Cost benefit by age analysis: The COVID vaccines kill more people than they save for all age groups

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Abstract: This paper calculates the risks from taking the vaccine compared to the benefit of being vaccinated (which we assume is a 90% risk reduction) and concludes that the vaccines make no sense for any age group. They kill, in the best case, 2 people for every person saved from COVID. For 20 year olds, we kill 6 people for every person saved.

At this point, two separate stopping conditions have been satisfied:
1. The vaccines kill more people than they save
2. The vaccines have killed over 150,000 Americans so far

The stopping conditions have been validated in the peer reviewed literature as noted below.

The vaccines should be immediately halted by all civilized societies and should be replaced by treating COVID when it happens with early treatment protocols (such as the Fareed-Tyson protocol) that have been shown to be well over 99% effective in actual clinical use in over 7,000 patients. We can end the lockdowns, masking, social distancing, and mandates. It is inexplicable that we are not doing this.

Confirmation by others

There are several other independent sources that confirm my conclusions. The first two are published in peer-reviewed journals.

1. A recent scientific paper (see Why are We Vaccinating Children against COVID-19?) found the exact same thing: vaccination doesn't make sense for any age group. It is nonsensical. This is a comprehensive analysis published in a top peer-reviewed medical journal (impact factor 4.81). Excerpt:

   > Thus, our *extremely conservative* estimate for risk-benefit ratio is about 5/1. **In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions!** This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below

about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible.

It should be remembered that … Thus, the long-term cost-benefit ratio **under the *best-case scenario* could well be on the order of 10/1, 20/1, or more for all the demographics**, increasing with decreasing age, and an order-of-magnitude higher under real-world scenarios! In summary, the value of these COVID-19 inoculations is not obvious from a cost-benefit perspective for the most vulnerable age demographic, and is not obvious from any perspective for the least vulnerable age demographic.

2. The famous Walach paper which was improperly retracted is now republished here where it will take actual science to get it retracted: [The Safety of COVID-19 Vaccinations - Should We Rethink the Policy?](#).
3. Jessica Rose's paper "[Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?](#)" says:

    Thus, the ratio of ESAE to OSAE is"31 to 1, suggesting a URF of 31 (NSAE_Pfizer_trial/NSAE_Pfizer_VAERS = ~1.4M/43,948). Using this URF for all VAERS-classified SAEs, estimates to date are as follows: **205,809 dead,** 818,462 hospitalizations, 1,830,891 ER visits, 230,113 life-threatening events, 212,691 disabled and 7,998 birth defects to date [39]."

4. [Official data shows 8 times more people have died shortly after getting the Covid-19 Vaccine in the space of 6 months than the number of people who have died of Covid-19 in 18 months](#)
5. [A comparison of age adjusted all-cause mortality rates in England between vaccinated and unvaccinated](#) by Norman Fenton. See commentary [here](#).

We are ignoring the elephant in the room

Do the COVID vaccines kill more people than they save?

Unfortunately, both the ACIP and VRBPAC panels were misled by FDA and CDC staff into the false belief that "nobody has died from the vaccine." That is absolutely ludicrous.

Today in the US, there are no competent autopsies of vaccine victims to be able to make such a claim. In fact, this article, Chief pathologist insists on more autopsies of vaccinated people, points out that 30% to 40% of people who died within 2 weeks after being vaccinated implicated the vaccine as the cause of death. Dr. Schirmacher is widely recognized as one of the world's top pathologists and examined the bodies of 40 people.

When the Association of German Pathologists asked the government to require autopsies they were met with silence. Nobody wants to know the truth. So they don't look.

There are 15,000 deaths reported in the VAERS system today. The CDC has claimed they have investigated all of them and found no causal link. Zero. Zip. Nada. Can we see a copy of the report? Of course not!

A CDC panel investigated the death of 14 kids after vaccination. Basically, the causes of death were all out of character but they simply state that and moved on. "Nothing to see here." See Page 20 of my ACIP comment for my take on their analysis and see page 57 of Why so many Americans are refusing to get vaccinated for a case by case analysis. There is no way that these deaths could be not linked to the vaccine. The committee was asleep at the wheel and didn't ask any hard questions. .

Based on Schirmacher's work alone, the CDC should have found at least 4,500 deaths due to the vaccine. Yet not a single death linked to the vaccine. No red flags. They are incompetent. There is no other way to put it. Norway examined just 100 patient records (no autopsy) and found that 36% were possible to probable.

But Dr. Schirmacher only set a lower bound in his analysis. With VAERS we can be much more precise on computing excess deaths because we are looking at aggregate statistics and not a single event.

The point of this: we've all been focused on saving COVID lives and have ignored all-cause mortality. The vaccines aren't safe. They are more deadly than any vaccine in the past 30 years.

Medical records are terrible to assign causality which is why the Norway numbers are so low. Autopsies are superior, but you have to have an extremely skilled pathologist who has the right tests, skills, and time to do the autopsy. That's rare. And even then, you'll find a fraction of the deaths.

The most definitive way to determine causality is VAERS. It's not a perfect system, but it's far better than the alternatives. This is what this paper is about.

