

Are These Findings the Death Blow for Vaccine Passports?

By [Dr. Joseph Mercola](#)

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[Mercola](#)

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More than 15 studies now show the natural immunity you get after recovering from COVID-19 is far superior and more long-lasting than what you get from the COVID shot

Lawsuits challenge vaccine requirements that fail to accept natural immunity as an alternative to the COVID injection

Todd Zywicki, a law professor at George Mason University in Virginia, sued over the school's vaccine mandate, which did not recognize natural immunity. The school settled out of court, granting Zywicki a medical exemption. They did not, however, change their general policy to recognize other staff and students who have natural immunity

Some of the plaintiffs in a lawsuit filed against Rutgers University in New Jersey also object to the vaccine mandate on the basis that they have natural immunity. This lawsuit is still pending

Since COVID shots do not prevent infection or spread of the virus, and COVID-jabbed individuals carry the same viral load when symptomatic as unvaccinated individuals, the argument that vaccine passports will identify and separate “public health threats” from those who are “safe” to be around simply falls apart

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While governments around the world are going full steam ahead with plans for vaccine passports, two key things have occurred that blow irreparable holes in the whole argument.

First, more than 15 studies now show the natural immunity you get after recovering from COVID-19 is far superior and longer-lasting than what you get from the COVID shot, and secondly, lawsuits have challenged vaccine requirements that fail to accept natural immunity as an alternative to the COVID injection. Other lawsuits highlighting the illegalities

of vaccine mandates have also been filed.

The Zywicki Case

As reported by the New York Post,¹ August 4, 2021, when George Mason University in Virginia decided to implement a vaccine mandate, law professor Todd Zywicki sued.² Mason recovered from COVID-19 in 2020 and has natural immunity, as demonstrated by several antibody tests. One of his attorneys, Harriet Hageman, stated:

“Common sense and medical science should underpin GMU’s actions. Both have gone missing with this latest effort to force a distinguished professor to take a vaccine that he does not need — not for his own protection nor for anyone else’s safety at Scalia Law School.”

The lawsuit pointed out that people with natural immunity have an increased risk of adverse reactions to the COVID shot — according to one study³ up to 4.4 times the risk of clinically significant side effects — and that the requirement not only violates due process rights and the right to refuse unwanted medical treatment, but is not compliant with the Emergency Use Authorization.⁴

A Win for GMU Professor but No Legal Precedent

August 17, 2021, George Mason University caved before the case went to trial and granted Zywicki a medical exemption to the vaccine requirement.⁵ Unfortunately, and irrationally, the school did not revise its general policy. As reported by Citizens Journal:⁶

“The school’s acknowledgment of natural immunity is significant given the serial case of amnesia that seems to have overtaken the world on this basic point of biology.

However, the school still maintains the vaccination requirement for all other members of the GMU community, regardless of naturally acquired immunity. At the time of this writing, the same medical exemption has not been offered on a broader scale.

Furthermore, the lawsuit would have served as an interesting test case for vaccine mandate-related litigation, which will become more prevalent as time goes on. Regardless, the victory still serves as a sliver of hope that some universities will entertain reasonable arguments and that individuals can fight back with litigation ...

With the GMU case resolved without trial, many critical legal arguments went untested. For example, does the 14th Amendment’s Due Process Clause apply to vaccine mandates, or does the state have the ability to suspend such rights when responding to a public health emergency?

How does the reliability of natural immunity affect the constitutionality of policies that fail to recognize it? Can the government simply cherry-pick whatever science it wants to justify its policies? According to the court filing,⁷

‘The Supreme Court has recognized that the Ninth and Fourteenth Amendments protect an individual’s right to privacy. A ‘forcible injection ... into a nonconsenting person’s

body represents a substantial interference with that person's liberty[.]' Washington v. Harper, 494 U.S. 210, 229 (1990).'

Given this precedent, as well as the state's police powers to suspend individual rights under compelling circumstances, how will this apply to Covid-19 in a low-risk environment such as a college campus?

