

# "An Extraordinary Change": Labor Data Reveals Shocking Drop In Workplace Attendance Following Vax Campaign

by Tyler Durden, Tuesday, Mar 21, 2023 - 05:00 PM

Last we heard from former Blackrock portfolio manager Ed Dowd and his deep-dive partners at [Phinance Technologies](#), the rate of [Serious Adverse Events](#) reported during Covid-19 vaccine trials closely tracked a spike in disabilities reported following the vaccine's official rollout. In their latest analysis, Dowd and crew use data from the Bureau of Labor Statistics (BLS) to reveal **a shocking spike in both employee absence and lost worktime rates**, which they believe is due to vaccines - either from primary vaccine injuries, or because of weakened immune systems due to the job, and *not* long covid caused by the virus itself.

[Via Phinance Technologies](#)

"It's not a stretch to conclude from this data that **the vaccines are causing death, disabilities & injuries due to a degradation of individuals' immune system**," Dowd says. "The rate of change is not explained by the long Covid trope. Ask yourself where is funding for such studies?". For those who want to dive right in to the analysis, follow the below links:

[Part 1 - Overview of the Data](#)

[Part 2 - Analysis of Absence rates](#)

[Part 3 - Analysis of Lost Worktime rates](#)

For the cliffs notes version, Dowd has dropped the following Twitter thread summarizing their analysis: **In 2022 the absence rate was 11 sigma above trend & the worktime lost rate in 2022 was 13 sigma from trend**. This is a very strong signal. —

Edward Dowd (@DowdEdward) [March 17, 2023](#) - Lost worktime rates have grown substantially since 2019. In 2022, lost worktime rates were 50% higher, an extraordinary change representing a large economic loss of productivity.

[pic.twitter.com/GMhZv2OFJi](https://pic.twitter.com/GMhZv2OFJi) - Edward Dowd (@DowdEdward) [March 17, 2023](#)

And for those who fell asleep in statistics class; **For those who don't understand sigma or standard deviation this normal distribution can tell you how rare 11 and 13 sigma events are. The right and left tails of the distribution are 3 sigma.**

[pic.twitter.com/XZ7tlosJZ8](https://pic.twitter.com/XZ7tlosJZ8) - Edward Dowd (@DowdEdward) [March 17, 2023](#). As one commenter [notes](#), data from the UK reveals that firms are coming under increased pressure due to **rising staff sickness**, particularly among those over the age of 50. **More to come next week...**

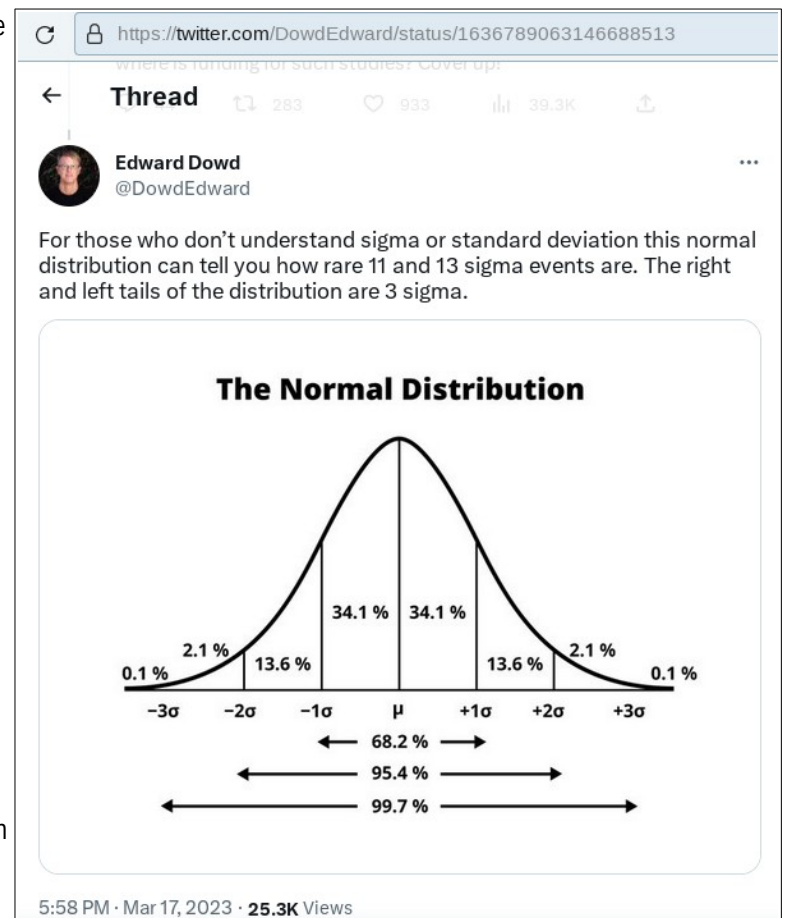
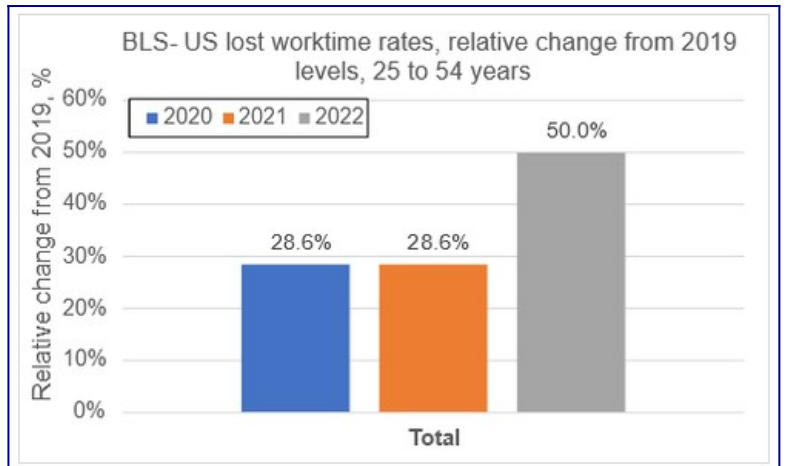
**Injuries & lost worktime. Disability. Deaths. 3 buckets of cost.**