Methodology

We need to compute two things:
1. Vaccine Deaths rate for an age range from VAERS data
2. COVID Death rate for for an age range using CDC data

We've done this before in [Why so many Americans are refusing to get vaccinated](#) but it was based on total numbers rather than a rate per million dose calculation. And it was not done as precisely as it is being done here.

A more accurate calculation should be done by vaccine type. But since the mechanisms of action of the vaccines are very similar, the vast majority of the vaccines are the 2 mRNA vaccines, and we are happy with reasonable ballpark estimates for now, we are not going to break things out by vaccine type in our calculations below. Pfizer will have somewhat better stats than the average amount we calculate here; Moderna and J&J will be worse than these answers. I didn't do this analysis because quite frankly, it is like re-arranging deck chairs on the Titanic… all the vaccines are unsafe.

Does the vaccine type make a difference?

Or do they have similar deaths per million doses?

From [COVID-19 vaccinations administered number by manufacturer US 2021](#) we get doses delivered.

From VAERS (calculations done 9/19/21) we get US deaths.

Death/M = (VAERS deaths)*41/ (Doses delivered) where [41 is the VAERS under reporting factor](#).

Vax type	Doses delivered (M)	VAERS US deaths	D/M	Deaths per fully vaccinated per M
Pfizer	218.8	3033	568	1,136
Moderna	149	3023	831	1,662
J&J	14	675	1977	1,977

So Pfizer is the safest of the bunch if you were forced to vaccinate. The actual D/M is smaller than this since we need to account for the background deaths and only consider the excess deaths. For the purpose of our curiosity about how different the vaccines are, this doesn't make a difference. The D/M should be reduced by 14% to account for background deaths. After you do that, you still get very large numbers (over 200K excess deaths caused by the vaccines in America).

NOTE: this analysis is based on VAERS data only. Long term deaths are not included in this analysis since there is no way to know that at this point.

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Search Results

From the 9/10/2021 release of VAERS data:

Found 3,033 cases where Location is U.S., Territories, or Unknown and Vaccine targets COVID-19 (COVID19) and Manufacturer is PFIZER/BIONTECH and Patient Died

Table

Age	Count	Percent
< 3 Years	2	0.07%
12-17 Years	12	0.4%
17-44 Years	140	4.62%
44-65 Years	491	16.19%
65-75 Years	635	20.94%
75+ Years	1,472	48.53%
Unknown	281	9.26%
TOTAL	3,033	100%

Case Details

Search Results

From the 9/10/2021 release of VAERS data:

Found 3,023 cases where Location is U.S., Territories, or Unknown and Vaccine targets COVID-19 (COVID19) and Manufacturer is MODERNA and Patient Died

Table

Age	Count	Percent
< 3 Years	1	0.03%
12-17 Years	2	0.07%
17-44 Years	138	4.57%
44-65 Years	529	17.5%
65-75 Years	688	22.76%
75+ Years	1,525	50.45%
Unknown	140	4.63%
TOTAL	3,023	100%

Preliminary conclusions

Without doing any more work, what we know at this point is that the vaccines basically have killed around twice as many people who have died from COVID.

In other words, our government is currently killing more people than COVID is and they have absolutely no clue they are doing that.

Now let's dive into the age stratification to see if the vaccine is beneficial or not for the elderly as has been speculated by the FDA panel.

We're going to compute a single "aggregate" value for all vaccines, so the actual values will be lower than the average for Pfizer and higher than the average for Moderna.

V calculation

For our purposes, we define V as the number of excess deaths per million doses of vaccine. Excess means deaths over and above that expected in previous years. We are very generous with this definition and count all reported deaths, regardless of causality, as "background deaths."

Let's start with Death using VAERS data in the various age ranges. Queries were done on 9/18 (example below).

Now we need to see the breakdown of the population we vaxed. Let's add the overall population.

Then we assume everyone is vaxed like the general public (64.4%, 55.2% on 9/19), so our **V=D/M doses calculation for the first line** is (88-bg)*41/(44.83*(.644+.552))=66.9

Note that in our formula, 41 is the under-reporting factor (URF) previously calculated that turns "VAERS reports"' into "true number of events in the real world" (since VAERS is under-reported). 44.83 is multiplied by 2 because we assume that each person got two doses (a more accurate number would probably be 1.85 instead of 2 if we ever need to re-run the numbers since 15% of the people don't get a second shot because they either had a bad first reaction or they heard how dangerous the vaccine was). V is defined as deaths per million doses, not people.

The number of background deaths (column 3) is the total deaths from 2015-2019 for all vaccines divided by 5, so the average number of background deaths reported into VAERS.

Here's the data. Note that we did NOT adjust for the propensity to report (PTR) in this table. It means that the far right column is actually 4X higher than what is listed there. Note that the Deaths/Background is just for reference purposes as it doesn't affect the V calculation. It only shows that "background deaths" (those occurring naturally) are minimal compared to excess deaths meaning we don't even have to adjust for them since they don't skew the numbers. We have such a dangerous vaccine (7,000 more deadly than normal) so the background deaths (about 1/7,000 of the number of vaccine caused events this year) are simply immaterial.

