

PE2086/D: Recognise the vaccine injured and offer appropriate treatment

Petitioner submission of 28 May 2024

The petitioner does not define or detail what is meant by recognition of vaccine damage

In my statement I mentioned that frontline medical practitioners are not expecting there to be adverse reactions from the vaccine so are often not looking for them. Sadly, it is not uncommon when many of the vaccine injury group members mention that the vaccine factored in the change in our health that doctors clam up and appear to be afraid to discuss it. Lack of acknowledgement that the vaccine is the underlying cause impairs our ability to claim the vaccine damage payment scheme. This is partially what is meant by 'recognition'. Another aspect is that because the vaccines were seen as the 'way out of lockdown' and the solution to a global crisis, there is a stigma associated with recognition of vaccine injury as a result.

The focus of the petition is on recognition that the vaccines caused injury and ensuring access to appropriate medical treatment. The current evidence ... has identified a number of conditions that have been linked to the vaccines. However, in respect of access to medical treatment, a petition should not be required because if someone presents to a GP with a set of symptoms which may or may not be caused by the same underlying issue (or to having had a vaccination), then they should be treated and supported regardless.

This is very true. Sadly, however, we are finding that a lack of awareness of mast cell activation syndrome and postural orthostatic tachycardia syndrome is impeding treatment.

Of course, in the case of vaccine harm, the vaccine itself is the underlying cause. Further research is required to link any additional suspected symptoms to the vaccine, and for appropriate treatments to be identified.

Agreed. Germany has allocated funding for this. Research has already been published linking the vaccines to vaccine induced long-covid. Research conducted by a team in Aberdeen has highlighted that platelet activation, endothelium damage and microclotting are all issues that need to be addressed and rarely show up in standard testing. There are now literally thousands of peer reviewed studies linking the vaccines to a wide range of conditions.

It is not in the interests of population level public health, if, overall, the vaccines prevent more harm than they cause, to emphasise harms done or possible harms of vaccination. Governments and health authorities have to balance risks and harms according to the available evidence. As with all medicines, not all side effects of vaccines are known as a result of the clinical trials conducted, and can only be observed once its use is widespread.

It is also not beneficial if governments and health authorities wish to avoid vaccine hesitancy to choose to look the other way when adverse reactions occur. Vaccine Damage Payment schemes only help a small way towards the cost of living for a short period of time. They do

not address the research needed to establish what damage has been done and how best to treat it. We do not have long term data on the covid-19 vaccines yet and are only beginning to understand the mechanisms that have led to some of the adverse reactions.

Because the aim of vaccination is to promote an effective immune response against future infection, there is no fixed, treatable underlying cause requiring medical treatment, and the ingredients of vaccinations cannot be removed from the body. There are warnings on information leaflets about allergies to the constituents of the vaccines, but there have been concerns expressed about the potential effects of the new technologies used in the COVID-19 vaccines and the speed of their introduction.

Agreed.

Additionally, the Agency received a very large volume of yellow card reports throughout the pandemic relating to the vaccines.

As of the 10th May 2024, we understand the Yellow Card system in the UK has received reports of 2,688 fatalities related to Covid-19 Vaccines and 486,250 individual reports. 362,336 of these were reported as serious. (<https://yellowcard.mhra.gov.uk/idaps> which lists the Interactive Drug Analysis Profile (IDAP) for each of the Covid 19 Vaccines, from which we have calculated a total number of reports.)

The timing of reporting any symptoms following vaccination can also be problematic. The longer the interval, the harder it becomes to attribute any harms to the vaccination, rather than any other cause. But not all effects of medicines will be observed in the first 48 – 72 hours for example.

The Scottish Vaccine Injury Group has observed patterns of trajectories following vaccination. Sometimes the symptoms are almost instantaneous – particularly in regards to some experiences of paralysis and tingling. In large numbers of cases, it takes 10 days or more for the symptoms to manifest and these can progressively develop through stages over weeks.

The safety information on the Covid-19 vaccines in use has been updated over time as reports of side-effects have been verified. The main acknowledged rare side effects of the mRNA vaccines appear to be myocarditis – inflammation of the heart muscle, and pericarditis – inflammation of the outer lining of the heart. Other conditions include thrombotic thrombocytopenia syndrome, where blood clots form in different parts of the body, linked to the Vaxzevria vaccine, and neurological conditions, such as Guillain-Barre syndrome and Bell's Palsy. Other than this, most evidence to date appears to be inconclusive or only partial

These three websites list large numbers of peer reviewed medical papers submitted to a variety of medical journals citing adverse events following covid-19 vaccines. We have not had time to go through every single one of these to check their validity but can testify that spot checks have confirmed they are manifest in the experiences of group members. There are many more besides these that we can provide for you. These link covid19 vaccines to autoimmune disorders, vascular damage, diabetes, eye issues, lymph disorders, blood disorders and many more in addition to the widely known cardiomyopathies and Guillan-Barre Syndrome. The vaccines have also been connected to reactivated viruses such as herpes zoster and Epstein-Barr.

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