

Official Narrative Admits Fake COVID Vaccine Gives You Fake COVID Immunity

By [Makia Freeman](#)

Global Research, October 22, 2021

[The Freedom Articles](#) 21 October 2021

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

Would you like to get vaxxed and receive some fake COVID immunity?

I have detailed in many previous articles the [evidence that the SARS-CoV-2 virus does not exist](#) (by virtue of the fact it has never been proven to have been isolated or purified) and the evidence that [terrain theory is a better model for explaining health and disease than germ theory](#) – so that even if SARS-CoV-2 did exist, there’s no conclusive evidence that viruses cause disease anyway. We [live with all sorts of viruses \(yes, including HIV\)](#) in our bodies all the time as part of our human virome. The natural corollary of this is that ‘SARS-CoV-2 induced COVID’ cannot be a real thing. What, then, is COVID? The best explanation is that it is a recategorization and reclassification of existing disease. Remember: [there is not 1 virus, not 1 disease, not 1 cause](#). This is borne out by the fact that, according to official stats and sources, the [normal flu has ‘disappeared’](#) in 2020-2021 in many nations. Clearly it didn’t really disappear; its numbers were hijacked by the [COVID Cult](#) to boost COVID case numbers.

Jumping into the World of the Official COVID Narrative

Keeping all this in mind, it is useful occasionally to jump for a few minutes into the world where the virus exists and COVID is a real, new, scary and lethal disease with its own distinct and specific symptoms. So, let’s pretend for a moment right now that SARS-CoV-2 exists and it causes COVID, a brand-new disease that has never ever been seen before in the history of humanity. Even in this world, playing by the rules set up by such venerable organizations as the WHO, NIH, FDA, CDC and Big Pharma, things don’t make sense. There is a distinct lack of logic. Contradictions are rife. Today we are going to look at one such glaring contradiction: namely, the contradiction between the official COVID narrative claim that the fake-vaccine will increase your immunity to COVID, and the official COVID narrative

evidence that taking the vax increases your chance of getting COVID or becoming more sick.

FDA Admits In Its Own Document that Vax Offers Fake COVID Immunity

Establishment mouthpiece [Dr. Fraud-ci was at a loss last month on the MSM](#) to explain why vaccine-acquired immunity was superior to natural immunity for disease in general. It's the issue that busts the narrative. Big Pharma knows better than anyone that effective marketing depends on convincing the consumer that they have a gaping need, and that you are the only (or best) company to meet it. However, if the consumers don't really have that need, and they realize that, there is no consumer demand, and the game is up. If consumers realize that the fake-vaccine offers fake COVID immunity, they won't get it. Check out this admission by either Pfizer, or the FDA, or both, as recorded in this FDA document entitled ["Vaccines and Related Biological Products Advisory Committee Meeting September 17, 2021 | FDA Briefing Document Application for licensure of a booster dose for COMIRNATY \(COVID-19 Vaccine, mRNA\)." It confesses that more study subjects who got the vax had COVID than the placebo subjects who didn't get the vax. In other words, the vax increased your chances of getting COVID! What is going on here? Here is the exact quote from pg.22:](#)

"Although not independently verified by FDA, the post hoc analysis appears to indicate that the incidence of SARS-CoV-2 during the analysis period among 18,727 study participants originally randomized to BNT162b2 (mean of 9.8 months post-Dose 2 at the beginning of the analysis period) was 70.3 cases per 1,000 person-years, compared with an incidence of 51.6 cases per 1,000 person-years among 17,748 study participants originally randomized to placebo and crossed over to BNT162b2 (mean of 4.7 months post-Dose 2 at the beginning of the analysis period). An additional analysis appears to indicate that incidence of COVID-19 generally increased in each group of study participants with increasing time post-Dose 2 at the start of the analysis period."

To break that down into plain English, around 70 people out of 1,000 who took the Pfizer-BioNTech vaccine (BNT162b2, the formula under EUA [Emergency Use Authorization] before Cominarty) got COVID, whereas only around 51 people out of 1,000 taking the placebo got COVID. Therefore, not only did the vaccine fail to increase immunity, it actually decreased immunity. It gave the recipients fake COVID immunity.

Study on NIH Website Finds No Discernable Relationship Between Vaccine Status and COVID Status - In Fact, States COVID Infection Rate is Higher Among Vaxxed

Again we will go straight to official governmental sources for this next one. This is a [study](#) entitled *"Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States"* published September 30th 2021 on the NIH PubMed site. As the title suggests, this is broad analysis involving many nations and many smaller regions (counties) within the US. The conclusion was abrupt and straight to the point: there was *"no discernable relationship"* between whether you were vaxxed and whether you got COVID. Here are their exact words:

"At the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days. In fact, the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the

highest COVID-19 cases per 1 million people in the last 7 days. The lack of a meaningful association between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.”

“There also appears to be no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated.”

Did you catch that? Not only does it state there was no positive effect of the vaccine in preventing COVID cases, but actually, those who got the COVID fake-vaccine were more likely to get COVID. Talk about fake COVID immunity. It brings up the example of Israel, which is now well-known, as well as lesser known examples of Iceland and Portugal (high vax rates, high COVID rates) and Vietnam and South Africa (low vax rates, low COVID rates). It could also have talked about [Singapore](#) and [Vermont](#), which are 2 other places with high vax rates and high COVID cases. The study also accounted for the supposed ‘lag’ time that the vaccine takes to work:

“Of the top 5 counties that have the highest percentage of population fully vaccinated (99.9–84.3%), the US Centers for Disease Control and Prevention (CDC) identifies 4 of them as “High” Transmission counties. Chattahoochee (Georgia), McKinley (New Mexico), and Arecibo (Puerto Rico) counties have above 90% of their population fully vaccinated with all three being classified as “High” transmission. Conversely, of the 57 counties that have been classified as “low” transmission counties by the CDC, 26.3% (15) have percentage of population fully vaccinated below 20%.