The total cost to the US economy will be multiples of the US revenues generated by **\$PFE [Pfizer, Inc.] & \$MRNA [Moderna, Inc.]**. When the truth comes out & it will... **I predict by 2026 both companies won't be listed on any stock exchanges.** — Edward Dowd (@DowdEdward) [March 21, 2023](#). Dowd explained his views how he reacted to the pandemic to Tucker Carlson. Now he, and his partners, spend their time poring through data to shine a light on harsh realities. [@DowdEdward](#): "This Has Been a War". **"The people who have died from COVID, vaccine deaths, and early treatment denial is greater than all the world wars we've experienced as a nation. ... It's much**

**larger than World War II, World War I, Vietnam War, Korean War** — this has been a... <https://t.co/C7KuXg80W9>

[pic.twitter.com/1gBLDcnKCz](https://pic.twitter.com/1gBLDcnKCz) — The Vigilant Fox 🦊 (@VigilantFox) [March 20, 2023](#).

Ed Dowd: "What Has Happened to Our Country Is the Most Awful Thing That Could Ever Be Imaginable" [@DowdEdward](#) was mentally inclined to run around in a loincloth and live in the jungle because he was so disgusted with vax mandates. [@TuckerCarlson](#): "Why are you not afraid?"... <https://t.co/yCnCZCtv3i> [pic.twitter.com/FKcVUbpiyn](https://pic.twitter.com/FKcVUbpiyn) — The Vigilant Fox 🦊 (@VigilantFox) [March 20, 2023](#)



<https://www.phinancetechnologies.com/Humanity/Projects/US%20Disabilities%20-%20Part1.htm>

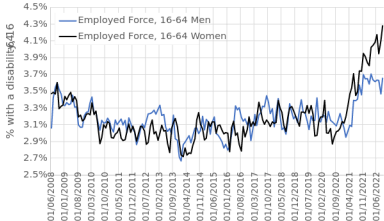
# **US Disability Data**

## **Part 1 - Overview of the Data**

Bureau of Labor Statistics (BLS)

Update Date: November - 2022

Employed (16-64) with a Disability, %

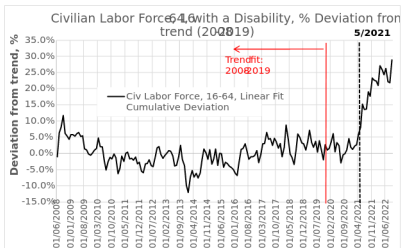


- For the employed 16-64 age group, we also observe a very noticeable rise in disabilities starting around 5/2021 for both Men and Women. However, as we can clearly the rise in disabilities is much larger in Women than Men.
- For Women, the rise in disabilities went from a long-term average of about 3.1% in 4/2021 to 4.3% in 9/2022, corresponding to a 38.7% rise.
- For Men, the rise in disabilities went from a long-term average of about 3.1% in 4/2021 to 3.7% in 9/2022, corresponding to a 19.3% rise.

