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How Many People Have Been Killed by the Covid Vaccine?

Diverse methods put the number at several hundred thousand for the USA

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Global Research, May 23, 2022
Theme: Science and Medicine

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In a science-based world, in the world we all want to live in, this question would be answered directly by institutions and agencies eager to collect safety information on a new medical technology, even as it was being rushed to market. But this is not our world, and in reality we have to glean bits of information from diverse sources and try to compare their implications to converge on a consensus view.

Several scholars and statisticians have used different methods to estimate how many Americans the vaccines have killed. I took a stab at it myself. Credible results fall in the range 250,000 to 500,000 people killed promptly by the vaccines, about ¼ to ½ the number that the COVID virus has reportedly killed.

This includes only people who die within a few days or sometimes weeks after vaccination. Long-term health effects from the vaccines are thought to be predominantly detrimental, but difficult to quantify because they are just beginning to become apparent.

Medical journals that are worse than useless

Such is the captured state of our most prestigious medical journals that this article appeared in Britain's "best" medical journal last month. The message they want to propagate is that "most reactions were mild". MedPageToday summarized the Lancet study with the headline, "6 Months of U.S. Data Support Safety of mRNA COVID Vaccines" — a statement that goes well beyond the (distorted) claims in the Lancet, as covered by the Children's Health Defender here.

"Most reactions were mild?" Well, yes, that's true in the sense that there were a whole lot more headaches than deaths, and more sore arms even than headaches. But look at the absolute numbers! Deaths from the COVID vaccine have been 90 times higher than the previous most deadly vaccine in history, Shingrix.

This practice of looking only at the ratios of different kinds of vaccine injuries and not the crucial issue of absolute rates was introduced into the FDA protocol just last year, undoubtedly because the mRNA vaccines could never have been approved if absolute rates of injury were considered.

A measure called PRR = proportional reporting ratio is a complicated statistical algorithm that effectively makes most readers' eyes glaze over. But Matthew Crawfordis not most readers, and he pointed out last summer that PRR had this diabolical property that the absolute number of injuries appears in both the numerator and the denominator, so that PRR is completely insensitive to the actual rate of injuries caused by the vaccine.

Long-term harm — no data yet

Here, I focus only on the short-term risk of death from the vaccines.