If the right still holds, how will it apply to city-wide vaccine passport programs, given that Covid-19 is a relatively mild disease? ... The move is also mysterious, given the relevance of the matter. As a result, it did not create a binding legal precedent."

In a statement, lead counsel Jenin Younes with the New Civil Liberties Alliance, said:⁸

"NCLA is pleased that GMU granted Professor Zywicki's medical exemption, which we believe it only did because he filed this lawsuit. According to GMU, with the medical exemption, Prof. Zywicki may continue serving the GMU community, as he has for more than two decades, without receiving a medically unnecessary vaccine and without undue burden.

Nevertheless, NCLA remains dismayed by GMU's refusal — along with many other public and private universities and other employers — to recognize that the science establishes beyond any doubt that natural immunity is as robust or more so than vaccine immunity."

Other Lawsuits Challenging Schools' Vaccine Mandates

While not specifically centered around the validity of natural immunity, a lawsuit filed by more than a dozen students and Children's Health Defense against Rutgers University in New Jersey does include this aspect, as some of the plaintiffs object to the mandate on the basis that they have natural immunity. This lawsuit was filed in mid-August 2021⁹ and is still pending.

According to the Mayo Clinic, as of July 2021, Pfizer's COVID injection was only 42% effective against infection, which doesn't even meet the Food and Drug Administration's requirement of 50% efficacy for vaccines.

Earlier this year, in April 2021, the Los Angeles Unified School District was sued over its vaccine requirement by California Educators for Medical Freedom and the Health Freedom Defense Fund.¹⁰ July 27, a California court dismissed the lawsuit without prejudice, as it concluded the LAUSD had voluntarily abandoned its mandatory vaccine requirement. As reported by The Defender:¹¹

"This is a BIG win — because of the lawsuit, LAUSD represented to the court on the record that it does not have a policy requiring vaccination with EUA products. Since the court has now confirmed the absence of any policy requiring vaccination at LAUSD, all teachers and staff are safe to return to work without vaccination or furnishing proof of vaccination in the fall."

Time will tell if the Children's Health Defense case against Rutgers University will bring the legal precedent needed to more effectively thwart this tyrannical trend. Still, even smaller

wins like Zywicki's are important and demonstrate there are ways we can fight back, if only we're willing.

Natural Immunity Surpasses Vaccine-Induced Protection

While vaccine passports are immoral and unconstitutional in and of themselves, medical science is also proving them useless and irrational. As reported by Daniel Horowitz in an August 25, 2021, article in The Blaze,¹² there are at least 15 studies that show natural immunity from previous infection is more robust and longer-lasting than what you get from the COVID shot. He writes:

"The debate over forced vaccination with an ever-waning vaccine is cresting right around the time when the debate should be moot for a lot of people. Among the most fraudulent messages of the CDC's campaign of deceit is to force the vaccine on those with prior infection, who have a greater degree of protection against all version of the virus than those with any of the vaccines.

It's time to set the record straight once and for all that natural immunity to SARS-CoV-2 is broader, more durable, and longer-lasting than any of the shots on the market today. Our policies must reflect that reality."

We now have data showing vaccine immunity rapidly wanes regardless of variants, but especially when a new variant becomes predominant. According to the Mayo Clinic, as of July 2021, Pfizer's COVID injection was only 42% effective against infection,¹³ which doesn't even meet the Food and Drug Administration's requirement of 50% efficacy¹⁴ for COVID vaccines.