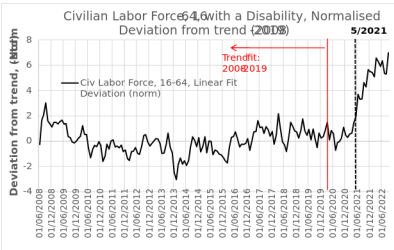
# Civilian Labor Force (Deviation from 2008-2019 trend)

When using year-on-year (YoY) changes (in percentage) in the disability rate, we have a tool to estimate significant changes in behaviour of a given time series, but it does not give the full picture as cumulative trends that are longer than a year can be overlooked. Therefore, in this section we analyse changes in disabilities relative its linear trend spanning from 2008 to 2019 (the pre Covid-19 pandemic period). To normalise the changes in disabilities in 2020 onwards relative to the baseline trend, we use as a volatility metric, the standard deviation of the deviation from trend for the period 2008 to 2019.

## Civilian Labor Force, % Deviation from trend



- For the civilian labor force aged 16 to 64, we see a very noticeable rise in the deviation from trend in disabilities starting around 5/2021.
- The deviation from trend reached about 29% at 9/2022.



- When looking at the normalised deviation from trend in disability rates, we observe that they rose above 6.0 by 3/2022. This is a strong signal.
- This means that the deviation from trend in disability rates, in March 2022, corresponded to more than 6 standard deviations (assuming a gaussian distribution for the YoY changes in disability rates over the period).

# Conclusions

- Older individuals (65+) as well as younger (16-64) individuals those who were not in the labor force experienced a decline in disability rates in 2020, probably due to the reduced exposure to risky activity (with a likely contribution from the lockdowns). This effect is not observed in younger (16-64) individuals who are in the labor force.
- We found that there is statistically significant increase in disability rates in both older and younger individuals, that started around 5/2021. For 16-64 year olds who are in the labor force we show, by two different methods, that the change in disability rates after 5/2021 has a very high statistical significance. It is a strong signal. The rise in disabilities for 16-64 year-olds who are in the labor force is larger in Women (36.4%) than in Men (15%).
- The rise in disabilities for employed 16-64 year-olds is even more impressive, with a (38.7%) rise in Women and only (19.3%) in Men .
- Although a range of factors may be at play, the timing and sudden nature of the increase in disabilities suggest that rollout of vaccination programmes could have caused a significant impact. Other factors (those related to a return of more normal economic and healthcare activity) would be more likely to cause a gradual change in disability rates, beginning earlier in the post-lockdown recovery phases of mid-late 2020.

# US Disability Data

## Part 2 - Rise in disabilities from 2021

Bureau of Labor Statistics (BLS)

Update Date: November - 2022



In relative terms, the rise in the disability rate in the 16-64 Civilian Labor Force was 0.82% (corresponding to a 24.58% rise) while for the 65+ age group it was 3.28% (corresponding to a 34.20% rise).

The rate of new disabilities in the 16-64 Civilian Labor Force was 0.93% while in the 65+ population it was 4.58% (which is 4.9x higher than the younger age group). These numbers suggest that the impact of the inoculations are being felt more in the older age group than in the younger age group. This is not talked about at the moment, as most attention is focused on disabilities and deaths in younger individuals.

## Conclusions

- Although a range of factors may be at play, as we'll show in [Part 3](#) the timing and sudden nature of the increase in disabilities suggest that rollout of vaccination programmes could have caused a significant impact. Other factors (those related to a return of more normal economic and healthcare activity) would be more likely to cause a gradual change in disability rates, beginning earlier in the post-lockdown recovery phases of mid-late 2020.
- The rise in disabilities seems to be impacting older individuals (65+) more than younger individuals (16-64), perhaps due to higher vaccination rates or higher susceptibility for being injured.
- Within each age group, the rise in disabilities seems to be impacting individuals who are in Labor Force more than individuals "not in the Labor Force", which we suspect is due to the vaccine mandates for employment.