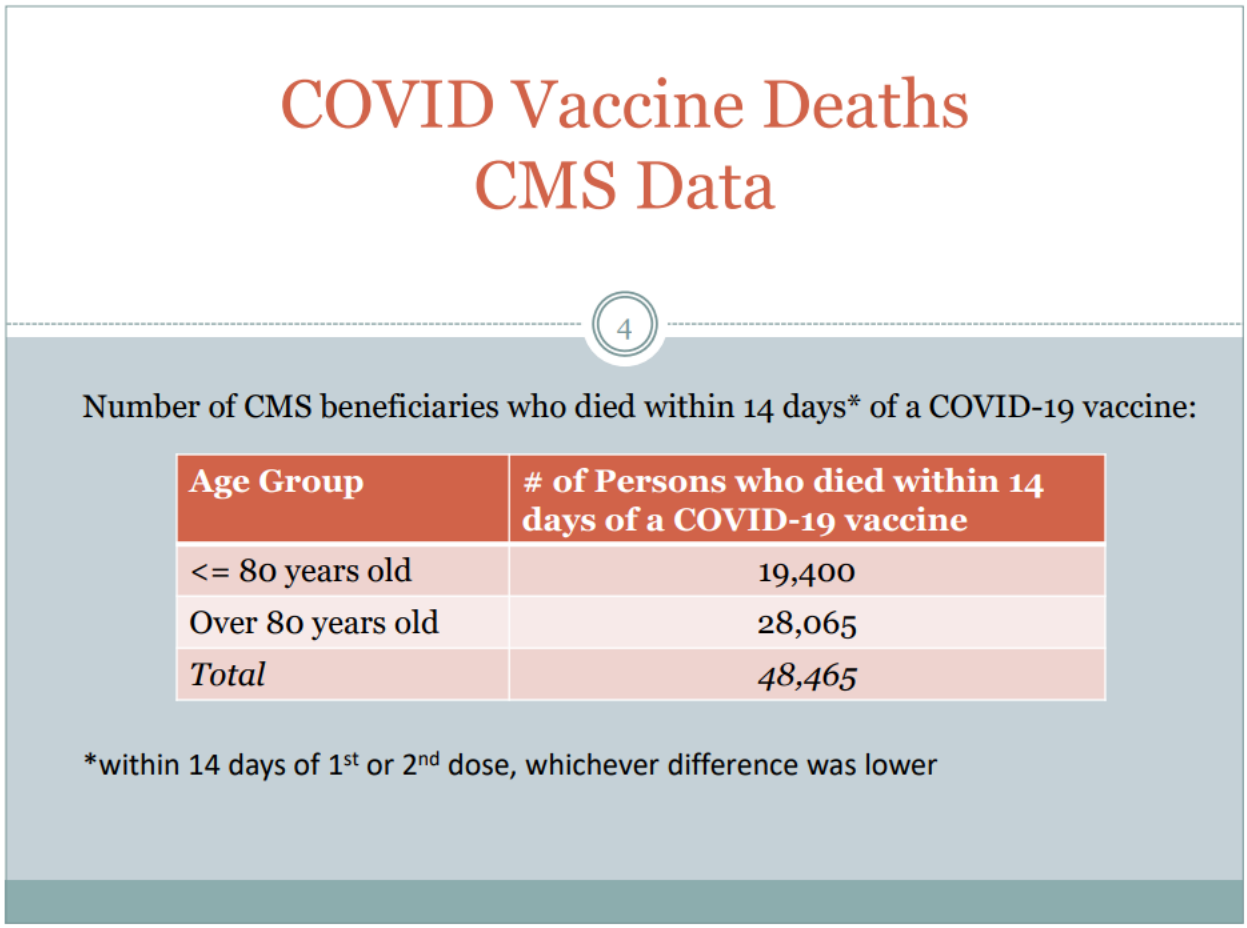
There is good reason to suspect that the mRNA vaccines have detrimental effects on the immune system and, in some cases, on the heart, the nervous system, and the reproductive system. Seneff and McCullough (with other experts) analyzed mechanisms of immune suppression from the vaccines, with potential long-term consequences for cancer, infectious disease, and other aspects of health.

Another recent publication documents that the RNA from the vaccines can be reverse-transcribed, with potential to become a permanent part of a person's DNA. The implication of these findings is that some vaccinated patients may continue to generate spike protein for the rest of their lives, and that there is a possibility their offspring might also carry genes for the spike protein.

Sen Ron Johnson and attorney Tom Renz have obtained statistics from the US Medical Military Epidemiological Database.

Figures for 2021 show large increases in several types of cancer, MS, inflammation of the heart, and a variety of chronic diseases. This has large but yet unmeasured implications for long-term health of the vaccinated.

Renz also announced last year that an anonymous whistleblower within CDC had leaked to him unpublished data from Medicare and Medicaid patients. Among this group (about 60 million people), there were 48,465 deaths within 2 weeks of vaccination. These were concentrated among the elderly, but the rate was far above background death rates for all age groups.



Actual data from people vaccinated more than a year ago is just beginning to be available, and there is no substitute for compiling symptoms and statistics in the real world.

Nevertheless, I don't hesitate to say that it was the height of irresponsibility for Pfizer and Moderna and FDA to have distributed mRNA vaccines to billions of human experimental subjects without even considering the question how long the spike protein remains active in the minority of cases where the mRNA is not efficiently eliminated and whether the RNA can reverse-transcribe to become a permanent part of a person's genome, and the FDA stepped far outside its role as watchdog and protector in the health marketplace when it authorized (then approved) COVID vaccines with no data on long-term health effects.

Pfizer's data

The FDA originally asked to withhold, for up to 75 years, Pfizer's data, submitted to them in support of approval of their vaccine. But now some of this data is being released over about a year. This first data dump reports 1,223 deaths worldwide following vaccination through February 28, and suggests that about ⅓ of them are in the US. Based on 38.4 million US Pfizer vaccinations during this time period (CDC data), Pfizer's own figures suggest a prompt fatality rate of 10 per million vaccination doses.