This matches Israeli data, which show Pfizer's shot went from a 95% effectiveness at the outset, to 64% in early July 2021 and 39% by late July, when the Delta strain became predominant.^{15,16} Pfizer's own trial data also demonstrate rapidly waning effectiveness. BMJ associate editor Peter Doshi discussed this in an August 23, 2021, blog.¹⁷

By the fifth month into the trial, efficacy had dropped from 96% to 84%, and this drop could not be due to the emergence of the Delta variant since 77% of trial participants were in the U.S., where the Delta variant didn't emerge until months later. So, even without a predominance of a new variant, effectiveness drops off. In an August 20, 2021, report, BPR noted:¹⁸

"The data we will publish today and next week demonstrate the vaccine effectiveness against SARS COVID 2 infection is waning,' the CDC director [Rochelle Walensky] began ... She cited reports of international colleagues, including Israel 'suggest increased risk of severe disease amongst those vaccinated early' ...

'In the context of these concerns, we are planning for Americans to receive booster shots starting next month to maximize vaccine induced protection. Our plan is to protect the American people and to stay ahead of this virus,' Walensky shared ...

The CDC director appears to all but admit that the vaccine's efficacy rate has a strict time limit, and its protections are limited in the ever-changing environment."

You're Far Safer Around a Naturally Immune Person

Add to this a) the fact that the COVID shots do not prevent infection or spread of the virus and b) the fact that COVID-jabbed individuals carry the same viral load when symptomatic as unvaccinated individuals,^{19,20} and the whole argument that vaccine passports will identify and separate “public health threats” from those who are “safe” to be around simply fails miserably.

As noted by Horowitz, anyone capable of rational thought understands that a person with natural immunity from a previous infection is “exponentially safer to be around than someone who had the vaccines but not prior infection.”²¹

As for the unvaccinated who do not have natural immunity from prior infection, well, their status poses no increased risk to anyone but themselves. Conversely, since the COVID shot cannot prevent infection or transmission, and only promises to reduce your risk of serious illness, the only one who can benefit from the shot is the one who got it. It protects no one else.

In fact, you may actually pose an increased risk to others, because if your symptoms are mild or nonexistent, but your viral load high, you're more likely to walk around as usual. Rather than staying home because you suspect you're infected and infectious, you're out spreading the virus around to others, vaccinated and unvaccinated alike.

What Does the Research Say?

In his article, Horowitz reviews 15 studies that should, once and for all, settle the debate about whether people who have had COVID are now immune and whether that immunity is comparable to that of the COVID shots. Here's a select handful of those studies. For the rest, please see the original Blaze article.²²

- Immunity May 2021²³ — New York University researchers concluded that while both SARS-CoV-2 infection and vaccination elicit potent immune responses, the immunity you get when you've recovered from natural infection is more durable and quicker to respond.

The reason for this is because natural immunity conveys more innate immunity involving T cells and antibodies, whereas vaccine-induced immunity primarily stimulates adaptive immunity involving antibodies.

- Nature May 2021²⁴ — This research dispels fears that SARS-CoV-2 infection might not produce long-lasting immunity. Even in people with mild COVID-19 infection, whose anti-SARS-CoV-2 spike protein (S) antibodies levels might rapidly decline in the months' post-recovery, persistent and long-lived bone marrow plasma cells start churning out new antibodies when the virus is encountered a second time.

According to the authors, “Consistently, circulating resting memory B cells directed against SARS-CoV-2 S were detected in the convalescent individuals. Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific,

long-lived humoral immune memory in humans.”

- Nature July 2020²⁵ — The Nature findings above support findings from Singapore published in July 2020, which found patients who had recovered from SARS in 2002/2003 had robust immunity against SARS-CoV-2 17 years later.
- Cell Medicine July 2021²⁶ — Here, they found that most previously infected patients produced durable antibodies and memory B cells, along with durable polyfunctional CD4 and CD8 T cells that target multiple parts of the virus.

According to the authors: “Taken together, these results suggest that broad and effective immunity may persist long-term in recovered COVID-19 patients.” The same clearly cannot be said for vaccine-induced immunity.

- BioRxiv July 2021²⁷ — Echoing the Cell Medicine findings above, University of California researchers concluded that “Natural infection induced expansion of *larger* CD8 T cell clones occupied distinct clusters, likely due to the recognition of a broader set of viral epitopes presented by the virus not seen in the mRNA vaccine.”

