# Some fuel for the COVID skeptics

Disclaimer: I am vaccinated, was one of the first people to get vaccinated. Getting the vaccine is good and righteous. If you want to go hang out in crowded places, you should vaccinate yourself. However, I am anti vax mandate, where governments impose vaccination by making life difficult for the unvaccinated. I feel like it is important that there BE a case against the vaccine because as long as there is at least one case, then the mandate is unethical and you are forcing people who *could* have a reasonable view, to go against their own reasonable conscience.

The case is best made by simply saying that one does not have institutional trust. If we imagine Armenians in Turkey, they might have good reasons to not institutionally trust their own government. Reasons to not trust their government are manifold, from the gradual erosion of country life in France, to Eugenics in Sweden, to just [plain old partisanship](https://xenagoguevicene.wordpress.com/2021/12/08/deep-dive-covid-myths-medical-establishment-and-skeptics-failed-by-maxim-lott/) in the US. These are sufficient reasons to not trust the authorities which dictate the rules.

What I have not seen many people make, is the case from uncertainty. If there is uncertainty, people will have different ways of weighing the risks, and anybody who presumes to rule out some of the ways these beliefs are formed, should have significant skin in the game. As it is right now, nobody has skin in the game; none of the big pharma companies would be liable for any deaths due to mandates. In other words: if the vaccine works, everybody gains; if the vaccine does not work, only big pharma gains (they are not liable if these vaccines are harmful).

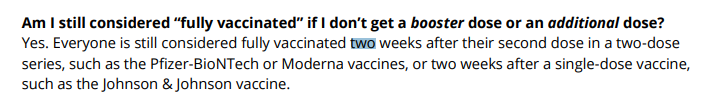
In my view, it is never justified to recklessly kill a few people to save several others, unless some conditions like consent, reasonable foreseeability… etc, are present. So unless there are zero people dying of vaccine side effects, the mandates are unethical.

What are people justified in doing in response to the mandates? This reminds me of the example about lying to Nazis. Is it because they are unethical that we are justified in lying to them? It may be that it is indeed justified to lie to authorities, perhaps even fake vaccine status.

Note that none of these arguments take away from the point that a 10% reduction in transmission rate may aggregate to more than 10% of total cases. I will not give anti-vaccine arguments per say, I will simply try to point out to some measurement issues that seem sufficient for one being uncertain about the state of knowledge, and then highlight relative risks of the vaccinated vs the unvaccinated before finishing with a brief foray into the implicit moral argument.

## 1st Measurement issue: Giving the vaccine an unfair advantage

First of all, I have a hard time trusting the statistics because of the way they are constructed. Let me focus on two things about how they are measured that basically makes the basic stats presented close to useless. Take first a basic fact from the [Michigan department of health](https://www.michigan.gov/documents/coronavirus/COVID-19_Vaccine_Public_FAQ_FINAL_710077_7.pdf):



It seems that you are only considered fully vaccinated two weeks AFTER receiving your second shot. If this sounds harmless to you, you may not have thought this through. Let us work with an example:

Suppose that 90 people got the vaccine and 90 people did not. Ignoring deaths from COVID, let us say that the vaccine killed 10 of the 90 people within two weeks and nobody after. In the unvaccinated group, nobody died. If we try to measure the efficacy of the vaccine after a month, will it appear as if it saves people? Yes! There will be 90 unvaccinated people who are alive, 10 who are dead and hence the unvaccinated have a 10% death rate. The 90 people who were vaccinated and did not die on the other hand are all alive, so being vaccinated has a measured 0% death rate!

The point here is not to say that the vaccine kills or does not kill people. It is to say that given the way we measure things, even if it did kill people but it can be measured as saving people.

A little more background: “Vaccine Safety” means we are trying to measure the effect of the vaccine independently from COVID. The reasonable way to do this is to use the date that the vaccine was administered and see how people’s health changes relative to somebody who is not vaccinated. “Vaccine Effectiveness“ on the other hand is where we try to measure how good the vaccine is relative to not being vaccinated when it comes to COVID. Since the vaccine is only said to properly kick in after two weeks, this is the reason why we would want to measure effectiveness with such a measure. However, the vaccine effectiveness measurements will bias things in favor of the vaccines unless vaccine safety is 100%. I still haven’t seen studies that control for this but I have been informed that they do exist.

## 2nd Measurement issue:- Overrating the death rate

The way the stats work is that ANY cause of death within [28 days](https://coronavirus.data.gov.uk/) of being tested positive is counted as a COVID death. To bring this home, if somebody drives to the testing center, gets tested positive for COVID, and then dies in a car crash on the way back home, they are counted as a COVID death.

What does this mean? It means that even if COVID was not lethal, it would be measurably responsible for about 1/12th of ALL deaths by those tested positive. If everyone caught it twice and tested both time for it within a year, it would be measured responsible for 1/6th of all deaths. Remember, this is true even if COVID kills nobody[[1]](#footnote-1).

If the mortality rate of COVID was not as low as it is, this kind of bias might not be a big problem. However, as the mortality is below 1%, it seems like there is no way to overcome this effect[[2]](#footnote-2).