That would scale to about 6,000 American vaccine deaths today, assuming the rate remained constant, based on 558 million vaccine doses delivered (according to CDC). This is much smaller than the number of deaths reported to date to VAERS (11,700 US) and VAERS is generally considered to be substantially under-reported — see below. Incidentally, CDC treats all these deaths as coincidence, and has acknowledged just nine deaths from COVID vaccines, none of them from Pfizer or Moderna.

Pfizer's reported 1,223 deaths is almost certainly an undercount based on what we have seen from other sources. But for the FDA, it was an unprecedented level of risk. For example, when the swine flu vaccine was rushed out in 1976, the vaccine was pulled abruptly from the market after 53 people died. 53 deaths were enough to pull the plug on a vaccination program in 1976; but the Pfizer vaccine was authorized by FDA with 1,223 admitted deaths, and later approved after more than 10,000 deaths had been reported to VAERS.

VAERS

VAERS, the 30-year-old Vaccine Adverse Events Reporting System, though deeply flawed, may be the best resource we have. There have been 12,000 US deaths reported to VAERS following receipt of the COVID vaccines in 2021 and 2022. We know that reporting to VAERS is not only voluntary but cumbersome and that most harms from vaccines are never reported to VAERS.

So to get from 12,000 to the full number of deaths, we need to multiply by a compensatory "underreporting factor", URF. For every reported death there are URF total deaths, reported and unreported. A Harvard Pilgrim Study in 2010 concluded that "fewer than 1% of vaccine adverse events are reported", or URF>100, but we expect that a single URF is an oversimplification.

More serious injuries that begin immediately after vaccination are likely to be reported at a higher rate (lower URF) compared to milder injuries that become apparent only weeks or months after vaccination. Deaths are a special case — the most serious of "adverse events", but no patient remains to report the issue. What is the URF for deaths?

In the past, CDC itself has estimated its underreporting factor. Here [2020], they come up with numbers from 1.5 to 8 for various conditions. No CDC estimate has been made since the mRNA vaccines appeared. There are credible charges that VAERS has deleted reports and that social and economic pressures are used to discourage reporting of COVID vaccine injuries in particular.

This article from Massachusetts General Hospital is limited to anaphylactic shock in response to the COVID vaccines. This is the most obvious and most immediate serious (life-threatening) side-effect of vaccination. The authors calculate an underreporting factor between 50 and 123. Kirsch, Rose, and Crawford compute URF=41 based on this same MGH data and corresponding reports to VAERS.

Jessica Rose estimates the underreporting factor using Pfizer's own data for the 15,000 subjects in their trial and comparing the rate of severe side-effects in Pfizer's trial with the numbers subsequently reported to VAERS when the same vaccine was distributed to the public. She arrives at URF=31. 12,000 reported deaths for mRNA vaccines might then correspond to 370,000 actual vaccine deaths.

More ways to estimate the death toll from COVID vaccines

There are other methods we might use to estimate URF, the number of VAERS cases that go unreported for each one that is reported. One is to look at excess all-cause mortality from all causes in 2021 (when the vaccines were introduced), and compare it to 2020 and prior years; another is to look at data from other countries or whole-world data.

Mark Skidmore has taken a direct approach with a broad-based national survey.

A fourth approach, which I undertook myself, is based on data reported by life insurance companies indicating that death claims in the working-age population (18 – 65) were up.