We’re Creating a Pandemic of the Vaccinated

If natural immunity is better than vaccine-induced antibodies, you’d expect to see fewer reinfections among those who have already had COVID-19, compared to breakthrough infections occurring among those who got the COVID shot. And that’s precisely what we see.

In a preprint titled “Necessity of COVID-19 Vaccination in Previously Infected Individuals,”²⁸ the researchers looked at reinfection rates among previously infected health care workers in the Cleveland Clinic system.

Of the 1,359 frontline workers with natural immunity from previous infection, not a single one was reinfected 10 months into the pandemic, despite heavy exposure to COVID-19-positive patients.

A second preprint,²⁹ posted August 25, 2021, compared SARS-CoV-2 natural immunity to vaccine-induced immunity by looking at reinfection and breakthrough rates. Four outcomes were evaluated: SARS-CoV-2 infection, symptomatic disease, COVID-19-related hospitalization and death.

Results showed that, compared to those with natural immunity, SARS-CoV-2-naïve individuals who had received a two-dose regimen of Pfizer’s COVID shot had:³⁰

- A 5.96-fold increased risk for breakthrough infection
- A 7.13-fold increased risk for symptomatic disease
- A 13.06-fold increased risk for breakthrough infection with the Delta variant
- A higher risk for COVID-19-related-hospitalizations

After adjusting for comorbidities, SARS-CoV-2-naïve individuals who had received two Pfizer doses were 27.02 times more likely to experience symptomatic breakthrough infection than

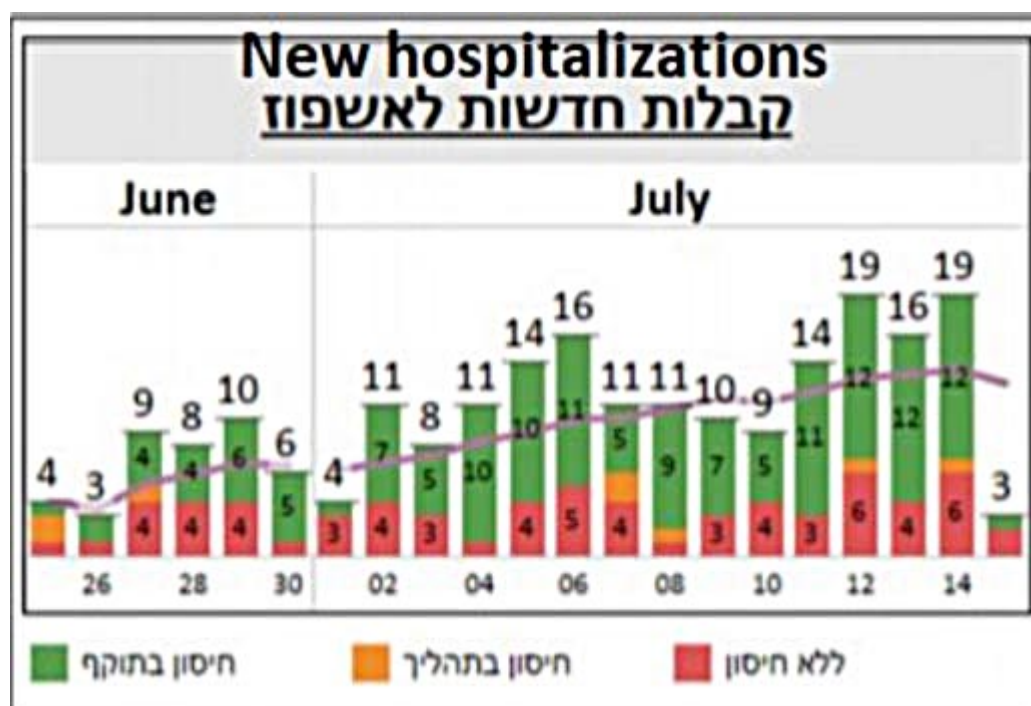
those with natural immunity.³¹ No deaths were reported in either of the groups. In closing the authors concluded:³²

