the heart, the inner lining of blood vessels, the lungs and the brain,” [explained Noorchasm](#). “So, these are likely to be some of the critical organs that will contain persistent viral antigens in the recently infected — and, following reactivation of the immune system by a vaccine, these tissues can be expected to be targeted and damaged.”

[Colleen Kelley](#), associate professor of infectious diseases at Emory University School of Medicine and principal investigator for Moderna and [Novavax](#) phase 3 vaccine clinical trials, said in an [interview](#) with Huffington Post, there had been reported cases in which those who previously had the virus endured harsher side effects after they received their vaccines.

[Dr. Dara Udo](#), urgent and immediate care physician at Westchester Medical Group who [received the COVID vaccine](#) a year after having the disease, had a very strong immune response very similar to what she experienced while having COVID.

In an op-ed published by [The Hill](#), Udo explained how infection from any organism, including COVID, activates several different arms of the immune system, some in more robust ways than others and that this underlying activation due to infection or exposure, combined with a vaccination, could lead to overstimulation of the immune response.

Udo called for an intentional, well-planned approach to avoid eliciting [adverse immune responses](#) in those who had been “COVID-primed” and suggested only one of two doses be given to previously infected people, or none at all.

In a [public submission](#) to the U.S. Food and Drug Administration, [J. Patrick Whelan](#) M.D. Ph.D., expressed similar concern that COVID vaccines aimed at creating immunity against the SARS-CoV-2 spike protein could have the potential to cause microvascular injury to the brain, heart, liver and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs. Based on several studies, [Whelan said](#) it appeared that the viral spike protein in the SARS-CoV-2 vaccines is also one of the key agents causing damage to distant organs that may include the brain, heart, lung and kidney.

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