# **US Disability Data**

## **Part 3 - Relationship with Vaccine uptake**

Bureau of Labor Statistics (BLS)

Update Date: November - 2022

# Increase in disabilities in the Civilian Labor Force (16-64) vs Vaccine uptake

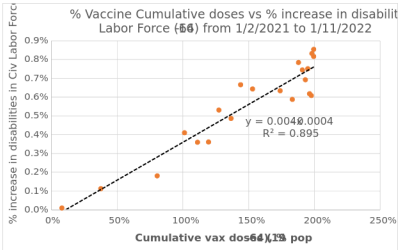
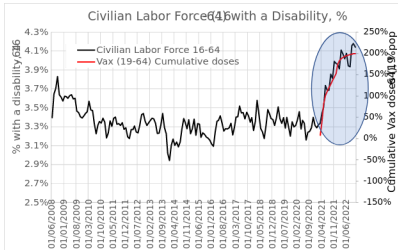
The following charts illustrate the relationship between the increase in the disability rate in the Civilian Labor Force (16-64) and the Covid-19 vaccinations.

The chart on the left shows the evolution of the disability rate from 2008 to 11/2022 (left axis) with the vaccination data superimposed (right scale). This chart shows the change in disabilities, which started around 2/2021 and accelerated from 5/2021, in a wider context. When comparing with the vaccination data, the results are compelling.

The chart on the right shows the correlation between the rise in the disability rate since 2/2021 with the vaccination data. The regression R2 is close to 90% which is evidence for a strong relationship. We must always consider other external factors that might explain the rise in disabilities and which are also correlated to the vaccination data. This is usually stated as "correlation is not causation". However, in the absence of other explanatory factors, and strong medical evidence of the vaccines causing injuries and deaths, one must consider the relationship seriously.

Additionally, we realise that performing the correlation of cumulative time series is misleading and the R2 should not be taken as an indication of establishing a statistically significant relationship as both time series have autocorrelation.

## Increase in disabilities in Civilian Labor Force (16-64) vs vaccine doses



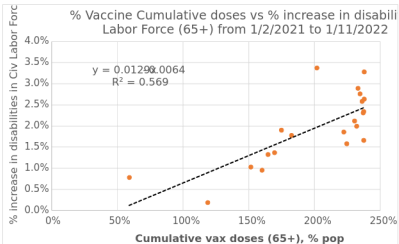
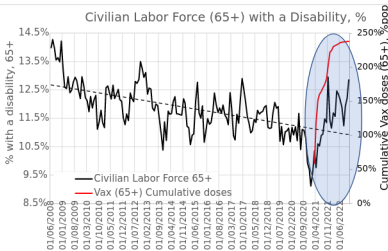
# Increase in disabilities in the Civilian Labor Force (65+) vs Vaccine uptake

The following charts illustrate the relationship between the increase in the disability rate in the Civilian Labor Force (65+) and the Covid-19 vaccinations.

The chart on the left shows the evolution of the disability rate from 2008 to 11/2022 (left axis) with the vaccination data superimposed (right scale). This chart shows the change in disabilities, which started around 2/2021 and accelerated from 5/2021, in a wider context.

The chart on the right shows the correlation between the rise in the disability rate since 2/2021 with the vaccination data. The regression  $R^2$  is close to 57% which shows a clear relationship, albeit weaker than the one found for the 16-64 age cohort.

## Increase in disabilities in Civilian Labor Force (65+) vs vaccine doses



# Observations

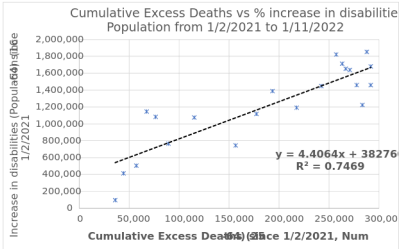
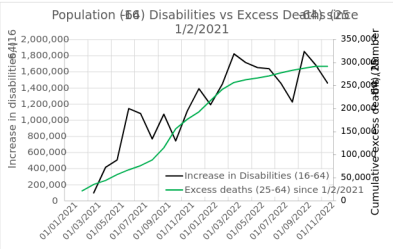
- There seems to be clear evidence of a strong relationship between the Covid-19 vaccination rollout and increases in disability rates.
- The effect is stronger in the younger age group (16-64) as they have a low base rate of disabilities, and factors that might be detrimental to individuals' health are most noticeable in these individuals.

# US Disability Data

## Part 4 - Relation with Excess Deaths

Bureau of Labor Statistics (BLS)

Update Date: November - 2022



We can observe from the charts above that the rise in disabilities from 2/2021 was accompanied with a rise in excess mortality. The relationship is quite strong as can be observed by the chart on the right. The slope of the regression line is 4.4 which suggests that for each excess death during this period, there were 4.4 more disabilities. As previously mentioned, as the excess mortality age group (25-64) represents roughly 81.5% of the population of the disability age group (16-64) we need to make this adjustment to the slope of the regression, which results in: each excess death during this period corresponded to about 3.6 more disabilities.