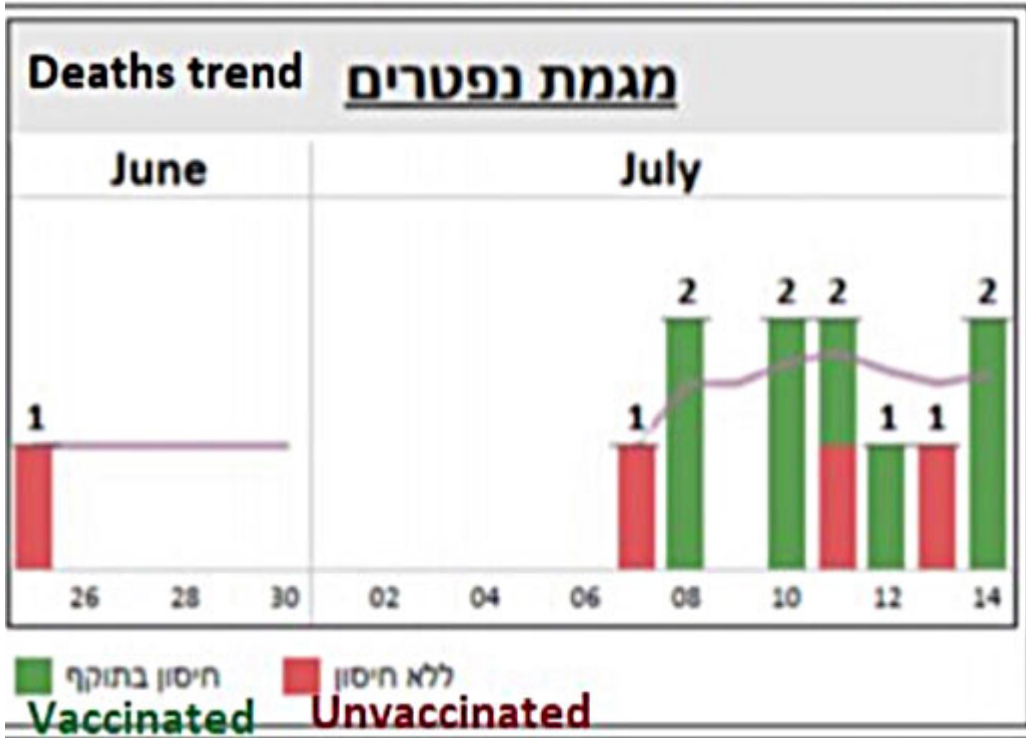
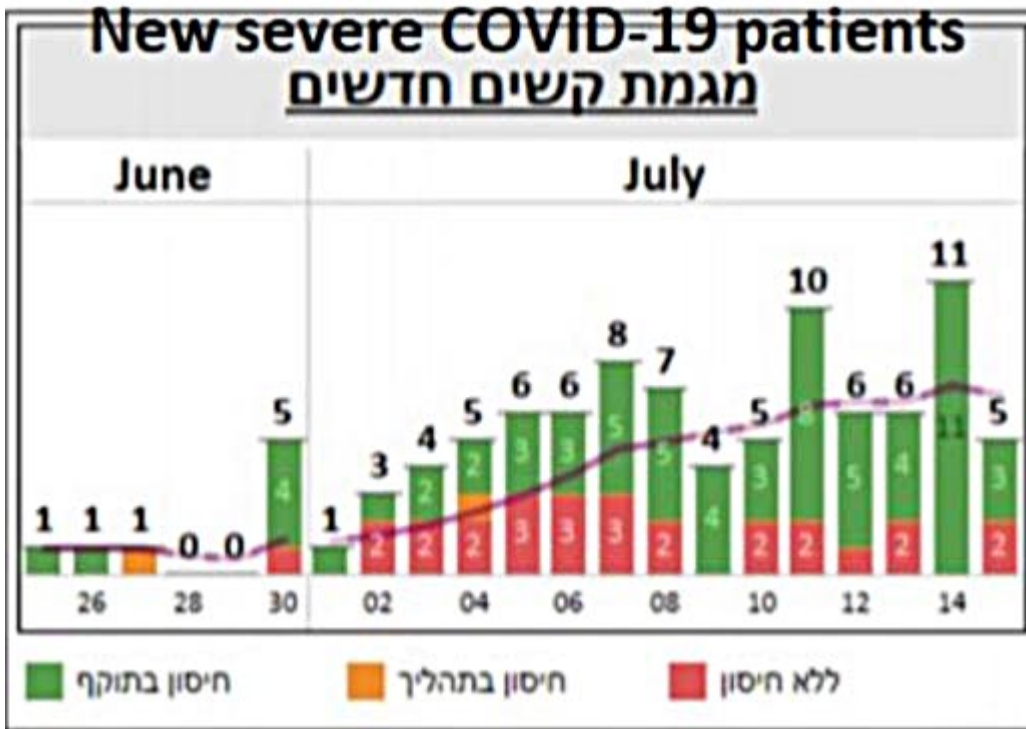
“This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.”