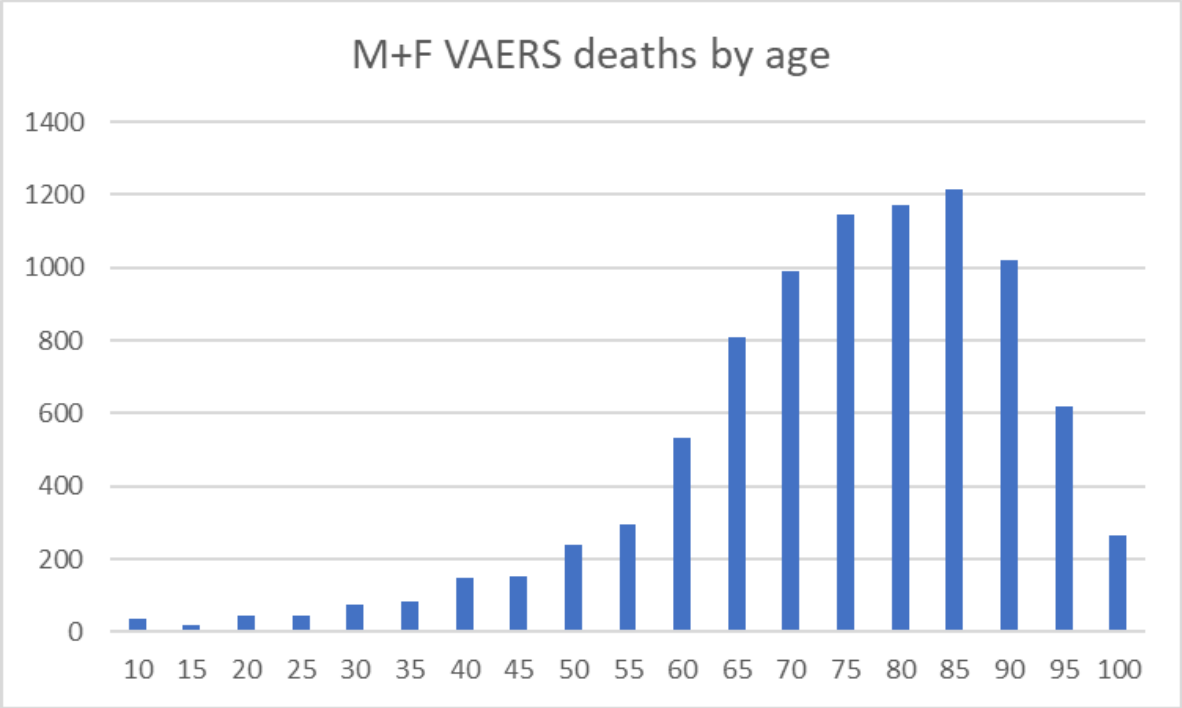
Edward Dowd, a securities analyst, posted his analysis based solely on CDC all-cause mortality data that for millennials (age 25-40), all-cause mortality is up 84% during this year of vaccination compared to what would be expected based on recent previous years.

The percentage is larger for the young millennials because the baseline number is smaller. In other words, the expected death rate among 25-40 year olds is low, so vaccine injuries show up as a larger percentage, and the result is easier to see.

This is evidence that while COVID-19 kills mostly older people, roughly in proportion to their baseline demographic risk, the COVID-19 vaccines take a relatively greater toll on younger people. Older people have exponentially higher probabilities of dying of any cause, and the COVID virus mimics the natural background rate, killing older people far more often than younger people. The mRNA vaccines also kill older people more often than younger, but the probability is not so strongly skewed, so, compared to background rates, vaccine deaths in younger people scream from the rafters as a statistical anomaly.

Since the beginning of 2021, there have been a lot of “excess deaths” (more than in previous years), and the numbers are too glaring to hide. Of course, the mainstream press is not even asking the obvious question, “could these be connected to the COVID jabs?” Everyone agrees the number of deaths is far in excess of what can be explained directly by the COVID virus.

The excess mortality for young people provides clear and compelling evidence for vaccine fatalities. We can extrapolate roughly from data pertaining to the young to the population as a whole using the VAERS database to estimate what portion of the deaths are in each age range. (In doing this, we assume that the URF does not depend on age, even though we know intuitively that it is far more likely that a VAERS report will be filed for a 40-year-old death than a 90-year-old death.)



Outright denial from the usual sources

This Lancet article, sponsored by the Gates Foundation, offers a model to help us understand the factors leading to excess deaths at various places in the world. They use statistical methods to select relevant variables, but, as you might guess, some salient variables like “vaccination rate”, “lockdowns”, and “use of ivermectin” were not under consideration.

The article finds that in addition to 6 million people who died of COVID-19 in two years of the pandemic, there were 12 million excess deaths that could not be traced directly to the virus. Their estimate of 18 million worldwide excess deaths agrees pretty well with The Economist’s model, described below, which centered on 20 million, with wide margins.

This is a list of the variables considered by the Lancet/Gates study for explanation of the increase in all-cause mortality.

Covariate	Scale	Direction
Average absolute latitude		Positive
Cardiovascular diseases death rate (2019)	Log	Positive
Crude death rate (2019)	Log	Positive
Diabetes death rate (2019)	Log	Positive
Healthcare access and quality Index (2019)		Negative
HIV death rate (2019)	Log	Positive
Infection detection ratio (lagged)		Negative
Inpatient admission rate (2019)		Negative
Mobility (lagged)		Positive
Proportion of population over age 75		Positive
Quality of death registration system (2019)		Negative
Reported COVID-19 death rate	Log	Positive
Seroprevalence rate (lagged)	Log	Positive
Smoking prevalence (2019)		Positive
Universal health coverage (2019)		Negative

This kind of study is called a “multivariate regression”. A list of possible causes is first postulated, each of which is correlated with the outcome, and with each other. The statistical procedure then tells you quantitatively what percentage of the outcome is explained by each of the candidate causes.

In this case, the outcome is the difference between the death rate in 2020-2021 and death rate before 2020. The fact that billions of doses of an experimental vaccine were delivered to half the world population during 2021 and not at time before stands out as the elephant in the room, but assessing vaccine risk was not on the agenda of this list of authors.

The list of candidate causes that they came up with is implausible because none of these factors changed between 2020 and 2021, and the most dramatic increase in all-cause mortality occurred in 2021. I assume that mass vaccination with a hastily-tested experimental technology is the most plausible candidate for the 2021 increase in deaths.

Skidmore survey

Prof Mark Skidmore is the same man who uncovered $21 trillion [sic] missing from Pentagon accounting three years ago.

Late last year, he conducted a modest survey of just 3,000 people, designed to be a representative sample of Americans. Results were published here. Skidmore was recently interviewed on Rumble.

He asked subjects about family members and people who died of COVID-19 and in parallel asked about people in the same group who died of the COVID-19 vaccine. He found 55 people who reported a fatality from inoculations compared to 150 people who reported a fatality from COVID-19.

The implication is that COVID vaccines have killed 37% as many people as the COVID virus. (Because of the small sample size, the percentage could be as low as 26% or as high as 47%.) An additional, more contingent, step in the calculation is to then calculate 37% of government estimates of COVID fatalities nationwide (996,000) to conclude that 365,000 Americans have died (promptly) from the COVID vaccinations. Skidmore himself hedges this extrapolation, and suggests the number is 294,000 for calendar 2021.

Deaths from all causes are up in 2021, far beyond the highs of 2020

Several research articles have been written based on research from The Economist. Their modelers brought together real world data and projections to come up with the best estimate they could of the number of excess deaths during the pandemic—those due to the virus, and those due to other causes, principally the responses to the pandemic. They estimate (with wide margins of error) 20 million excess deaths over 2 years, with only 6 million caused by the virus directly.

You can see that only 6 million of the excess deaths occurred in 2020, and 14 million in 2021. The virus was with us in both years, and the worst of the lockdowns and economic hardship was in 2020. The thing that distinguishes 2021 is that 11 billion doses of an experimental vaccine were administered to 58% of the world's population.

1.9 million people died of COVID worldwide in 2020, and 4.0 million in 2021. This accounts for 2.1 million of the 8 million difference. If w attribute the remaining 5.9 million difference between 2021 and 2020 to vaccines, we can divide by 11 billion doses to get a mortality risk per vaccination = 0.053%. This translates to just over 300,000 US deaths, based on 577 million US doses. (This is my own calculation, unpublished and unsourced.)

Of course, there were other causes of excess deaths besides vaccines: deferred medical attention while hospital staffs were COVID-spooked, deaths caused indirectly by lockdowns and economic hardship, suicides, overdoses, and deaths from addiction while people were isolated and depressed. I don't subtract these from the calculation above because I presume they were present about equally in 2020 and 2021. There were already 6 million excess deaths in 2020 which included both direct COVID deaths and deaths caused by the COVID response. An important assumption in this calculation is that in subtracting 14 million 2021 excess deaths minus 6 million 2020 excess deaths = 8 million "excess excess deaths", I presume to have accounted for everything except the vaccine deaths. To the extent this is not true, this calculation of vaccine risk is an overestimate.