Age range	# Vax deaths (unadjusted)	# background deaths (from prev years)	Total population (M)	V	Deaths/ Background

20-30	88	0.4	44.83	67	220
30-40	158	1.4	44.67	120	113
40-50	248	2.4	40.28	209	103
50-60	536	2.4	41.98	436	223
60-70	1167	6.6	38.67	1029	177
70-80	1544	9.8	24.65	2133	158
80+	2410	11.8	13.12	6266	204
Total	**6151**	**34.8**	**248**		**177**

Here's the result from the 20-30 year old query as an example:

Note that the "age" column seems to have a bug in it, but the numbers are correct. Read the text of the query; that is always right.

Here's the query for the excess death result. We divide by 5 before inserting into the table.

Table

Age	Count	Percent
17-44 Years	2	100%
TOTAL	2	100%

C calculation

C= estimated number of lives saved by the vaccine per million doses of vaccine

We'll assume the vaccines are simply awesome and are saving 90% of the lives projected to be lost from COVID over the next 6 months (typically the length of time that the shot lasts before a recharge is needed).

Next we need to determine the deaths per million people due to COVID over the past 18 months.

We fill in the middle column with the data from that web page (multiply by 10 since per million).

For a 6 month value (the C column), we'd calculate for the first line below as 70Deaths/M people *(1 person/2 dose) / 3 =11 where we divided by 3 for the 6 month number.

Age range	D per 1M people over 18 months	C
20-30	70	11

30-40	189	31
40-50	460	76
50-60	1110	185
60-70	2700	450
70-80	6800	1133
80+	20750	3458

Computing the final V:C ratio

So here is our final result in one table that shows that the vaccines don't make sense for any age group. They should be .1 or lower to make sense.

Age range	V	C	V:C
20-30	67	11	6.09
30-40	120	31	3.87
40-50	209	76	2.75
50-60	436	185	2.36
60-70	1029	450	2.29
70-80	2133	1133	1.88
80+	6266	3458	1.81

So how many people have been killed by the vaccine?

It's a pretty simple calculation:

$6756 * 41 * .99 =$ **274,226**

This is because there are 6756 fatality reports in VAERS, URF=41 for serious events, and there is < 1% background death rate.

Could this be wrong? Yes because the URF for mortality is unknown and it could be lower than 41. We are in the process of getting a more accurate number.

So our lower bound on excess deaths post-vaccine is currently 150,000 and our upper bound is 275,000 (since the URF for fatalities may end up larger than 41), with a best guess of around 200,000.

Note that there are multiple ways to confirm that this is a reasonable value:

Source	Estimate
Pilot data (e.g., British Airways)	200,000
Doctor data (Fareed, Hoffe, Bernstein)	200,000
Public poll done by professional pollster	174,000
Crawford analysis (411* 400)	164,400
Marc Girardot analysis	171,000
Norway data	150,000

These are summarized in [Estimating the number of COVID vaccine deaths in America](#)/

Are Pfizer Phase 3 clinical trials definitive or junk?

There are two kinds of people in the world: those who believe that Phase 3 trials are definitive evidence and discount anything else and those who believe that the trials are seriously gamed and are unreliable sources of evidence. I fall into the latter category and have plenty of evidence to back me up (like the gaming of the adverse event reporting, the exclusion for protocol violations, reporting a paralyzed person as just having mild abdominal pain, an impossibly low number of heart attacks (10X lower than normal), a diabetes profile 10x lower than normal, etc.).

However, if you believe the clinical trials, then consider this.

Pfizer has proved they can save net COVID life for every 22,000 people. So if we vax 200M people, then we're going to save just 10,000 lives. That's ludicrous that we would mandate something that has so little impact. It isn't even worth rolling out if that is the life-saving benefit.

But the other side of the coin is that in the blinded phase, we killed two people to save one life. And if you add on the unblinded phase, I can argue that we killed 7 people to save 1 COVID death.

This is Pfizer's own data 6-month data as summarized in S4 and also in the main body of the text (you need both). See analysis starting on page 33 of Why so many Americans are refusing to get vaccinated.

So if you believe the Pfizer study, the vaccines kill more than they save.

And if you don't believe their study and you believe the real-world evidence, you get the same conclusion.

So which one do you believe?

For more on Pfizer's gaming of trials, see page 54 of Why so many Americans are refusing to get vaccinated.

Additional resources

Also, the following sources are educational on the matter of safety and should be considered when doing a serious evaluation of the analysis below.

Estimating the number of COVID vaccine deaths in America
This paper looks only at the number of deaths and uses 8 different methods to show that over 150,000 Americans have been killed by the vaccines.

John Looney interview
See at 15:00 when he says death rates skyrocketed after the vaccines rolled out.

Abrien Aguirre interview
32 vaccine deaths and nearly no COVID deaths in the largest nursing home in Oahu. This whistleblower was fired for speaking out.

All you need to know
See the nursing home data, especially Slide 19 about "Germany found boosters were too deadly… even for the elderly"

Why so many Americans are refusing to get vaccinated

▶ Public Health Committee Public Hearing (Full video) Extrem important …