Majority of Hospitalizations Are Actually in the Vaccinated

The oft-repeated refrain is that we’re in a “pandemic of the unvaccinated,” meaning those who have not received the COVID jab make up the bulk of those hospitalized and dying from the Delta variant. However, we’re already seeing a shift in hospitalization rates from the unvaccinated to those who have gotten one or two injections.

For example, in Israel, the fully “vaccinated” made up the bulk of serious cases and COVID-related deaths in July 2021, as illustrated in the graphs below.³³ The red is unvaccinated, yellow refers to partially “vaccinated” and green fully “vaccinated” with two doses. By mid-August, 59% of serious cases were among those who had received two COVID injections.³⁴





Data from the U.K. show a similar trend among those over the age of 50. In this age group, partially and fully “vaccinated” people account for 68% of hospitalizations and 70% of COVID deaths.³⁵

Covid-19 Delta variant: hospital admissions & deaths in England

(up to August 15)

Hospital admissions

Aged 50 or over



Under 50



Deaths

Aged 50 or over



Under 50



PA graphic. Source: Public Health England
Some admissions/deaths could not be matched with vaccination records

Data³⁶ from the U.S. Centers for Disease Control and Prevention also refute the “pandemic of the unvaccinated” narrative. Between July 6, 2021, and July 25, 2021, 469 COVID cases were identified in a Barnstable County, Massachusetts, outbreak.

Of those who tested positive, 74% had received two COVID injections and were considered “fully vaccinated.” Even despite using different diagnostic standards for non-jabbed and jabbed individuals, a whopping 80% of COVID-related hospitalizations were also in this group.^{37,38}

COVID Shot May Harm Immunity in Those Previously Infected

While the authors of that August 25, 2021, preprint³⁹ claim in their abstract that “Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant,” in the body of the article they admit they “could not demonstrate significance in our cohort.”

Unless significance is demonstrated, the finding is basically irrelevant, so I would not rely on this paper if I wanted to argue for vaccination of those with preexisting natural immunity. Besides, there's research⁴⁰ showing the COVID shots may actually harm the superior T cell immunity built up from prior infection, especially after the second dose. As reported by Horowitz in The Blaze:⁴¹

"Immunologists from Mount Sinai in New York and Hospital La Paz in Madrid have raised serious concerns. In a shocking discovery after monitoring a group of vaccinated people both with and without prior infection, they found 'in individuals with a pre-existing immunity against SARS-CoV-2, the second vaccine dose not only fail to boost humoral immunity but determines a contraction of the spike-specific T cell response.'

They also note that other research has shown 'the second vaccination dose appears to exert a detrimental effect in the overall magnitude of the spike-specific humoral response in COVID-19 recovered individuals.'"

Arguments for Vaccine Passports Are Null and Void

FEE.org reported the August 25 findings under the headline, "Harvard Epidemiologist Says the Case for COVID Vaccine Passports Was Just Demolished":⁴²

"Harvard Medical School professor Martin Kulldorff said research showing that natural immunity offers exponentially more protection than vaccines means vaccine passports are both unscientific and discriminatory, since they disproportionately affect working class individuals.

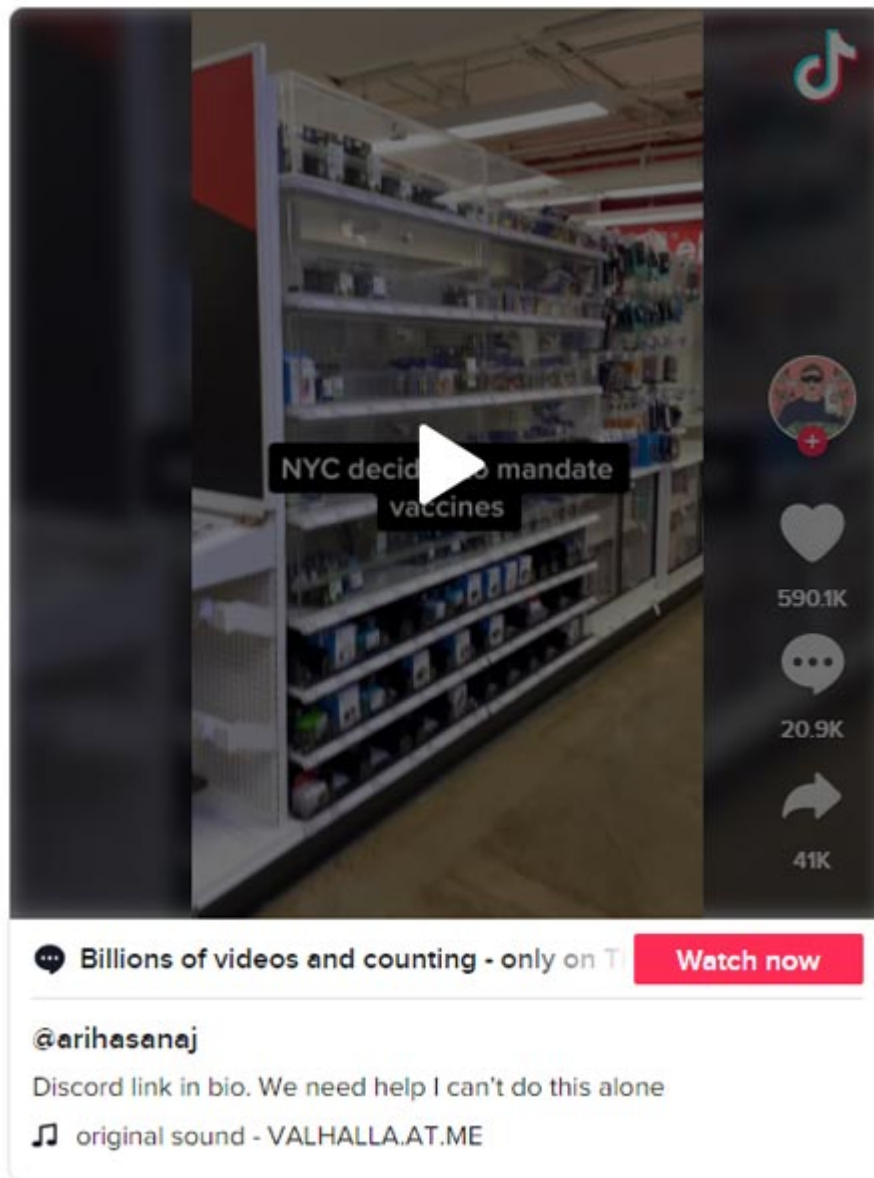
'Prior COVID disease (many working class) provides better immunity than vaccines (many professionals), so vaccine mandates are not only scientific nonsense, they are also discriminatory and unethical,' Kulldorff, a biostatistician and epidemiologist, observed on Twitter ...