When measuring the absolute numbers, we can observe that from 2/2021 to 11/2022 there was an increase of about 1,500,000 disabilities in the Population aged 16-64 while there were about 300,000 excess deaths (for the 25-64 age group), during that period. After adjusting the size of the 25-64 age group for excess deaths to the 16-64 age group of the disabilities (by dividing by 81.5%), we obtain an estimate of excess deaths of about 352,900 excess deaths.

The ratio of the increase in disabilities divided by the excess deaths is  $R = 1,500,000 / 352,900 = 4.25$ .

# Observations

- At the population level, we found that there is strong correlation between the increase in disability rates and the rise in excess mortality, in both older (65+) and younger individuals (16-64), starting 2/2021 and extending to 11/2022.
- For the 16-64 age group, each rise in excess death seems to be accompanied by a multiplier of about 4 increased disabilities. The multiplier is lower (at about 3.5) for the 65+ age group, which makes sense as these individuals have higher disability rates as a starting point.
- The relationship between the rise in disabilities and excess deaths in the Civilian Labor Force for the 16-64 age group, is even stronger (with higher correlation). We believe that the relationship is stronger as the Civilian Labor force have a lower baseline disability rate and consequently, if the Covid-19 vaccines are adversely affecting individuals, then we'd expect to see a similar rise in disabilities and deaths, albeit at different multiples.

It does not make sense in showing the plot for the 65+ individuals that are in the Labor Force, as they represent a small percentage of the overall population in that age group.



# US Disability Data

## Part 5 - Relationship with SAEs in mRNA vaccine clinical trials

### Data Sources:

- 1 - Disabilities data from Bureau of Labor Statistics (BLS).
- 2 - Paper from [J. Fraiman et al., 9/2022](#), which was reviewed by us [here](#).

Update Date: February - 2023

## Overview:

In [part 3 of our US disabilities analysis](#) we observed that the rise in disability rates post 2/2021 correlates closely with the rollout of the vaccination schedule. When looking at changes in disabilities on a wider time frame (since 2008) we observe that the disability rates rose or fell from month to month but tended to be relatively stable over time. However, as shown in [part 1](#), the change in behaviour since early 2021 is clearly an abnormal occurrence with high level of statistical significance. It happens to be highly correlated to the cumulative Covid-19 vaccine rollout, but we cannot state that the correlation is statistically meaningful as it is based on a cumulative plot with obvious autocorrelation.

In this section we provide further evidence that the most likely cause of the rise in disabilities is the Covid-19 vaccines. For that purpose, we model the expected rise in disabilities due to the vaccination rollout in the general population. We do so by using the rates of Serious Adverse Events (SAEs) obtained by the safety analysis of the mRNA vaccine (Pfizer and Moderna) clinical trials, performed in the [Vaccine journal paper we reviewed here](#).

In summary, the paper found a rate of 13.2 SAEs per 10,000 participants in the combined (Pfizer + Moderna) vaccine groups in excess of the placebo groups. They also found an increased rate of 12.5 per 10,000 SAEs of special interest in the vaccine groups versus the placebo groups. (SAEs are considered 'of special interest' if they are events known to be associated with vaccines in general, have been previously observed with the vaccine being studied, or could be associated with the vaccine based on animal models or theoretical models relating to Covid-19 pathology. The definition of an SAE of special interest is therefore narrower, but can be considered more likely to be related to the vaccine than when all SAEs are counted.)

The SAEs were measured from August 2020 to December 2020, before the unblinding of the clinical trials. The SAEs were recorded following dose 1 with a median follow up period of at least 2 months. For the Pfizer trial, SAEs stopped being recorded after 1 month after dose 2.

# Conclusions

- Our results provide a stronger case for establishing a causal relationship between disabilities and the Covid-19 vaccines. The time series of SAEs that were computed based on the rates estimated during the mRNA clinical trials are shown to be of the same magnitude as the rate of increase in disability rates in the 16-64 Civilian Labor Force. The rate of estimated SAEs appears to be under-reported relative the recorded rise in disabilities (according to the BLS survey) by about 2.6 times.
- These results were expected as we had already shown in part 3 of our study the high correlation between the rise in the disability rate since 2/2021 with the vaccine rollout. We realise that performing the correlation of cumulative time series is misleading and the  $R^2$  should not be taken as an indication of establishing a statistically significant relationship as both time series have autocorrelation.
- However, the coincidence of the rise in disabilities with the start of the Covid-19 vaccination rollout **in conjunction** with the similar magnitude of the rate of SAEs (from the clinical trials) and changes in disabilities (from the BLS data) leads to a stronger case for asserting causation.
- We believe that a comprehensive investigation needs to be performed, either in the form of new phase III clinical trials for at least a 3-year period, or a programme of forensic autopsies in a large sample of deceased individuals where the Covid-19 vaccines were not suspected as a co-factor for cause of death.

