

Why Do So Many People Hate VAERS?

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- › Because of the government's commitment to the vaccination program, there have been numerous incidents where the FDA ignored the warnings of its own scientists in order to push a dangerous (and often "emergency") vaccine onto the market
- › When the National Vaccine Injury Act was passed in 1986, one of the primary concerns of the parents who fought for it was that no one would let them report vaccine injuries. This mattered because the lack of injuries being reported was used to argue the injuries did not exist
- › VAERS in turn was created so the public had a way to both report vaccine injuries and see what injuries were actually being reported
- › The government never wanted a public database which could expose the harms of its vaccines to exist, so ever since VAERS was created, it has done everything it could to undermine and discredit VAERS. In this article, we will review the evidence showing how that behavior has continued to the present day

Since vaccines were first invented, governments and the medical profession have had a compulsive need to defend the products, regardless of how much they hurt people, how much they fail to work, or how unnecessary they are (e.g. because the disease in question is unlikely to ever harm people or a safe and effective treatment for it already exists).

My best guess to explain this phenomenon is that the vaccination meme is extremely appealing to the ruling class because it provides a simple solution (injecting everyone)

for a complex problem (ensuring the health of the nation), and is relatively easy to implement since all it requires is a leader doubling down using the force of the state against anyone who does not comply (which leaders often default to doing for a variety of problems).

Unfortunately, since life is not that simple, this approach always falls short and requires leaders and governments who commit to it to then cut a lot of corners as problems inevitably arise. As a result, some of the recurring themes you see in the forgotten vaccine disasters include:

Creating an “emergency” situation which is used to justify cutting corners on vaccine.

Assuming rather than verifying that the vaccine actually works before giving it to the population.

Burying data or test results that show the current vaccine should not be given to human beings and gagging government scientists who raised concerns about the product.

Allowing a dangerous and unsafe process be used to mass produce the vaccines. This commonly occurs when switching from the clinical trials (which requires a much smaller amount of the vaccine to be produced) to the general market.

Choosing a cheaper (and hence more profitable) production process rather than a safer (but more expensive and thus less profitable) vaccine production process.

Having everyone repeat the mantra that “the vaccines is safe and effective” and that there is no evidence to the contrary – to the point medical professionals come to believe this is so even when they see the injuries with their own eyes.

Note: *Since there is so much money in vaccination (and the government’s stamp of approval means most of the country will buy each new vaccine), a robust apparatus (discussed [here](#)) now exists to bribe politicians and the mass media to push those products and bury any red flags that emerge along the way.*

One of the best explanations I've seen to explain why the government will never reconsider the more dangerous vaccines can be found within [this 2011 WHO statement](#):



"The public health benefits of vaccination are clear. The World Health Organization estimates that, in 2008, more than 2.5 million deaths were prevented by vaccination.

Immunization programs have led to the eradication of smallpox, the elimination of measles and poliomyelitis in many regions, and substantial reductions in morbidity and mortality from Haemophilus influenzae type b, diphtheria, whooping cough and tetanus [note: while these beliefs are widely held, much of the previous is in fact false].

However vaccines are not without risks and it is commonly accepted that, regardless of proper design, manufacture and delivery, adverse events occur following vaccination although serious adverse events are rare.

*At a population level, it is considered that these small risks are balanced by the benefits of widespread population immunization. **However this means that an individual occasionally bears a significant burden for the benefit provided to the rest of the population.***

Although these vaccine-related adverse events occur occasionally due to negligence, more often there is no clearly attributable fault [which is deliberate, as if there was, the people putting dangerous vaccines on the market would be forced to stop doing that]."

In short, because such a strong faith exists in the merits of vaccines, that means:

- Evidence showing they are unsafe or ineffective will always be buried regardless of how strong the evidence is.
- When injuries nonetheless occur that no one can deny were linked to a vaccine, they are viewed as acceptable collateral damage for the greater good of vaccination – even if in reality **there is no “greater good” to begin with.**

Past Vaccine Disasters

In the [first part](#) and [second part](#) of this series, I attempted to compile forgotten news reports on many other vaccine disasters.

I feel these reports are extremely important for people to learn about because they show how all the unbelievable malfeasance we witnessed throughout COVID-19 (a clearly unsafe and ineffective experimental vaccine being mandated upon America in conjunction with ruthless censorship of the tsunami of vaccine injuries that were caused by it) has in fact happened many times in the past.