Vaccine passports would be immoral and a massive government overreach even in the absence of these findings. There is simply no historical parallel for governments attempting to restrict the movements of healthy people over a respiratory virus in this manner.

Yet the justification for vaccine passports becomes not just wrong but absurd in light of these new revelations. People who have had COVID already have significantly more protection from the virus than people who've been vaccinated.

Meanwhile, people who've not had COVID and choose to not get vaccinated may or may not be making an unwise decision. But if they are, they are principally putting only themselves at risk."

Positive Signs



While we still have a long and likely hard fight ahead of us, there is reason to be optimistic. In a recent TikTok video,⁴³ a young man named Ari Hasanaj who lives in New York City describes how he printed up posters that say:

"We do not discriminate against ANY customer based on sex, gender, race, creed, age, vaccinated or unvaccinated. All customers who wish to patronize are welcome in our establishment."

He then went around the city, from one store to the next, asking each owner if they would agree to post the sign on their door to protest NYC's vaccine passport requirement. A majority said yes. He is now asking others to join him in this effort.

In Denmark, vaccine passports will no longer be used to restrict movement as of September 10, 2021. The health minister, Magnus Heunicke, has stated, though, that the passport system may be reinstated if rising infection rates threaten important functions.

Denmark was among the first to announce the development of a digital vaccine passport, which came into effect in April 2021.⁴⁴ For months, Danes repeatedly demonstrated against the COVID passes, and it seems the protests eventually had the desired effect. It just goes

to show that if enough people resist, tyrannical overreach can be reined in.

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Notes

¹ [New York Post August 4, 2021](#)

^{2, 7} [Zywicki vs George Mason University Case 1:21-cv-00894](#)

³ [JAMA Internal Medicine August 16, 2021 \[Epub ahead of print\]](#)

^{4, 5, 6, 8} [Citizens Journal August 25, 2021](#)

⁹ [Children's Health Defense vs Rutgers Case 2: 21-cv-15333](#)

¹⁰ [The College Fix April 10, 2021](#)

¹¹ [The Defender August 12, 2021](#)

^{12, 21, 22, 41} [The Blaze August 25, 2021](#)

¹³ [MedRxiv August 8, 2021 DOI: 10.1101/2021.08.06.21261707](#)

¹⁴ [FiercePharma June 30, 2020](#)

¹⁵ [CNBC July 23, 2021](#)

^{16, 17} [The BMJ Opinion August 23, 2021](#)

¹⁸ [BPR August 20, 2021](#)

^{19, 36, 37} [CDC MMWR July 30, 2021; 70](#)

²⁰ [NBC News August 7, 2021](#)

²³ [Immunity May 3, 2021](#)

²⁴ [Nature May 24, 2021; 595: 421-425](#)

²⁵ [Nature July 15, 2020; 584: 457-462](#)

²⁶ [Cell Medicine July 20, 2021; 2\(7\): 100354](#)

²⁷ [BioRxiv July 15, 2021 DOI: 10.1101/2021.07.14.452381](#)

²⁸ [MedRxiv June 19, 2021 DOI: 10.1101/2021.06.01.21258176](#)

^{29, 30, 31, 32, 39} [MedRxiv August 25, 2021 DOI: 10.1101/2021.08.24.21262415](#)

³³ [Twitter Alex Berenson July 18, 2021](#)

³⁴ [Science August 16, 2021](#)

³⁵ [Evening Standard August 20, 2021](#)

³⁸ [CNBC July 30, 2021](#)

⁴⁰ [BioRxiv March 22, 2021 DOI: 10.1101/2021.03.22.436441](#)

⁴² [FEE.org August 30, 2021](#)

⁴³ [TikTok September 2, 2021](#)

⁴⁴ [Sundhedsministeriet, August 27, 2021](#)

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