

How Many Millions Are Disabled or Injured From the Jab?

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✓ Fact Checked

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STORY AT-A-GLANCE

- › The 2022 U.S. Vaccine Damage Report revealed a sobering glimpse into the true carnage that occurred at the hands of the COVID-19 shot campaign
- › COVID-19 shots resulted in 300,000 excess deaths, 26.6 million injuries and 1.36 million disabilities
- › Total economic costs due to the shots are estimated at \$147.8 billion, including \$89.9 billion from related injuries, \$52.2 billion from disabilities and \$5.6 billion from excess deaths
- › A preprint systematic review found the mRNA-based COVID shots increased the risk of myocarditis, with a mortality of about 1 to 2 per 200 cases
- › Evidence of serious neurological harms, including Bell's palsy, Guillain-Barré syndrome, myasthenic disorder and stroke, which are likely due to an autoimmune reaction, was also found from the shots

We're beginning to see the fallout from the mass COVID-19 shot campaign, which has been referred to as the "greatest violation of medical ethics in the history of medicine, maybe humanity."¹

Former BlackRock analyst and fund manager Edward Dowd is one of the few trying to get the word out about COVID-19 shot risks, and he's been using data and statistics to prove his point and publicize the undeniable increase in deaths and disability among young, healthy adults that has occurred since the shots' widespread rollout.²

This group — the 148 million employed Americans between the ages of 18 and 64³ — is typically a healthy crowd. This is why private insurance companies love to sell group life insurance policies to large Fortune 500 corporations and mid-sized companies —they hardly ever have to pay out on a claim. But this is changing.

Dowd's 2022 U.S. Vaccine Damage Report⁴ revealed a sobering glimpse into the true carnage that occurred at the hands of the COVID-19 shot campaign, and its results are striking.

300K Excess Deaths, Millions of Injuries, Billions in Costs

Dowd and colleagues published their 2022 Vaccine Damage Project at their website, Phinance Technologies.⁵ It revealed the following estimated human and economic costs:⁶

Human Cost

- 26.6 million injuries
- 1.36 million disabilities
- 300,000 excess deaths

Economic Cost

- Total: \$147.8 billion
- Injuries: \$89.9 billion
- Disabilities: \$52.2 billion
- Excess deaths: \$5.6 billion

To put this into perspective, John Leake writes on Courageous Discourse, "Note that this death count in one year is 5.2 times the number of men killed in 10 years of combat in Vietnam," adding:⁷

"Perhaps the most extraordinary thing about this state of affairs is that most Americans don't know it's happening. Every day, young people are dying from heart attacks, strokes, and seizures caused by COVID-19 vaccines. Most of their families and friends are led to believe that they just died — suddenly and

unexpectedly — of acute conditions that were extremely rare in young people prior to 2021."

The report included data from employed individuals between the ages of 16 and 64, and categorized the impact into four broad groups:

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

While group 1 was the largest, comprising an estimated 82% of the population, the authors pointed out that these groups are dynamic, and individuals in one group could move into another, particularly in the case of progressing from no or minor injury to severe injury, such as we've seen with [elite athletes suddenly dropping dead](#) on the field:⁸

"While these groupings 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.

We need to consider, however, that to a lesser extent there could be individuals who suffer extreme outcomes when they had previously 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."

'The Multiplier Effects Are Massive'

The effects in the report are only what can currently be measured, and are likely to also be fluid. In terms of economic effects, for instance, the report notes that mortuary companies are likely to benefit while life insurers will be harmed, leading to a reallocation of resources.

Meanwhile, in terms of economic costs, milder damage is associated with greater cost, since a larger portion of working age individuals are affected. For instance, those with mild to moderate injury made up a sizeable 18% of the population. According to the report:⁹

"We make the assumption that the pool of potentially vaccine-injured individuals is about 18% of the population, which is, the rate of related adverse events reported in the Pfizer clinical trial (minus the baseline rate). These injuries will likely manifest a loss of productivity since, as these individuals are likely to have higher absentee rates and, consequently, higher lost worktime rates, than the pre-2019 baseline.

In fact, we performed an analysis of absence rates and lost worktime rates¹⁰ in full time workers (using data provided by the BLS). We observed 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."

Further, many other economic costs are harder to account for, such as a worker who's still at work but not able to work to their full potential. When these types of scenarios are factored in, the damages could be even more massive. Dowd tweeted:¹¹

"Our economic damage estimates are what we can measure. The knock effects such as lost productivity due to a worker being present but working at say

50%-75% of capacity is missed plus burn out from those picking up slack. Also supply chain delays are not captured etc and etc. The multiplier effects are massive."

Systematic Review Reveals Serious Harms

A preprint systematic review of papers with data on serious adverse events associated with COVID-19 shots again points to significant risks.¹² The review was conducted by Maryanne Demasi, Ph.D., a former medical scientist with the University of Adelaide and former reporter for ABC News in Australia and Professor Peter Gøtzsche, a Danish physician-researcher who co-founded the Cochrane Collaboration in 1993.

It included 18 systematic reviews, 14 randomized trials and 34 other studies, noting that "most studies were of poor quality" and additional randomized trials are needed. Still, their review revealed multiple red flags, including:¹³

- Adenovirus vector vaccines increased the risk of venous thrombosis and thrombocytopenia
- mRNA-based shots increased the risk of myocarditis, with a mortality of about 1 to 2 per 200 cases
- Evidence of serious neurological harms, including Bell's palsy, Guillain-Barré syndrome, myasthenic disorder and stroke, which are likely due to an autoimmune reaction, was found
- Severe harms, defined as those that prevent daily activities, were underreported in the randomized trials
- Severe harms were very common in studies of booster doses after a full round of shots and in a study of vaccination of previously infected people

Further, not only have drug regulators and public health authorities been slow to follow up on safety signals showing serious harms from the shots, Demasi notes, but, "Population-wide recommendations for COVID vaccination and boosters ignore the

negative benefit to harm balance in low-risk groups such as children and people who have already recovered from covid-19 (natural immunity)."¹⁴

Australian Safety Report – 24-Fold Increase in Adverse Events

It's can be difficult to parse out adverse effects from COVID-19 shots and those due to COVID-19 infection. The Western Australia Vaccine Safety Surveillance (WAVSS) 2021 Report, however, shows a unique viewpoint that made this possible. At the time, there was virtually no COVID-19 circulating in the community, yet the area had a 90% vaccination rate among those 12 years and over.¹⁵ Umbrella News reported:¹⁶

"There are few regions in the world where most of the population was vaccinated before the spread of Covid in the community. Sealed off from the rest of Australia, and the world, for 697 days, WA's closed border earned it the moniker of the 'hermit kingdom'.

State Premier Mark McGowan noted WA's unique role in the global vaccination trial, remarking to a press conference in early 2022, You see, Western Australia is an experiment. We basically have had very few Omicron cases, we have very high vaccination levels, and we have a very compliant population."

So, what happened in an area of the world that had very few COVID-19 cases and very high rates of COVID-19 shots? An "exponential increase" in reports of adverse events following immunization (AEFI), such that it necessitated changes to the vaccine safety surveillance program at the department in order to manage them.¹⁷ According to the report:¹⁸

"The number of AEFI reported to WAVSS was significantly higher in 2021 than in previous years (10,726 compared with an average of 276 per year for the 2017-2020 period) due to the introduction of the COVID-19 vaccination program."

As Umbrella News reported, the peak of AEFI reports coincided with the rollout of shot mandates, culminating in a rush of hospitalizations that strained area hospitals:¹⁹

"In 2021, AEFIs for Covid vaccines were reported at almost 24x the rate of AEFIs for all other vaccines combined ... In the latter half of the year, as AEFIs peaked, the media regularly reported that WA hospitals were under strain, despite the lack of Covid cases.

The highest month for AEFI reports was October, the same month that vaccine mandates were announced for most of the workforce, the vaccine eligibility criteria were expanded to people aged 18 and over, and walk-in vaccinations became available."

Other standouts from WA's report include a 35% increase in myocarditis and a 25% increase in pericarditis compared to background rates. "Shockingly," Umbrella News noted, "the risk of pericarditis in the age group in the age group 25 to 29 years old was 53.5 cases per 100,000 doses of Spikevax. It is perhaps unsurprising that chest pain was the fifth most common reported AEFI for COVID vaccines in 2021."²⁰

COVID Shot Efficacy 'Grossly Overestimated'

While the risks of adverse effects have been downplayed, the efficacy of COVID-19 shots has been overstated from the beginning. Writing in the Journal of Evaluation in Clinical Practice, a research team revealed that multiple biases, including background infection rates and cross-overs from unvaccinated to vaccinated in the early days of the campaign, led to an overstatement of COVID-19 shots' effectiveness.²¹

"We conclude that "real-world" studies using methodologies popular in early 2021 overstate vaccine effectiveness," the study notes.²² Board-certified internist and cardiologist Dr. Peter McCullough explained that from the lack of efficacy alone, the shots should be removed from the market. And the case gets even stronger when you factor in the significant number of related disabilities and deaths:²³

"Multiple sources of bias created illusion that vaccines worked as they failed in the real world ... claims that the COVID-19 vaccines worked to reduce spread of infection, hospitalization, and death must be rejected.

The burden of proof has not been met and threats to validity have not been overcome. All of the COVID-19 vaccines should be removed from the market and we should begin the investigative phase into how this massive program failed to stop COVID-19."

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