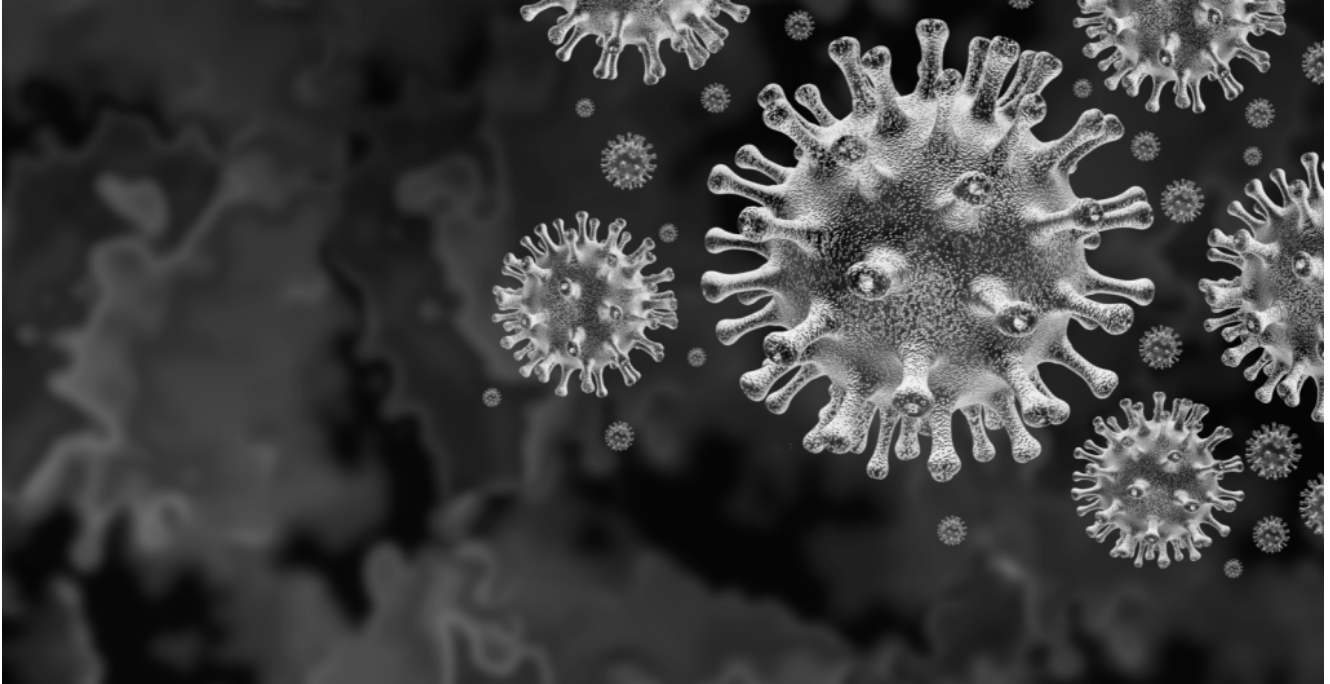


NIH Uses New Study to Spread COVID-19 Misinformation, Incite Fear



The response to the [Covid-19 pandemic](#) revealed many [concerning aspects](#) of how government functions and how committed individuals and institutions are to maintaining their preferred narratives.

Truth, data, science, evidence...apparently none of those matter relative to the importance of ensuring the public complies with their desired behavior. Perhaps no single individual has been a better representation of the symbiotic relationship between government officials and media members, as well as their ceaseless commitment to ideological priorities, than Dr. Anthony Fauci.

Fauci's NIAID and its parent organization, the National Institutes of Health, have been two of the most prolific spreaders of ideologically motivated misinformation ever during the pandemic. But Fauci is no longer part of NIH, having departed for the considerable financial rewards

available from the private sector.

So as a result of his timely exit, we must finally be witnessing improvements regarding government studies and communication, right? Right?

Not exactly.

Government Covid Misinformation Continues Unabated

A triumphant, breathless press release from the National Institutes of Health was just released in the past week covering a new [study](#) that claimed a horrifying new conclusion. Contracting Covid-19 once is bad, but God forbid you experience two bouts of the virus...It's terrifying.

That's their claim resulting from utilizing massive volumes of "health data" on over 200,000 Americans who they believe had Covid at least once over a two-and-a-half-year period from 2020-2022.

"Those individuals were originally infected between March 1, 2020-Dec. 31, 2022, and experienced a second infection by March 2023. Most participants (203,735) had Covid-19 twice, but a small number (478) had it three times or more," the study says.

The conclusion, is at first glance, concerning.

"Using health data from almost 213,000 Americans who experienced reinfections, researchers have found that severe infections from the virus that causes COVID-19 tend to foreshadow similar severity of infection the next time a person contracts the disease. Additionally, scientists discovered that long COVID was more likely to occur after a first infection compared to a reinfection," the NIH summary claims.

That sounds pretty bad. If you get infected a second time, you're likely to experience a severe case of Covid. Right?

Except that is a completely inaccurate conclusion based on the limited data presented.

"About 27% of those with severe cases, defined as receiving hospital care for a coronavirus infection, also received hospital care for a reinfection. Adults with severe cases were more likely to have underlying health conditions and be ages 60 or older. In contrast, about 87% of those who had mild Covid cases that did not require hospital care the first time also had mild cases of reinfections," the researchers write.

And there's the real story, hidden in plain sight.

We know from years of experience that Covid significantly impacts those who are in poor health, have underlying conditions, or are older AND in poor health. We also know that a very small percentage of Covid cases require treatment in a hospital setting.

All this study shows is that those who are in poor health, have underlying conditions, or are older, are more likely to need additional care if they get Covid a second time. Even then, 73% of those who had a second infection and were hospitalized the first time did not need hospitalization for the second infection. Sure enough, the vast, vast majority of those who had mild Covid cases the first time had mild Covid cases the second time.

The protection from natural immunity is highly important and generally durable, though less so when an individual with poor underlying health has contracted the virus. This is nothing new. But that didn't stop the new head of the NIH from spouting some impressive fear-mongering and bad science.

NIH Can't Stop Getting Things Wrong

Dr. Monica Bertagnolli [posted](#) a link to the study on X, and a short summary. She repeated the same line about the severity of Covid reinfections, which were intended to undermine the importance of natural immunity.

And more importantly, she claimed that the results underscore “the importance of preventing infection.”

After analyzing data from 200K Americans who had [#COVID19](#) twice, researchers found that a severe [#COVID](#) case tended to foreshadow a similarly severe infection the second time, underscoring the importance of preventing infection[.]

Except that's an impossibility. SARS-CoV-2 is an endemic virus. It will never be eliminated. It will never be stopped. Infection cannot be avoided. Vaccinations don't prevent it, [masks](#) surely are ineffective, and any public interaction may result in an infection.

There simply is no way to prevent infection, which is why some countries have now reported that roughly 70% of their population, even with masking and vaccination, have tested positive. Telling those at risk to try to avoid infection is irresponsible and inaccurate. So why is this coming from the NIH?

Sure enough, these researchers also accidentally made the case for natural immunity. When studying the nonexistent phenomenon of “long Covid,” they found that those who had typical, longer-lasting effects from viral infections had bigger reactions after their first infection.

“Scientists also discovered that regardless of the variant, long Covid cases were more likely to occur after a first infection compared to a reinfection,” the study says.

Why is that? Because of natural immunity.

Under Anthony Fauci, they spent years downplaying it. They continue to undermine it in 2024. But the reality and the science continue to prove that natural immunity is protective and durable, and this is especially true for those in good health and younger age groups. Imagine if government agencies had been willing to admit this in 2020 instead of pointlessly locking down all of society in order to somehow prevent a virus that cannot be prevented.

That would have been the correct evaluation and communication.

But since when have government agencies handled a single aspect of Covid correctly?

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