

# Vaccine Damage Project: Estimating the Human Cost

Some decisions in human history are more impactful than others. The decision to accept a novel inoculation technology using mRNA and roll it out to mass populations in such a short timescale, is probably the one of the most important of the current century. Decisions of this importance must come with equivalent levels of transparency and scrutiny so that different viewpoints are brought forward and public debate can ensue.

This first part of the V-damage project is an attempt to estimate the direct impact from the mass Covid-19 inoculations on individuals at a population level. In order to do so, we split the impact of the inoculations into 4 broad groups differentiated by the severity of outcome. We suppose that of the inoculated individuals, a large group will likely experience no adverse effects, another large group will experience mild or moderate adverse effects, which could be temporary in nature or have long-term manifestations or even be permanent.

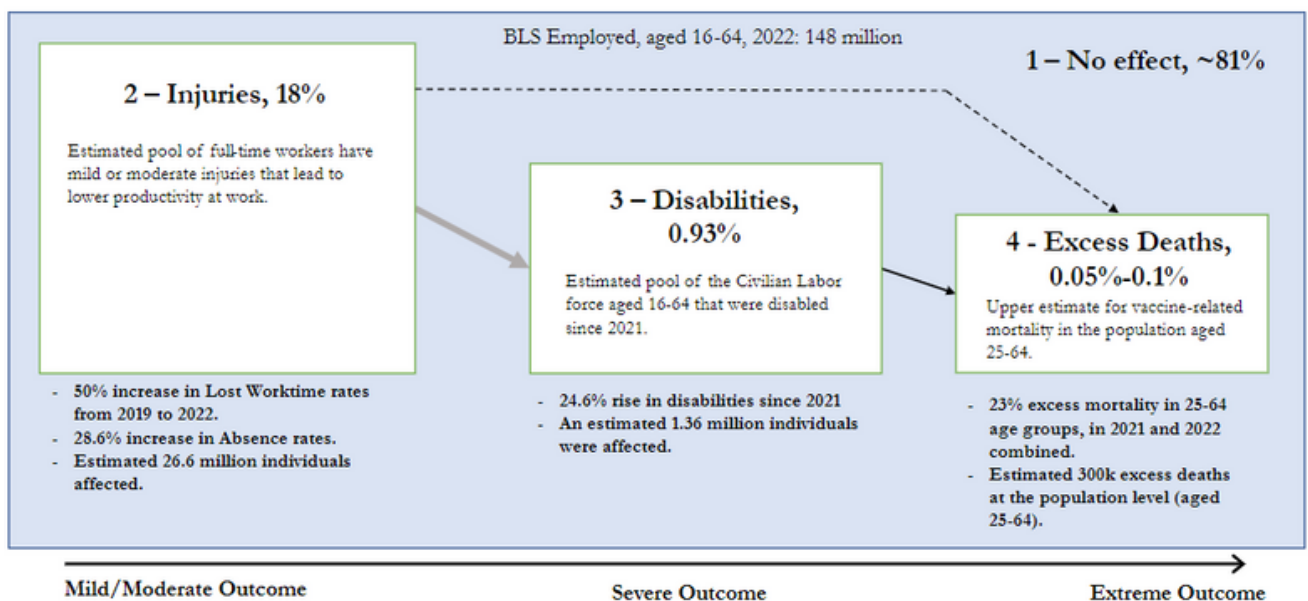
Furthermore, a group of individuals could experience severe outcomes which lead to a disability and the most extreme outcome would be death.

Summarizing, the different possible outcomes for individuals who took the inoculations are:

- 1 - No effect or asymptomatic.
- 2 - Mild to moderate outcome that could be a temporary short-term or long-term, or even permanent injury.
- 3 - Severe outcome that leads to a disability.
- 4 - Extreme outcome leading to death.

The figure below illustrates the different groups of outcomes from the mass vaccinations. We need to remember that not only are these groupings an attempt to characterize different levels of damage from the inoculations, they are not static and could interact with each other. For instance, there might be individuals who had no visible effects after vaccination but nonetheless could still be impacted from the inoculations and could therefore be represented in the sub-group of injured individuals.

In a similar way, individuals with mild injuries from the inoculations could, over time, develop severe injuries to the extent of being disabled, or an extreme outcome such as death. The likely path of outcomes would be from injury to disability to death, however we need to consider that to a lesser extent there could be individuals who suffer extreme outcomes when they had only experienced mild injuries until then. We can relate this with the anecdotes of otherwise healthy athletes suffering heart attacks during sports competitions at an alarming rate since the 2021 inoculations.



## Page 2 – Vaccine Damage Project: Estimating the Human Cost

### OUTCOMES BY GROUP:

#### 1 - No effect or asymptomatic

This group of individuals comprises those individuals who did not experience adverse events following the Covid-19 inoculations. It is likely that this group of individuals is the largest, however, we cannot know for certain. We don't want to speculate as to the proportion of the whole population that this group of individuals represents. For the purpose of our project, we're going to assume that these individuals are all those that are not included into the other 3 groups. We estimate that the number of individuals are likely in group 2 (injured) represent about 18% of the population (see below) and therefore, group 1 would amount to about 80% of the population.

#### 2 - Injuries - Mild to moderate outcomes

Individuals in this group are those who experienced mild to moderate adverse effects after vaccination. These events could be temporary in nature, or long-term or even permanent. We'll assume that individuals in this category are likely to have experienced mild or moderate adverse events after vaccination. These adverse events could be the early sign of an injury that could be temporary or permanent in nature. Under this definition we investigated the excess rate of related adverse events in vaccinated individuals (23.90%) versus the placebo baseline (5.98%) in the Pfizer clinical trial ([Reviewed here](#)), which is a first-order approximation for the affected population. As for the different relative to the placebo rate, we obtain  $(23.90\% - 5.98\% = 17.92\%)$ .

The rate of adverse events in the clinical trial is corroborated by the analysis of the V-Safe database where the rate of individuals who were not able to work (but were not hospitalized) after vaccination was about 29.47%. This rates includes the placebo baseline, which is unknown for the population sample of V-Safe users. They are similar to the rate of vaccine-related adverse events from the Pfizer trial.

Taking all this evidence into consideration, we make the assumption that the pool of possibly injured individuals due to the vaccine is about 18% of the population, that is, the rate (per dose) of related adverse events reported in the Pfizer clinical trial (minus the baseline rate).

These injuries will likely manifest as loss of productivity, as these individuals are likely to have higher absence rates, and higher lost worktime rates, than the pre-2019 baseline. In fact, we performed an [analysis of absence rates](#) and lost worktime rates in full time workers (using data provided by the BLS) and we observed that there has been a large increase in absence rates starting in 2020, but accelerating in 2022. Absence rates in 2022 were about 28.6% higher than in 2019, representing a 11 standard deviation variation.

#### 3 - Disabilities - Severe outcome

These individuals are easier to characterize accurately as they are associated with severe effects after vaccination, such as being disabled. Using this definition, we investigated the rise in disabilities that has occurred since the start of the vaccine rollout program, in [parts 1 to 4 of our US disabilities project](#).

We also investigated the excess rate of Serious and Severe Adverse Events in vaccinated individuals versus the placebo baseline in the Pfizer and Moderna clinical trials ([here](#)), and the Severe Adverse Events in the Pfizer trial, which we then compared with the rise in disabilities at the population level ([part 5](#) and [part 6](#)).

Furthermore, the rate of hospitalization with 5 or more days of lost work derived from the V-Safe database, corroborates at a population level our [computations of time-series of Serious and Severe adverse events](#).

#### 4 - Death - Extreme outcome

This group of individuals died as a consequence of vaccination. We compute excess mortality estimates using our method 2C, as described in our methodology report ([here](#)), which gives us an estimate the extent of the damage of the Covid-19 pandemic. At the population level, it is not easy to distinguish between Covid-19 deaths, those due to the vaccination, or other causes of death. For instance, in older individuals, excess mortality could be driven substantially by Covid-19, and in younger individuals the increase in fentanyl overdoses or other causes could play a role.

However, from the summer of 2021, with the introduction of mass vaccination, with the rise in natural immunity by exposure to the virus, and the emergence of milder and more contagious virus strains (such as Omicron), it is difficult to argue that Covid-19 had a significant role in excess mortality. We can therefore use the total excess mortality in 2021 and 2022 as an estimate for vaccine-related deaths, or at least an estimated upper limit for the vaccine damage. We compute excess mortality estimates using our method 2C, as described in our methodology report ([here](#)). The analysis of excess mortality for 2020, 2021 and 2022 can be visualized in the interactive charts ([here](#)).

## *Page 3 – Vaccine Damage Project: Estimating the Human Cost*

### **CONCLUSIONS:**

We summarized the human cost of the Covid-19 inoculations by identifying three broad groups of people who suffered varying levels of damage. We obtained estimates for the pool of individuals within the population who belong to each of these vaccine-damaged groups, using the US population as an example.

We investigated the human cost in relatively young and healthy age groups as these are the most representative for the productive population (workforce). For absences, we estimated the injured pool of individuals by using the full time workers aged 25-54, while for disabilities we use the employed workers aged 16-64 and for excess deaths we use the population aged 25-64.

### **Summary of Results:**

#### **Group 4: The most extreme damage (death):**

- Excess deaths are estimated to have occurred at an absolute rate of about 0.1% of the 25-64 population for 2021 and 2022 combined (upper limit).
- This represents a about 23% excess mortality for 2021 and 2022, relative to the expected baseline.
- In absolute numbers, this represents about 310,000 excess deaths.

#### **Group 3: With severe damage (disabilities):**

- The rise in disabilities in the Civilian Labor Force population since the start of 2021 was about 0.93%, corresponding to a 24.6% rise.
- In absolute numbers, an estimated 1.36 million individuals aged 16-64 that are actively engaged in the labour market, became disabled.

#### **Group 2: With mild to moderate damage (injuries):**

- About 18% of the Employed Labor Force aged 16-64 is estimated to have suffered injuries due to the Covid-19 vaccine rollout program that started in 2021.
- In absolute numbers, an estimated 26.6 million individuals have been injured by the inoculations.
- This corresponded to a 28.6% rise in absence rates in 2022 relative to 2019, and a 50% rise in lost worktime rates.