However, at those times, the national media was still willing to do real journalism and expose what happened to the public. As a result, what many of those reports described is **identical** to what many of us witnessed over the last two years. The only real difference is that the pharmaceutical industry had not yet bought out the American media, so news reports like that could be made and then go viral across the nation.

For this reason, I would strongly advise reviewing what had happened in the not too distant past. What follows was my attempt to present that chronology in the most concise way possible through Twitter (each image links to the video tweet) and illustrate how those orchestrating those disastrous vaccine programs **behaved after they got caught.**

Note: [The Anthrax vaccine was devastating for the military](#) (e.g., hundreds of thousands of servicemen were injured – with many having their careers ended) and spurred a congressional investigation which made mandating experimental vaccines illegal in the

military (until that law was disregarded during COVID-19, leading to our military again being decimated).

Note: *Despite [Bush doing his best to market it](#), the 2002 Smallpox vaccine campaign was scrapped because too many were injured, the press was willing to expose it and not enough people were tricked into vaccinating before the injuries piled up.*

I firmly believe that if the press had not been in bed with the vaccine manufacturers (due to most of their advertising money coming from the pharmaceutical industry – something which was the result of Clinton’s immensely controversial 1997 decision to legalize that practice), COVID-19 would have never happened as far less dangerous (but still dangerous) vaccines mentioned above were immediately pulled once the media exposed them.

Note: *After [Tucker Carlson attacked the mass media](#) for selling America out to Big Pharma (by relentlessly pushing the COVID vaccines), he was abruptly fired by Fox News. Given how costly this decision was, many have wondered what prompted Fox to do so.*

The Vaccine Adverse Event Reporting System (VAERS)

In all of those stories, you’ll notice a consistent theme – the government did everything it possibly could to cover up the evidence its vaccine was severely harming people, and then used that “absence of evidence” to argue there was no evidence vaccines harmed people.

As you can imagine, this is an immensely frustrating situation for vaccine injured individuals to deal with as regardless of the evidence they bring forward to corroborate their injuries, they are greeted with circular logic that dismisses those injuries and [gaslights](#) each victim.

Note: *[Steve Kirsch](#) has done a remarkable job over the last two years of cataloging this insanity.*

Since almost no one is willing to publish scientific literature detailing the harms of vaccination (due to the professional risk anyone who speaks out takes on alongside the institutional risk government takes on by admitting it screwed up – [best shown by the NIH burying its study of COVID-19 vaccine neurological injuries](#)), the traditional resources we'd look at to assess the possibility of vaccine harm simply don't exist.

Instead VAERS (and its European equivalents) have been the only resource that is available for individuals to assess the harms of the COVID vaccines.

Note: *Due to just how many people have been severely injured by the vaccines, many other population wide datasets ([compiled by Ed Dowd's team](#)) have also been able to show the harms of the COVID-19 vaccine program.*

VAERS in turn occupies a rather peculiar situation. On one hand, anytime a red flag emerges from it, VAERS is continually attacked as anecdotal and invalid resource. Conversely, each time VAERS “proves” a vaccine is safe, it is cited as proof of vaccine safety.

For example, emergency use authorizations (EUAs) were created as a way to get a pharmaceutical onto the market without first completing the necessary safety studies under the logic that those studies take too long and will prevent the drug from making it to market in time for the emergency. So, when Pfizer received their EUA, it was expected that a plan would be in place to monitor for unexpected reactions to the vaccine (termed pharmacovigilance).

I would now like to quote a few passages from [section 5.2](#) (pharmacovigilance) of the [FDA's EUA approval of Pfizer's vaccine](#):

*“Pfizer submitted a Pharmacovigilance Plan (PVP) to monitor safety concerns that could be associated with Pfizer-BioNTech COVID-19 Vaccine. The Sponsor identified vaccine-associated enhanced disease including vaccine-associated enhanced respiratory disease as an important potential risk. **Use in pregnancy and lactation and vaccine effectiveness are areas the Sponsor identified as missing information.**”*

In addition to the safety concerns specified by the Sponsor, FDA requested that the Sponsor update their PVP to include anaphylaxis (including anaphylactic reactions) as an important potential risk and missing information in pediatric participants less than 16 years of age. Division of Epidemiology recommendations are as follows:

- *Mandatory reporting by the Sponsor [and vaccination providers] of the following events to Vaccine Adverse Event Reporting System (VAERS) within 15 days:*
 - *Vaccine administration errors whether or not associated with an adverse event – Serious adverse events (irrespective of attribution to vaccination)*
 - *Cases of Multisystem Inflammatory Syndrome in children and adults*
 - *Cases of COVID-19 that result in hospitalization or death*

Active surveillance of vaccine recipients via the v-safe program. V-safe is a new smartphone-based opt-in program that uses text messaging and web surveys from CDC to check in with vaccine recipients for health problems following COVID-19 vaccination. The system also will provide telephone follow-up to anyone who reports medically significant (important) adverse events.