Since full immunity from the vaccine is believed to take about 2 weeks after the second dose, we conducted sensitivity analyses by using a 1-month lag on the percentage population fully vaccinated for countries and US counties. The above findings of no discernable association between COVID-19 cases and levels of fully vaccinated was also observed when we considered a 1-month lag on the levels of fully vaccinated.”

The study appears to be written by authors who believe in vaccines. They also noted waning vaccine immunity and a sharp increase in COVID vaccinated hospitalizations and deaths:

“For instance, in a report released from the Ministry of Health in Israel, the effectiveness of 2 doses of the BNT162b2 (Pfizer-BioNTech) vaccine against preventing COVID-19 infection was reported to be 39%, substantially lower than the trial efficacy of 96%. It is also emerging that immunity derived from the Pfizer-BioNTech vaccine may not be as strong as immunity acquired through recovery from the COVID-19 virus. A substantial decline in immunity from mRNA vaccines 6-months post immunization has also been reported. Even though vaccinations offers protection to individuals against severe hospitalization and death, the CDC reported an increase from 0.01 to 9% and 0 to 15.1% (between January to May 2021) in the rates of hospitalizations and deaths, respectively, amongst the fully vaccinated.”

Fake COVID Immunity: An Alternative Interpretation

So, let’s jump out of the surreal mainstream official COVID narrative now and back into the real world where SARS-CoV-2 doesn’t exist, where COVID fake-vaccines can’t possibly work

as intended (because there is no virus to inoculate against and, even if there were a virus, they didn't have it when they designed the vaccine) and where COVID is not 1 single thing but rather a collection of conditions, with many possible causes, that have been reclassified. So, what would explain the above 2 pieces of mainstream evidence?

The obvious answer is that the vaccine harms and kills. Pfizer knows it; the FDA knows it; case numbers around the world are demonstrating it. The COVID fake-vaccine produces all sorts of side effects, some of which can be construed and diagnosed as 'COVID' in a self-fulfilling prophecy and cycle - where the ruling class gets more control (via the government's permanent surveillance state infrastructure) and more money (via Big Pharma stock ownership), and everyone else gets royally shafted in terms of lost freedom, lost rights, lost income, lost business, lost health and, for those pushed to suicide or killed by the vax, lost life.

With the above evidence, an alternative interpretation is that those who 'got COVID' really just 'got sick' in some way via vaccine damage. Of course, this is still assuming that COVID case counts are accurate, which they are most certainly not, due to the misapplication of Kary Mullis' PCR technique, which was never meant to diagnose infectious disease (which I have covered in other articles). So even this alternative interpretation has its limits, because the entire COVID scamdemic, from top to bottom, left to right and back to front, is completely FAKE. One of the only real things about it is that the COVID fake-vaccine is a [nanotech bioweapon](#) that can cause real damage to people.

Final Thoughts

Those pushing the COVID scamdemic have, right from the start, been tripping over themselves with a plethora of logic-defying claims and contradictions. Fauci himself has flip-flopped like a fish out of water about as many times as Google as censored, sorry, I mean curated, an inconvenient search result. Even with their organizations and agencies, even with their own words and even with their own lines of reasoning, the official COVID narrative doesn't hold water and doesn't add up in the slightest. This is yet more evidence of the utter ludicrousness of official COVID science and a good one to share with mainstream normies who gobble up governmental and MSM narratives without much critical reflection, as [COVID trend](#) after [COVID trend](#) after [COVID trend](#) shows that authorities are desperately trying to get everyone vaxxed.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Makia Freeman is the editor of alternative media / independent news site [The Freedom Articles](#), author of the book [Cancer: The Lies, the Truth and the Solutions](#) and senior researcher at [ToolsForFreedom.com](#). Makia is on [Steemit](#) and [Odysee/LBRY](#).

Sources

<https://thefreedomarticles.com/10-reasons-sars-cov-2-imaginary-digital-theoretical-virus/>

<https://thefreedomarticles.com/deep-down-virus-rabbit-hole-question-everything/>

<https://thefreedomarticles.com/normal-human-virome-study-hiv-hepatitis-many-viruses-present/>

<https://thefreedomarticles.com/covid-19-umbrella-term-fake-pandemic-not-1-disease-cause/>

<https://www.scientificamerican.com/article/flu-has-disappeared-worldwide-during-the-covid-pandemic1/>

<https://thefreedomarticles.com/covid-cult-and-the-10-stages-of-genocide/>

https://www.realclearpolitics.com/video/2021/09/10/fauci_natural_immunity_vs_vaccine_for_covid-19_needs_to_be_discussed_seriously.html

<https://www.fda.gov/media/152176/download> (pg.22)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/>

<https://www.theguardian.com/world/2021/sep/15/singapore-reports-biggest-spike-in-covid-cases-in-a-year-despite-81-vaccination-rate>

<https://www.msn.com/en-us/video/peopleandplaces/despite-high-vax-rate-vermont-cases-remains-high/vi-AAPL4EN>

<https://thefreedomarticles.com/covid-vaccine-life-form-aluminum-carbon-pfizer-comirnaty-shot/>

<https://thefreedomarticles.com/covid-trends-10-current-operation-coronavirus-august-2021/>

<https://thefreedomarticles.com/covid-trend-10-current-operation-coronavirus-september-2021/>

<https://thefreedomarticles.com/covid-trends-10-current-operation-coronavirus-october-2021/>

Featured image is from The Freedom Articles

The original source of this article is [The Freedom Articles](#)

Copyright © [Makia Freeman](#), [The Freedom Articles](#), 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Makia Freeman](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca