

MILLIONS AGAINST MEDICAL MANDATES

Are Covid boosters beneficial for Long Covid patients?

By Amy Gordon, Co-Director of Millions Against Medical Mandates

Because my husband has been diagnosed with Long Covid Syndrome on top of Chronic Lyme, I confront the question about boosters every time we see a practitioner. It has forced me to put aside my own prejudices and opinions and dig deeper into the research and available information on the Covid-19 vaccines, boosters and their risk-benefit ratio.

To be transparent, my husband chose to have the J & J vaccine back in March 2021 at the behest of a functional medicine doctor who was treating my husband's Lyme issues. When this doc's treatments weren't cutting it, the next doctor we consulted strongly urged my husband NOT to get any more shots. The reason -- my husband, in an inflamed, hyper-immune state, could be very vulnerable to the potential adverse immune and inflammatory effects of the shot. The vaccine had zero track record and the alleged benefits did not outweigh the potential negatives.

What does the present research say about the benefits of Covid vaccine for Long Covid patients?

The article ***Have Long COVID? Newest Booster Vaccines May Help You*** by Debby Waldman points to the latest research from 2022. (<https://www.webmd.com/covid/news/20221205/newest-booster-vaccines-may-help-with-long-covid>.) In the article, Dr. Ziyad Al-Aly, MD and clinical epidemiologist/long Covid researcher at Washington University in St. Louis, states, "There's some evidence that the newest booster, which protects against some of the later variants, could help people in several ways... and repeats "A bivalent booster might actually [help with] your Long COVID." However, Dr. Al-Aly does not refer to any direct research that addresses the question of whether you should get a booster if you have Long Covid.

Stating that a booster “might actually help with your long Covid” is not a scientific answer, but rather his opinion.

In [a study published in the journal *Nature Medicine*](#) (co-authored by Al-Aly), he further attempts to justify his opinion. The study indicates that “the more reinfections a person has with Covid-19, the greater the risk and excess burden of all-cause mortality, hospitalization and at least one sequela in the acute and post acute phases of reinfection.” **That does not address the question of boosters at all!**

Al-Aly also points to a [recent review in the journal *The Lancet e-Clinical Medicine*](#). An international team of researchers looked at 11 studies to determine if vaccines affected Long Covid symptoms. Seven of those studies found that people’s symptoms improved after vaccination, and four found that symptoms mostly remained the same. One found that symptoms got worse in some patients. “The impact of vaccination in people with existing long-COVID symptoms is still controversial, with some data showing changes in symptoms and others did not. These assumptions are limited to those vaccines used in the studies.” **This is inconclusive data.**

Another study in [British Medical Journal](#) comes closest to addressing the question but certainly not answering it. “**Trajectory of long covid symptoms after covid-19 vaccination: community-based cohort study**” included “The incidence of long covid may be reduced in those who are infected after vaccination, but the relationship between vaccination and pre-existing long covid symptoms is unclear, as published studies are generally small and with self-selected participants.” The authors of this study propose several “hypothesized mechanisms” as to why vaccination may benefit Long Covid patients such as “People with long covid who experience dysregulation of the immune system may benefit from autoimmune processes being ‘reset’ by vaccination.”

Are these hypotheses, opinions, consensus, and may-be-beneficial statements the only available expertise on this question? And why would this be the case? According to Scott Roberts, MD, associate medical director for infection prevention at Yale New Haven Hospital, “**It could be difficult for long COVID patients to make an informed decision about boosters, given the lack of studies that focus exclusively on the relationship between long COVID and boosters.**”

Even without the missing studies, the message always seems to be the same. “The general consensus is that vaccines really save lives,” Al-Aly says. “Getting vaccinated, even if you are a long COVID patient, is better than not getting vaccinated.”

Is getting vaccinated better than not getting vaccinated? What is the benefit/risk ratio?

Vaccines don't stop transmission: Abundant evidence supports that the vaccines fail to stop transmission, despite the massive campaigns from the FDA, The White House, the CDC and mainstream media to convince us otherwise. For example, in August 2021, the authors of a study (including a CDC employee) struggled (due to censorship of information) to publish their research which showed that vaccinated people could still spread Covid. <https://icandecide.org/press-release/cdc-employees-struggle-to-get-research-published-because-its-findings-counter-public-health-dogma/>

Vaccines may increase the risk of getting Covid-19. In December 2022, the prestigious Cleveland Clinic had a pre-print study A of the bivalent vaccines involving 51,011 participants and found the risk of getting COVID-19 increased “with the number of vaccine doses previously received.” The highest risk was for those who received more than three vaccines. This study indicates that the vaccines not only fail to stop transmission, but they seem to increase the risk of getting Covid 19. <https://yournews.com/2022/12/22/2478345/study-mrna-vaccines-increase-risk-of-contracting-covid-19-each-booster/>

Covid Vaccines have reported adverse events and deaths associated with them. The CDC adverse effects reporting system (VAERS), based on reports from Dec. 14, 2020 – July 29, 2022 for mRNA COVID-19 vaccines, shows clear and significant safety signals for death and 770 different types of adverse events, including thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system and menstrual adverse events (AEs) among U.S. adults. “The CDC analysis shows that the number of serious adverse events reported in less than two years for mRNA COVID-19 vaccines is 5.5 times larger than all serious reports for vaccines given to adults in the US since 2009 (~73,000 vs. ~13,000).” <https://jackanapes.substack.com/p/cdc-finally-released-its-vaers-safety>

Covid vaccines may be killing people.

<https://stevekirsch.substack.com/p/the-death-records-show-the-covid>
<https://stevekirsch.substack.com/p/death-reports-prove-that-the-covid>

Has the CDC been deliberately hiding data? The CDC created [v-safe](#), a smartphone-based program, to assess health after Covid-19 vaccination. Approximately 10 million people signed up and submitted reports after vaccination. But the CDC never shared the data until they were legally forced to. The data from the CDC's V-Safe (Phone) system has highlighted a [series of 15 “Adverse Events of Special Interest”](#) but, the v-safe program did not even track these adverse events! <https://icandecide.org/press-release/breaking-news-cdcs-v-safe-program-did-not-bother-to-track-a-list-of-15-conditions-that-the-cdcs-v-safe-protocol-identified-as-adverse-events-of-special-interest>

Given the lack of specific data addressing any benefits of Covid vaccine on Long Covid syndrome and given the risk-benefit ratio* skewing heavily in the direction of multiple serious risks from an experimental technology lacking both the standard testing period and informed consent, my husband and I made a personal decision to forgo any boosters for him beyond his first shot. I encourage everyone to do your own research, digging especially hard into the areas that seem to be censored. Two of the latest books that could help in your decision-making are:

https://www.amazon.com/COVID-19-VACCINES-Beyond-Medical-Industrial/dp/0985818069/ref=sr_1_1 and https://www.amazon.com/Cause-Epidemic-Sudden-Childrens-Defense/dp/1510776397/ref=sr_1_11

And lastly, questioning the vaccines no longer puts you in the minority. The latest Rasmussen Reports poll finds that 49% of American Adults believe that side effects of COVID-19 vaccines have caused a significant number of unexplained deaths, including 28% who think it's "Very Likely."

https://www.rasmussenreports.com/public_content/politics/public_surveys/died_suddenly_more_than_1_in_4_think_someone_they_know_died_from_covid_19_vaccines

** Part of the risk- benefit ratio is also the availability of proven, effective, inexpensive, early treatment protocols that we have utilized successfully. <https://covid19criticalcare.com/treatment-protocols/i-care/>*

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