Responses indicating missed work, inability to do normal daily activities, or that the recipient received care from a doctor or other healthcare professional will trigger the VAERS Call Center to reach out to the participant and collect information for a VAERS report, if appropriate.”

Note: *V-Safe was designed to address a common criticism of VAERS by providing more accurate data on vaccine reactions but simultaneously was designed so that the majority of severe vaccine reactions could not be reported to it. Nonetheless, **V-Safe showed such overwhelming evidence of harm** that the CDC buried the data until **ICAN forced them to reveal it with a lawsuit**, from which it was determined that **only 3.89% of those injured were ever contacted by VAERS.***

Given that VAERS was supposed to play a pivotal role in the COVID-19 vaccine pharmacovigilance plan, it is quite strange that Pfizer, the CDC and the FDA somehow missed the innumerable red flags outside investigators found in it. This in turn led me [to review the Pfizer FDA documents](#) (which ICAN also obtained through a lawsuit).

[In those documents](#), I noted that the VAERS data was repeatedly referenced, but it always was done in a manner which rationalized a way to dismiss any safety concerns with the COVID vaccine – something sadly consistent with the FDA & CDC’s attitudes towards vaccine safety.

The Limitations of VAERS

Whenever VAERS is mentioned in the mainstream, it is immediately juxtaposed with the assertion VAERS has minimal validity and should thus not be taken seriously. For example, let’s review [what the CDC has to say about VAERS](#) on its own webpage.

*“Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (**possible** side effects) after a person has received a vaccination.*

Anyone can report an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

*VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. **VAERS is not designed to determine if a vaccine caused a health problem**, but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine.*

This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to further assess a possible safety concern.”

I would argue the above language (like the pharmacovigilance process for Pfizer’s EUA) again represents an attempt for the vaccine industry to have their cake and eat it – if VAERS can “prove” the vaccine is safe, VAERS is great, but if it can’t, VAERS should be ignored.

Likewise, VAERS is well-known for being a dysfunctional database (which in turn is another common criticism used to undermine its validity). Given that we depend upon VAERS to monitor vaccine safety, this is quite strange and suggests the reason why it has never been fixed was specifically so that the vaccine dangers being reported to it would not be exposed. The best proof I have ever found for this contention can be found within [The Real Anthony Fauci](#):

*“**A 2010 HHS study** of the government’s notoriously dysfunctional VAERS concluded that VAERS detects “fewer than 1 percent of vaccine injuries.” Put another way, VAERS misses OVER 99 percent of vaccine injuries, thereby lending the illusion of safety to even the most deadly inoculations.*

In 2010, the federal Agency for Health Care Research Quality (AHRQ) designed and field-tested a state-of-the-art machine-counting (AI) system as an efficient alternative to VAERS. By testing the system for several years on the Harvard Pilgrim HMO, AHRQ proved that it could capture most vaccine injuries.

*AHRQ initially planned to roll out the system to all remaining HMOs, but after seeing the AHRQ’s frightening results – vaccines were causing serious injuries in **1 of every 40** recipients – **CDC killed the project and stowed the new system on a dusty shelf.***

Dr. Fauci left that system safely cached, throughout the pandemic, allowing HHS’s broken voluntary system to continue to conceal vaccine injuries, including any evidence of pathogenic priming.”

Note: *In my eyes, the CDC's behavior here ([concealing that vaccines have a 2.6% of injuring you](#)) is no different from how the Federal Government [has repeatedly silenced its own scientists who warned them of the dangers of specific vaccines](#).*

The Origins of VAERS

The current VAERS situation does not make any sense until you understand why VAERS was created. If we jump back to the widely-seen [1982 NBC Vaccine Roulette part of it](#) a brief segment of it (please watch the clip below) tells a critical part of the VAERS story:

[Video Link](#)

One of the greatest challenges parents faced was unwillingness by their doctors (who often had disabled their children) to report the injuries which occurred and an unwillingness by the government or vaccine manufacturers to receive injury reports — particularly since the lack of those reports was used to argue there was “no evidence” the DPT vaccine was dangerous.

