

# People Injured By COVID Vaccines In U.S. Will Not Receive Compensation From VICP



## In Brief

- **The Facts:** A new article published in the New England Journal of Medicine outlines why those injured by the COVID-19 vaccine won't be eligible for compensation from the Vaccine Injury Compensation Program (VICP) while COVID is still an "emergency."
- **Reflect On:** Is a COVID-19 vaccine requirement for travel, school attendance, employment, and other freedoms, unethical? Should freedom of choice always remain? Does the vaccine have the ability to stop transmission and

infection?

Many countries have a vaccine injury compensation program. Canada, for example, [recently created one](#) just prior to the rollout of the COVID-19 vaccine. These programs compensate people who have been and are injured by one or more vaccines, which in some cases have been known to cause hospitalizations due to severe adverse reactions, permanent disabilities, and even death. Federal health regulatory agencies claim these are extremely rare events, that approximately one in a million people suffer these kinds of injuries. This may be very true, but no statistics, information, or sources are provided, and vaccine injury reporting systems, like the Vaccine Adverse Events Reporting System (VAERS) in the United States, for example, only capture an [estimated](#) one percent of vaccine injuries because the majority of them are believed to be unreported. There is information out there that that claims otherwise. For example, an HHS [pilot study](#) conducted by the Federal Agency for Health Care Research found that 1 in every 39 vaccines in the United States caused some type of injury, which is a shocking comparison to the 1 in every million claims.

The Vaccine Injury Compensation Program (VICP) protects the vaccine manufacturers (pharmaceutical companies) from any liability, and the money comes out of the taxpayers' pocket. In the United States, the VICP [has paid out more than](#) \$4 billion dollars due to vaccine injuries. Since 2015, the program has paid out an average total of \$216 million to an average of 615 claimants each year.

When it comes to the COVID-19 vaccine, those who are injured will not be eligible for compensation under the VICP. [An article recently published](#) in the New England Journal of Medicine explains,

The United States has developed a robust system for vaccine-injury compensation to alleviate the burdens of adverse

medical consequences of vaccines. But this system will be unavailable to people who receive Covid-19 vaccines during the declared public health emergency. All potential vaccine recipients, and especially people in high-risk communities, therefore face a dilemma: should they risk becoming infected or risk having a vaccine injury without sufficient access to compensation?

The declaration of a public health emergency by the Department of Health and Human Services in March 2020, however, resulted in the exclusion of Covid-19 vaccine injuries from the VICP. This declaration triggered the Public Readiness and Emergency Preparedness (PREP) Act, a federal law that requires that all people injured by vaccines given as countermeasures during a declared emergency bring claims under only the Countermeasures Injury Compensation Program (CICP). The CICP is far less generous and less accessible than the VICP. It compensates people for only the most serious injuries, has a higher burden of proof than the VICP, has a 1-year statute of limitations after the date of vaccination, and limits awards for damages. For example, the CICP limits lost-income recovery to \$50,000 for each year out of work and doesn't include compensation for pain, suffering, or emotional distress.

As a result, people who are vaccinated during the declared public health emergency will be less likely to obtain compensation for injuries associated with Covid-19 vaccines than they would be for injuries from vaccines included in the VICP. Furthermore, the process for pursuing compensation will be lengthier, more difficult, and more expensive because reimbursement for attorneys' fees is unavailable. People vaccinated during a declared public health emergency can never pursue injury claims under the VICP, even if their symptoms manifest or are linked to the vaccine after the declaration is lifted.

Current projections suggest that the United States will achieve sufficient herd immunity to lift the emergency

declaration by the fall of 2021. This development may well allow Covid-19 vaccine-injury claimants who delay vaccination to file under the VICP as long as the CDC has recommended the vaccine for children or pregnant women (the CDC already recommends the Pfizer-BioNTech vaccine for children 16 years of age or older). For lower-income workers, including many “essential workers,” however, delaying vaccination until the end of the declared public health emergency would be especially dangerous. These workers are often at high risk for infection because of their close contact with other people at their workplaces. At the same time, low-income people who most need to be vaccinated are also least able to weather the health and financial outcomes of a serious vaccine injury, especially if the VICP is their only option for compensation.

Only people who can afford to wait for Covid-19 vaccination until the emergency declaration has ended and the CDC acts will be able to file injury claims under the VICP. This group will probably consist largely of people who can continue working remotely and socially isolating until they feel adequately assured of the vaccine’s safety profile.

Vaccine injuries are nothing new and injuries have been reported for various vaccines. For example, according to a [MedAlerts](#) search of the (VAERS) database, as of today, the cumulative raw count of adverse events from measles, mumps, and rubella vaccine (MMR) alone is 83,997 adverse events, 1,809 disabilities, 6,618 hospitalizations, and 428 deaths.

[Today I did a search](#) on COVID-19 vaccine injuries in the United States. So far, according to VAERS, there have been 181 deaths and 65 permanent disabilities out of the nearly 8000 adverse events reported as a result of the vaccine. Keep in mind, [approximately 20 million](#) have been administered so far. Many people have not reported adverse events, and there are still many more doses to be administered.

I also recently wrote about how Norway has registered a total

of 29 deaths among people over the age of 75 who've had their first Covid-19 vaccination shot, raising questions over which groups to target in national inoculation programs. You can read more about that [here](#).

Keep in mind the number of doses that have been administered with various vaccines that have resulted in no harmful adverse reactions and events is quite high.

These issues bring up concerns regarding the ethics of mandatory vaccine measures. Many of these measures are already in place in many countries for children who wish to attend public school. The backbone of mandating vaccines is the claim that they help protect the whole by providing herd immunity. This claim has also come under intense scrutiny. When it comes to the MMR vaccine, for example, there are multiple examples of outbreaks in a highly vaccinated population that suggest a failing vaccine as opposed to a failure to vaccinate. You can see a few documented examples in [this](#) article.

In a 2014 [analysis in the Oregon Law Review](#) by New York University (NYU) legal scholars Mary Holland and Chase E. Zachary (who also has a Princeton-conferred doctorate in chemistry), the authors claim that 60 years of compulsory vaccine policies "have not attained herd immunity for any childhood disease." This is one of the multiple reasons why so many suggest voluntary choice as opposed to vaccine mandates.

There is also a lot of information out there suggesting that vaccines save lives and do protect the whole, but in my opinion, it's clearly not a black and white issue. Given the fact that it's not black and white, I believe freedom of choice should always remain. Health authorities and government can always recommend and encourage people to get vaccinated, but ultimately I believe the decision should always lie with the person or the parents.

Vaccine hesitancy is on the rise among many people, doctors,

and scientists for a number of reasons. I recently wrote about how 50 percent of healthcare workers in Riverside County, California are refusing to take the COVID vaccine. It's something that seems to be happening all around the globe, especially in the United States. You can read more about that and find more sources that illustrate how widespread vaccine hesitancy among healthcare professionals has become, [here](#).

When it comes to the COVID-19 vaccine, what appears to be in our near future is a lack of access to certain freedoms for people who do not want to receive it. This may include international travel, access to certain institutions, concerts, shopping malls, etc. Some employers may even require their employees to receive the vaccination if they want to keep working for their company. We still have yet to see what's going to happen, but no doubt many ethical concerns are already being raised.

**By Arjun Walia | [Collective Evolution](#)**

I joined the CE team in 2010 shortly after finishing university and have been grateful for the fact that I have been able to do this ever since ☐ There are many things happening on the planet that doesn't resonate with me, and I wanted to do what I could to play a role in creating change. It's been great making changes in my own life and creating awareness and I look forward to more projects that move beyond awareness and into action and implementation.

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