# US Disability Data

## Part 6 - Relationship with Severe AEs in Pfizer vaccine clinical trial

### Data Sources:

- 1 - Disabilities data from Bureau of Labor Statistics (BLS).
- 2 - [Stephen J. Thomas et al., 9/2021](#)

Update Date: February - 2023

## Overview:

In [part 5 of our US disabilities analysis](#), we compared the rise in disability rates post 2/2021 with the analysis of **Serious** Adverse Events (SAEs) performed in the paper by J. Fraiman et al. in Vaccine journal, where they average the rates of SAEs of both the Pfizer and Moderna clinical trials. We showed that the projected rate of SAEs tends to underestimate the rise in disabilities observed at a population level.

In this part, we expand on the previous analysis by investigating the rates of adverse events (AEs) and Severe Adverse Events (Sev AEs) for the Pfizer trial. These were published in table S3 of the supplementary appendix of the paper by S. J. Thomas et al. that established the vaccine efficacy ("[Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#)", in New England Journal of Medicine, 9/2021).

A subgroup of participants was monitored for adverse events using an electronic diary for 7 days after each dose, and all participants' adverse events were recorded from dose 1 to 1 month after dose 2. These latter AEs are described as being 'unsolicited' as they were not prompted by the electronic diary. The AEs were measured from August 2020 to December 2020, before the unblinding of the clinical trial. The severity of these adverse events was considered to be mostly mild or moderate.

## Comparison with the rate of Severe Adverse Events (Sev AEs) from Pfizer vaccine trial

### Summary of the main adverse events

The numbers in the table below were obtained from table S3 of the paper's [supplementary appendix](#). It summarises the Adverse Events during the blinded follow-up period (from dose 1 to 1 month after dose 2) in the Pfizer trial. The yellow shaded cells refer to computed values.

<b>Total Events</b>				
<b>Adverse Event</b>	<b>Vaccine (N=21,926) (%)</b>	<b>Placebo (N=21,921) (%)</b>	<b>Risk Difference</b>	<b>Risk Ratio</b>
Any Event	6617 (30.2)	3048 (13.9)	3569	
-Related	5241 (23.9)	1311 (6.0)	3930	
-Severe	262 (1.2)	150 (0.7)	112	
-Life-threatening	21 (0.1)	26 (0.1)	-3	
<b>Total Events (per 10,000) - Computed Values</b>				
Any Event	3017.9	1390.4	1627.5	2.17
-Related	2390.3	598.1	1792.2	4.0
-Severe	119.5	68.4	51.1	1.75
-Life-threatening	9.6	11.9	-2.3	0.81

# Observations

- Our results provide a stronger case for establishing a causal relationship between disabilities and the Covid-19 vaccines. The time series of Sev AEs that were computed based on the rate estimated during the Pfizer vaccine clinical trial is shown to be of the same magnitude as the rate of increase in disability rates in the 16-64 Civilian Labor Force during the vaccine rollout. The rate of estimated Severe AEs is about 34% higher than the recorded rise in disabilities (according to the BLS survey).
- It should be noted that our analysis does not attempt to establish that every estimated Sev AE or SAE leads to a disability. We are only trying to establish that the projected rates of SAEs and Sev AEs can explain the rise in measured disabilities at a population level (in the Civilian Labor Force aged 16-64, as measured by the BLS survey).
- We also show that the rise in the rate of disabilities since early 2021 lies in between the rate of SAEs for the combined Pfizer and Moderna trials (analysed in part 5), and the rate of Severe AEs reported in the Pfizer clinical trial.
- Our results provide a possible connection between safety data already observed in the vaccine clinical trials and observations at a population level, providing stronger evidence for a causal relationship between the rise in disabilities and the Covid-19 vaccines.
- We believe that a comprehensive investigation needs to be performed, either in the form of new phase III clinical trials for at least a 3-year period, or a programme of forensic autopsies in a large sample of deceased individuals where the Covid-19 vaccines were not suspected as a co-factor for cause of death.