Fortunately, a dedicated team of lawyers stepped up and began filing lawsuits against the DPT manufacturers, causing many of them to leave the industry as the cost of those lawsuits greatly outweighed the profits from it (and based on the timeline I believe helped prompt the NBC investigation).

After the 1982 investigation aired, numerous parents of vaccine injured children contacted NBC to thank them for their work and in turn NBC kindly connected those parents with each other, thereby created the modern vaccine safety movement. In turn, the lawsuits accelerated and by 1984, due to the legal liability (as the industry was not yet willing to develop the safer DTaP shot), only one manufacturer was still producing the toxic DTwP vaccine.

In parallel, to this litigation, the parents began putting pressure on Congress (which was well aware of the recent 1976 Swine Flu vaccine disaster that had been quite costly to the government) to fix the situation.

Owing both to sympathetic Congressmen (who empathized with how difficult it was to get justice in the courts) and the government recognizing it might soon lose its vaccine program (due to manufacturers being sued out of business), a great deal of political pressure was created to “do something.”

Note: *The most comprehensive account of this period I have located can be found within the first section of [The Vaccine Court: The Dark Truth of America's Vaccine Injury Compensation Program](#).*

Since there were many vested interests who desperately wanted to protect the vaccine program (e.g., the Pediatrician Lobby, vaccine manufacturers, the CDC and the FDA), this required a compromise to be struck. That compromise was a no-fault compensation system that was funded by an extra tax on all vaccines, as this allowed everyone to continue business as usual, but gave some degree of recourse to the parents of injured children.

Note: *Many consider the act to be a disaster because by providing manufacturers immunity from vaccine injuries, it incentivized them to produce a slew of unsafe vaccines. Likewise, since the act specified that only “approved” injuries could be compensated (with the list determined by the HHS secretary), this incentivized the HHS to declare that a variety of injuries (e.g., autism) were not linked to the vaccine.*

A friend of mine who worked for the vaccine court shared that the court was very fair for “covered injuries” (e.g., Guillain-Barré from a flu shot) but extremely unfair for “non-covered injuries,” which creates a rigged system because the government does everything it can to make sure the injuries it doesn’t want to pay for are never covered.

Kenneth P. Stoller MD, a pediatrician who had worked for decades to help vaccine injured children (until California unjustly took away his license for doing so) provides one of the best explanations for why this is:



KP Stoller Writes KP's Substack Nov 19 Liked by A Midwestern Doctor

In 2006, I had someone in the government actually tell me why there was a cover up and there would always be a cover up. I had been trying to get legislation that would require 3rd party payers to cover off-label interventions for children with autism. I was pulled aside by a top congressional aide who told me I would never see a Bill with the words autism & treatment in it together. He went on to explain that everyone in the upper tier of government who wanted to know whether or not vaccines were causing autism already knew and they were not going to do a damn thing about it. He said there was a real fear that the reparations (should the truth be acknowledged) would bankrupt the Treasury.

Note: His full comment can be viewed [here](#). Additionally, few people know that there was one case where a neurologist ([interviewed here on CNN](#)), through great effort, was able to convince the vaccine court a vaccine **caused his daughter's autism**.

Sadly, while the vaccine court is quite unfair, it is much better than the existing program for those injured by the COVID-19 vaccines (which due to their EUA are shielded from liability).

Despite extensive legal work to get those injuries covered by the government's EUA "vaccine court" (CICP), [according to a Congressional report](#) published on 2/1/23, of the 11,252 claims alleging injury or death from a COVID countermeasure (most of which were the vaccine), **not a single one** has received compensation from the CICP.

The VAERS Compromise

Recognizing that it was critical for the public to have a way to report vaccine injuries which bypassed this corrupt system, the parents demanded that the vaccine legislation included a provision for such a reporting system.

For this article, I reached out, [Barbara Loe Fisher](#), the founder of the [National Vaccine Information Center](#), who shared the following with me:

"Dissatisfied Parents Together (DPT) was founded in 1982 by DPT vaccine injured children. When we were asked by Congress to participate in legislation to protect the childhood vaccine supply in the U.S. due to threats by vaccine

manufacturers that they would stop producing childhood vaccines unless they were given a total liability shield from vaccine injury lawsuits, among the conditions we set for our coming to the table was that the legislation:

1. Had to put equal emphasis on preventing vaccine reactions, injuries and deaths through the institution of vaccine safety provisions, one of which would be a centralized Vaccine Adverse Events Reporting System (VAERS) that would be open and accessible to the public for input of vaccine reaction reports, as well as viewing of reports made.

