

# COVID-19 Vaccines Hinder the Immune System, Lead to More Severe Illness: Dr. Robert Malone



A study out of the United Kingdom has shown that health care workers who received multiple [COVID-19](#) vaccine boosters after initially being infected with the original virus strain from Wuhan are more prone to chronic reinfection from the [Omicron](#) variant.

This may help explain why the people who have received several COVID-19 vaccine boosters are increasingly the ones who end up in the hospital with severe COVID-19 symptoms, sometimes resulting in death, said scientist and physician [Dr. Robert Malone](#).

In a July 21 interview for EpochTV's "[Crossroads](#)" program, Malone, an

inventor of [mRNA vaccine](#) technology, said this phenomenon is the result of a process called “immune imprinting,” whereby initial exposure to a virus strain may prevent the body from producing enough neutralizing antibodies against a newer strain.

He added that this process is reinforced by multiple inoculations.

“All over the world, we are seeing these datasets that show that, unfortunately, the people that are dying and being hospitalized are overwhelmingly the highly vaccinated,” he said. “It is not those that have natural immunity.”

## **Vaccines Based on Old Strains**

The COVID-19 vaccines currently in circulation are based on the Wuhan strain of the [CCP \(Chinese Communist Party\) virus](#), also known as SARS-CoV-2, which causes the illness now identified as COVID-19.

A number of strains have emerged and become dominant since the Wuhan strain was prevalent, including the currently dominant Omicron variant.

The problem is that COVID-19 vaccines use only one of the components of the whole virus, which is a spike protein, so the immune system of a person who received an mRNA vaccine becomes trained to respond to only that component, Malone explained.

“If that antigen has changed slightly, if that virus has changed slightly, [the immune system] still reacts as if it’s the old one,” he said.

The COVID-19 vaccines are based on the spike protein of the original virus identified in Wuhan. That strain of the virus no longer exists and is

not circulating in the population anymore, Malone said.

If a vaccine based on a now-defunct viral strain is repeatedly administered, it trains the immune system to focus more and more on the antigen delivered through the vaccine and to disregard anything else that's slightly different, Malone explained, calling this phenomenon immune imprinting.

"The literature on immune imprinting is bombproof," Malone said.

"Paper after paper after paper now, in the top peer-reviewed journals from the top laboratories all across the world, are documenting it."

The phenomenon has long been known in the field of vaccinology, said Malone, but the topic is verboten, and people who work in the field prefer not to discuss it, he said.

## **Vaccine Immunity Versus Natural Immunity**



A registered nurse cares for COVID-19 patients in an intensive care unit at Harbor-UCLA Medical Center in Torrance, Calif., on Jan. 21, 2021. (Mario Tama/Getty Images)

Health care workers in the UK—many of whom were infected with the Wuhan variant of the virus and also received three or four COVID-19 vaccine doses—have been developing chronic repeated infections from the Omicron variant, Malone said, citing a paper published in the academic journal [Science](#).

Another paper published in *Nature* shows that the evolution of the virus is not coming from the general population, but rather from immunocompromised people who have received multiple vaccine doses, Malone said, and about 30 percent of the highly vaccinated population are having repeated infections.

This is contrary to the promoted narrative that the unvaccinated are putting the wider population at risk, Malone noted.

[Natural immunity](#) from a COVID-19 infection lasts for at least 14 months, including immunity against the Omicron strains, Malone said, citing a scientific paper from Qatar which has not yet been peer reviewed ([pdf](#)).

Vaccine-induced immunity, however, lasts only a couple of months, he added.

When someone gets infected with the original virus, that person will generate an immune response that includes “all kinds of proteins from the virus,” provided he or she hasn’t experienced too much immune imprinting, Malone explained.

“The problem with these monovalent vaccines, or the single-antigen vaccines, is they’re driving all your immune response against one thing as opposed to the whole virus. So all the virus has to do is genetically, through evolution, tweak a few knobs to escape that,” he said. “And that is exactly what’s happened with Omicron.”

The paradox is that most of the countries with emerging economies and low vaccination rates also have the lowest COVID-19 mortality rates in the world, Malone said.

“It’s likely that we’re going to continue to see this trend,” he said.

According to [Our World in Data](#), only 1.4 percent of Haiti’s population has been vaccinated, and the country has recorded 838 COVID-19 deaths, a rate of 73 deaths per 1 million people.

In South Africa, where 32 percent of the population is vaccinated, there have been nearly 102,000 deaths, a rate of 1,717 deaths per 1 million people.

In the UK, 75 percent of the population is vaccinated, and more than 184,000 people have died, which is a rate of 2,736 deaths per 1 million.

And in the United States, 67 percent of the population is vaccinated, and 1.03 million people have died from the virus, a rate of 3,058 deaths per 1 million people.

## Other Problems with Vaccines



A health care worker prepares to administer a monkeypox vaccine at the Pride Center in Wilton Manors, Fla., on July 12, 2022. (Joe Raedle/Getty Images)

Malone pointed out a problem with the current mRNA vaccines.

When a vaccine is injected into a patient's arm, the RNA from the vaccine, which is a modified RNA, is supposed to last for only a couple

of hours, but a study from Stanford University shows that “the RNA sticks around for at least 60 days,” Malone said.

However, the government only accounts for vaccine reactions and illnesses that are recorded on the Vaccine Adverse Event Reporting System ([VAERS](#)) within the first couple of weeks after vaccination, even though the drug is still in the body two months later, Malone said.

“The RNA from the vaccine produces more spike protein than the natural infection does,” he said. “Now that makes sense about why we see more adverse events with the vaccines than we see with the infection itself, because spike is a toxin.”

VAERS was established by the Centers for Disease Control and Prevention and the Food and Drug Administration to collect and analyze data about the adverse effects of vaccination.

The system relies on individuals to send in reports and is not intended to determine if a reported health problem was caused by a vaccine, but it is “especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine,” according to the Department of Health and Human Services.

Malone, president and co-founder of the International Alliance of Physicians and Medical Scientists, said over 17,000 doctors and scientists have signed a declaration [stating unequivocally](#) that genetic vaccines need to be withdrawn.

“These genetic vaccines are not working,” he said.

*Meiling Lee and Zachary Stieber contributed to this report.*

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