

Questions for Health Department Legal Council:

“According to the CDC, from 2006 to 2022 over 5 billion doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 12,320 petitions were adjudicated by the [the National Vaccine Injury Compensation Program (VICP)] Court, and of those 8,946 were compensated. This means for every 1 million doses of vaccine that were distributed, approximately 1 individual was compensated.”

- [HRSA Data and Statistics November 2024](#)

1. How many doses of covered vaccines are given to Vermonters in a given year?
2. How many Vermonters receive a vaccine that is not covered by the Vaccine Injury Compensation Program?

(For example, Covid-19 vaccines are not covered by the VICP program, yet they have the highest rate of serious side effects ever recorded by the VAERS system. See references below.)

3. Based upon these statistics, what is the annual serious adverse event incident rate in Vermont, what recourse exists for those folks and should they be made aware of this?



<https://hsph.harvard.edu/news/avoiding-discussion-of-vaccine-side-effects-isnt-pro-vaccine-its-anti-science/>

“After vaccine makers were given immunity from lawsuits to encourage product development, the 1986 Childhood Vaccine Injury Act established the National Vaccine Injury Compensation Program (NVICP). The program allows individuals harmed by vaccines to share what happened to them and receive compensation funded by a modest excise tax on vaccines. Eligible shots include tetanus, measles, mumps, rubella, polio, hepatitis B, and influenza. The cases are decided by special masters in the U.S. Court of Federal Claims.

Unfortunately, that perfectly sensible system has been eclipsed by a flawed and hastily arranged program put in place after the 9/11 terrorist attacks: the Countermeasures Injury Compensation Program, or CICP. If during a public health emergency someone suffers an adverse side effect from, say, a mass smallpox vaccination, they could file claims to cover lost wages and medical costs (at the very least).

The CICP looks like common-sense liability protection, but after the greatest public health emergency of our lifetime, it has become clear that it is not up to the task. Many claims have been summarily rejected, and aside from one recent large award, administrative masters had compensated a grand total of 15 individuals for less than \$60,000—none of them for Guillain Barre.

So why not make the COVID-19 vaccines eligible under the NVICP, the program that has worked so much better? To do so requires an act of Congress, and pandemic politics has put everything at a standstill.”

VAERS Report, Total Deaths reported:

2005	105	0.41%
2006	107	0.42%
2007	161	0.63%
2008	155	0.61%
2009	158	0.62%
2010	143	0.56%
2011	122	0.48%
2012	106	0.42%
2013	96	0.38%
2014	103	0.41%
2015	96	0.38%
2016	118	0.47%
2017	90	0.35%
2018	103	0.41%
2019	87	0.34%
2020	128	0.50%
2021	11,699	46.11%
2022	4,410	17.38%
2023	1,096	4.32%
2024	332	1.31%
2025	246	0.97%
2026	6	0.02%
Unknown Date	3,556	14.01%
Total	25,374	100.00%

VAERS TOTAL Reports, All Adverse Events:

Year Reported ↓	→ Events Reported ↑↓	↔ Percent (of 1,708,724) ↑↓
2006	16,626	0.97%
2007	27,606	1.62%
2008	29,001	1.70%
2009	32,312	1.89%
2010	30,389	1.78%
2011	24,781	1.45%
2012	26,372	1.54%
2013	29,483	1.73%
2014	36,826	2.16%
2015	40,902	2.39%
2016	43,806	2.56%
2017	37,902	2.22%
2018	49,133	2.88%
2019	47,558	2.78%
2020	49,473	2.90%
2021	748,819	43.82%
2022	242,756	14.21%
2023	105,405	6.17%
2024	49,800	2.91%
2025	38,874	2.28%
2026	900	0.05%
Total	1,708,724	100.00%