2. That the legislation could not completely shield the vaccine manufacturers from liability or shield negligent doctors from medical malpractice lawsuits.

There was no compromise on either of those two points. When the Act was passed in November 1986, it contained vaccine safety informing recording, reporting and research provisions (including VAERS). Those safety provisions were unique contributions of the co-founders of NVIC (Dissatisfied Parents Together became the National Vaccine Information Center (NVIC) in the late 1980's).

When the Act was passed in 1986, the doctors and other vaccine administrators were still liable for medical malpractice and the vaccine manufacturers were still liable for product design defect (failure to make the product safer). The law was gutted after it was passed by congressional amendments, rule making authority by H.H.S. and, in 2011, by the US Supreme Court.

Yes, we insisted that VAERS be open to the public in terms of being able to directly report to the system when doctors refused to make vaccine adverse event reports and we wanted all reports made to VAERS to be transparently accessible and able to be viewed by the public.

VAERS is a unique vaccine reaction reporting system because it is transparent and researchers around the world have used it – including CDC researchers – to

publish studies on vaccine adverse events. VAERS, as you know, played a key role in raising public awareness about the reactivity of COVID-19 vaccines.

Dr. Fauci had nothing to do with creation of the 1986 Act [this was in response to one of my questions]. That legislation, which had bipartisan support in Congress from the beginning, was created over a four and a half year period by the legislative staffs of Rep. Henry Waxman, Senator Edward Kennedy and Sen. Orrin Hatch in consultation with the co-founders of Dissatisfied Parents Together and American Academy of Pediatrics.

Environmental law attorney Jeffrey Schwartz, whose daughter was brain injured and then died from a DPT vaccine reaction as an infant, was the first President of NVIC and was the primary negotiator on behalf of NVIC on Capitol Hill during the creation of the Act.”

Note: *Because of their work, the Act also had a stipulation requiring the Department of Health and Human Services to create a task force devoted to researching ways to develop safer vaccines and to produce two reports each year for Congress on that work. [A 2018 lawsuit](#) from ICAN and the CHD [proved that the H.H.S. failed to do this.](#)*

That is one an example of how the H.H.S. will often willfully omit doing things it is legally required to do. [Another were investigations](#) that showed Fauci and his lackeys over and over would find ways to avoid disclosing to their research subjects that they were making money off those experiments (despite being legally required to and repeatedly requested to).

What Happened to VAERS?

Because of the 1986 law, a curious situation was created. The government was forced to create VAERS even though it desperately did not want anything to exist that could show the public the dangers of the vaccine program.

As a result, a concerted effort was done to undermine VAERS as much as possible so that it could not “weaken public support of the vaccine program.” Similarly, consider the

previously mentioned example of the H.H.S. scrapping a system which showed VAERS was identifying less than 1% of vaccine injuries.

In turn, the VAERS we have today is a dysfunctional mess and a far cry from what had been promised in 1986. Nonetheless, it's the best we've got, and enough data still exists that members of the public have been able to sort through it and discover just how dangerous the vaccine program is.

After it became clear the public VAERS database had serious issues, a group of data scientists got together and [produced OpenVAERS](#), a laborious attempt to clean up VAERS and make it functional enough to be accessible to the general public. Because of this, [OpenVAERS in their FAQ](#) provide one of the most poignant pictures of the current state of VAERS. For example, through their research, they learned:

The American Academy of Pediatrics [stated](#) "In 2012, [VAERS] reports were received from health care providers (41%), manufacturers (29%), other sources (17%) and vaccinees or families (14%)," while the CDC [in 2020 stated](#) "The majority of VAERS reports are sent in by vaccine manufacturers (37%) and health care providers (36%).

The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parent/guardians, 7%) and other sources (10%)."

Note: [Steve Kirsch has also proven](#) that the management at VAERS is refusing to publicly acknowledge the safety signals the system is designed to detect.

The BMJ Investigation

Through their work, OpenVAERS (and others) [were able to identify many pieces of evidence suggesting](#) VAERS was deliberately withholding crucial data from the public and refusing to record or document many critical vaccine injuries.