## 3rd Measurement issue: Excess deaths

We are left with excess mortality as a possible measure. This basically is to just look at the total deaths in the years before COVID and the total deaths during COVID, and take their difference. This exercise actually gets us deaths which are [magnitudes lower](https://ourworldindata.org/excess-mortality-covid)(depending on the country). But even this measure can be critiqued, for instance, [car accidents](https://www.latimes.com/world-nation/story/2021-12-08/traffic-deaths-surged-during-covid-19-pandemic-heres-why), suicide, and drug overdosing are all up. It is very possible that these things are the excess deaths, which in turn could be caused by the lockdown policy.

This seems like the easiest thing to debunk of everything I have said here. Normally, I would be informed if there was such a debunk which controls for these effects. Naturally, people are quite curious and dish them out. But there is so much political pressure to toe the line that all my sources have somehow turned into yes men.

# Some common sense on socializing with unvaccinated

## Unvaccinated versus unvaccinated

There is an effect which I am not sure how to quantify, but I have not read anything to help me out. This effect is that it seems like the scientific community claims that the vaccinated have less symptoms than the vaccinated when infected. Does this not mean that conditionally on NOT having symptoms, it could be safer to hang out with an unvaccinated person? Indeed it seems like a person having non-lethal symptoms may be good for transmission, perhaps there is data to counter this, but I have not seen it. Nevertheless, I will assume this effect is very mild and that an unvaccinated person is still more likely to give you COVID.

It is unclear to me how much Vaccines reduce transmissibility but what IS clear to me is that somebody with a fresh rapid test is not treated in the same way as somebody with a vaccination pass. I find this grossly unfair. I especially noticed that some of my acquaintances don’t want to have tea with somebody, even if they did a rapid test THAT same day. I find this standard to be ad hoc.

For now, I am going to just take it for granted that the above effect is not of high magnitude. Perhaps it is best to illustrate the relative information a rapid test gives you versus the vaccine with an example.

Let us assume that COVID can be spread for 10 days. Assume you have two buddies, Vaxxy and Unvaxxy that have a 5% and a 10% chance (respectively) of getting infected every day.

Unvaxxy has taken a test two days ago which has a 50% chance of wrongfully indicating that Unvaxxy does not have COVID when he does. The result indicates that Unvaxxy does not have COVID.

Should you have tea with Vaxxy or Unvaxxy today?

Let us work this out. The probability that Vaxxy does not have COVID at the time of the tea is, (0.95)^10 = 60%.

On the other hand, the probability that Unvaxxy has covid at the time of the meeting is: 50% \* .9\*.9 + .5\*.90\*^10 = 40.5+17.4% = 57%.

So it is safer to hang out with the Unvaxxed with a rapid test (for the less lazy, find the real numbers and compute this again).

## One non-vaccinated versus two vaccinated

Let us take another example. Suppose that, if you hang out with a vaccinated person, you have a 10% chance of catching COVID. When you hang out with an unvaccinated person, you have 15% chance of catching COVID.

Should you hang out with one unvaccinated person or two vaccinated people?

Well… the probability that you won’t catch COVID if you hang out with the unvaccinated person is 85%.

The probability that you won’t catch COVID if you hang out with the two vaccinated people is (1-.90) ^2 = 81%.

In other words, even if the unvaccinated spread COVID 50% more, you may STILL be better off hanging out with an unvaccinated person than two vaccinated people.

## What are the ethics of the mandate fans?

Suppose that we measured that straight people were *healthier* for public health than homosexual people. An example of how we would do this is if we measured that they are better for children in some way or perhaps they spread disease less. We also have good reason to believe that some people are born homosexual. Finally, suppose that there exists a good treatment that can make homosexuals into heterosexuals. Should we force all homosexuals to take the treatment?

I used to think the liberal position implied something like the following:

*1) One ought not to hate/create legal distinctions on a condition somebody was born with*

*2) The unvaccinated were born unvaccinated*

*=> One ought not to hate/create legal distinctions against the unvaccinated*

But now, it seems to me that the utilitarian strand of liberalism is dominant. The utilitarian strand does not focus on origins of things but on whether things can be changed. So the first premise is then *‘1) One ought not hate/discriminate on conditions that somebody cannot change.’*, in which case it is justified to discriminate against the unvaccinated.

I was always perplexed as to why some many liberals are so insistent on the fact that gay conversion therapy does not work. I always thought “but even if it did work, should we force people to do it if they don’t want to?”. After COVID, I have my answer: Yes! It is because their world implies that it is acceptable to force groups to abide by such mandates that they are so attached to the empirical content of gay conversion therapy. In other words, their ethics are fragile to what the scientific community espouses.

1. This is most evident in Influenza, [where deaths have dropped 97%(700 US deaths in 2020 vs 22,000 in 2019.](https://www.scientificamerican.com/article/flu-has-disappeared-worldwide-during-the-covid-pandemic1/) Of course part of this reduction is due to the lockdowns but not 97%. [↑](#footnote-ref-1)
2. Note that there is a second way of measuring, which is to control + f death certificates for COVID. [↑](#footnote-ref-2)