"Life insurance CEO claims deaths are up 40% among people ages 18-64"

This is a huge spike, by historic standards. Life insurance statisticians estimated a 1 in 1,000 chance that the number would fluctuate by as much as 10%. Since 1950, the year-over-year death rate in the US has never before varied by more than 1%. Clearly, something dramatic happened in the third quarter of 2021.

I have taken this headline ("Life insurance CEO claims deaths are up 40% among people

ages 18-64") and translated into a very rough estimate of the absolute number of deaths.

The result I got was that a dose of one of the vaccines has a probability 0.036% of being lethal for the 18-64 age group. This translates to 201,000 Americans killed by the vaccines. This number is lower than most of the estimates above, probably because I have made a straight-line extrapolation from the employed and healthy 18-64 age group to the population as a whole. In fact, the probability of dying from the vaccine is greater for the elderly and people who are too sick to work.

Details of the calculation are at the end of this article.

The bottom line

We can say with some confidence that several hundred thousand Americans have been killed promptly by the COVID vaccines, and that long-term effects are yet to be counted. Even though we cannot pin the number down more exactly, we have confidence in the magnitude because so many independent calculations roughly agree. The magnitude of COVID vaccine deaths, even at the low end of our estimate, is unprecedented in American medical history, and it screams out for a change in course.

Details of my calculation based on 40% increase in Life Insurance claims

To compute the expected number of deaths among 18-64 year olds for a calendar quarter, I started with two demographic tables. One was the number of Americans in each 5-year age cohort — 20-24, 25-29…. etc, from Statista.com. The other was a life expectancy table from the Social Security Administration which lists the probability of a person age x dying before he or she reaches age x+1. Both these tables were divided M/F.

To make the two tables compatible, I averaged the one-year probability of death in 5-year aggregates. Then, I multiplied each 5-year average by the number of people in the age group, added M+F to get the total number of expected deaths in a year. I divided by 4 to get the number of deaths in a quarter = 174,000. 40% of that number is 69,500. This is the increase in all-cause mortality (in ages 18-64) reported by the insurance executives.

To extrapolate from 18-64 year olds to the population as a whole, we can use the VAERS data, reported by age, and summarized in the histogram (bar chart) above. From that chart, it appears that about 26% of the VAERS deaths are in the 18-64 age group. If 69,500 deaths is 26% of the whole, then the number of excess deaths in the entire population is 267,000. This is just the deaths in the third quarter. There were 66 million doses distributed in the third quarter. So if we attributed all these excess deaths to vaccines, this calculation would lead to an implausibly high risk of death: 267,000 / 66,400,000 = 0.40%, equivalent to over 2 million vaccine deaths for the whole country, all dates. This tells us that either the claim by insurance executives (40% excess mortality in the working age population) is exaggerated, or not all of these deaths follow promptly on vaccination. I also suspect that the vaccines are damaging immune systems, so that there are delayed deaths of people vaccinated months earlier. Some of the excess deaths in the third quarter are indeed vaccine deaths, but they come from vaccinations in the first and second quarters. The long-term effects of mRNA vaccines represent a frontier in our knowledge that we are just opening.

The population that the life insurance executives were attending to were predominantly

people who worked for large employers, because it is those employers who bought group life insurance policies. According to President Biden's mandate, these people would have all been vaccinated in the 2nd and 3rd quarters of 2021 in order to keep their jobs. I assumed one vaccination per individual in the life insurance group during the 3rd quarter. So the number of doses is presumed equal to the 18-64 population, which was 193 million. Dividing 69,500 deaths by 193 million doses, I calculated the probability that a vaccine dose is lethal = 0.036% in this age group.

A straight extrapolation to the whole US population (558 million doses) suggests that 201,000 Americans have died from the COVID injections. This doesn't take into account the fact that the vaccine is more likely to kill elderly people than the 18-64 age group for which we have data.

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