These issues eventually prompted the BMJ (one of the top five medical journals) to investigate what was happening, and in turn formally corroborated what many of us

have observed ever since the vaccines hit the market.

“VAERS is supposed to be user friendly, responsive, and transparent. However, investigations by The BMJ have uncovered that it’s not meeting its own standards. Not only have staffing levels failed to keep pace with the unprecedented number of reports since the rollout of covid vaccines but there are signs that the system is overwhelmed, reports aren’t being followed up, and signals are being missed.

The BMJ has spoken to more than a dozen people, including physicians and a state medical examiner, who have filed VAERS reports of a serious nature on behalf of themselves or patients and were never contacted by clinical reviewers or were contacted months later.

Our investigation has also found that, in stark contrast to the US government’s handling of adverse reaction reports on drugs and devices, the publicly accessible VAERS database on vaccines includes only initial reports, while case updates and corrections are kept on a separate, back end system.”

Specifically:

VAERS makes it difficult to enter reports into it. To quote the BMJ, “the format is cumbersome and it times you out,” (a story I have also repeatedly heard).

VAERS makes it impossible to update an existing report to something more serious (e.g., to note that an injured patient then died).

Often it took VAERS months to get back to someone (if they did at all) and frequently VAERS representatives provided conflicting information to the reporters or discouraged them from making a report all together. For example, **doctors who reported fatal reactions in their patients were never contacted by VAERS.**

In a survey by React19 of 126 reported injuries, 22% were never made available on VAERS, while 12% initially could be found on VAERS were then taken down by the

CDC. This means one-third of the reports VAERS received are being deliberately hidden from the public.

Note: *I also directly know of cases where this happened.*

Prior to COVID, VAERS received 50,000 reports each year, but only had the capacity to process a few thousand serious reports (which suggests VAERS was deliberately understaffed).

VAERS has received 1.7 million reports since the rollout of covid vaccines, including 20,000 deaths. Yet the CDC has not linked a single one of those deaths to the vaccine, even though many other countries have.

Note: *There has been a lot of evidence suggesting the vaccines significantly increase your risk of dying (Ed Dowd has done an excellent job [compiling the death data](#)). Recently one of my colleagues was able to obtain a large data set of deaths in the elderly population and vaccination status (something we have been trying to get since the vaccines came out). It showed taking the vaccine roughly doubles your rate of dying for a few months – **which is a big deal.***

Since COVID, almost 20% of the reports VAERS received were serious ones which were “required” to be followed up on.

A team of physicians have repeatedly contacted the FDA to air their concerns that no one is following up with them about severe and fatal injuries they reported to VAERS. The FDA has responded by simply insisting that it is doing so – despite significant evidence to the contrary.

Pfizer currently has around 1000 full time employees assigned to processing vaccine injuries reported to the company (this number may be as high as 1800). The CDC has declined to state how many it has assigned to VAERS, but the number is quite small as VAERS is a part of a department which only has between 70-80 employees in total.

It is very difficult to get physicians to report reactions to VAERS if they have not already been told that the reactions might be associated with the vaccine. So by the FDA and the CDC refusing to raise the possibility other conditions could be linked to the vaccine, they are not appearing in VAERS, which in turn is being used to argue they do not exist.

Conclusion

One of the greatest challenges we have faced with the vaccines is the steadfast refusal to acknowledge they could be harming people, despite the overwhelming degree of evidence we can all see with our own eyes that something very bad is happening.

Since the reliability of VAERS has played such a pivotal part of this discussion, I feel the BMJ's investigation is critical for the current situation as it provides concrete proof the government is covering up this unprecedented wave of injuries.

In turn I would argue that VAERS's systemic "failures" instead illustrate it is working exactly as intended – the government is doing everything it can to sabotage it but simultaneously it is still providing a way for the public to access the vaccine safety data Barbara Loe Fisher and her colleagues knew the government would do everything it could to hide from us.

I fully understand how hard it is to believe the government could do something like this. In this series, I hope I have provided an explanation for why such awful behavior is deeply engrained within a bureaucracy which has repeatedly proven it will do whatever it can to cover up the harms of vaccination – regardless of how much harm they cause.

So next time someone "educates" you by pointing out VAERS is not reliable, point out that VAERS is supposed to be our premier system for monitoring vaccine safety and ask them "why is there still nothing better?"

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.