

Practical Reasons Why Vaccine Injuries Are Rarely Reported

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STORY AT-A-GLANCE

- Deborah Conrad, a physician's assistant, is blowing the whistle on COVID jab injuries, and the fact that these injuries are rarely reported to the U.S. Vaccine Adverse Event Reporting System (VAERS) as required by law
- The purpose of VAERS is to detect possible signals of adverse events associated with vaccines
- Collecting data on side effects is particularly crucial when dealing with a never before used medical product such as mRNA and DNA-based COVID injections
- Conrad saw a dramatic rise in several different health problems as the COVID jabs were rolled out. One of the most surprising problems has been a sudden rise in cancers among vaccinated patients whose cancer had gone into remission before the jab
- Other conditions that have dramatically risen among vaccinated patients include heart attacks, strokes, blood clots, pneumonia, sepsis, gastrointestinal complaints and bleeds, appendicitis and pancreatitis

In a Highwire exclusive, Deborah Conrad, a physician's assistant (PA), blows the whistle on COVID jab injuries, and the fact that these injuries, by and large, are not being reported.

According to Conrad, shortly after the mass vaccination campaign began, she started seeing a surprising number of hospital patients who had recently received a COVID shot and were now testing positive for COVID-19.

In particular, patients were coming in with pneumonia, and this was happening even in the middle of the summer. It's become so common, Conrad refers to 2021 as "the year of pneumonia." Sepsis cases have also increased.

After the COVID jab rollout, she also noticed a marked increase in heart attacks, strokes, blood clots, gastrointestinal complaints and bleeds, appendicitis, pancreatitis and recurrent cancers. All of these were "noticeably increased," she says, and "everybody seemed to notice it."

Most Health Care Workers Know Nothing about VAERS

Conrad, who has worked as a PA for 17 years, admits she knew nothing about the U.S. Vaccine Adverse Event Reporting System (VAERS) prior to the COVID vaccination campaign. This is the case with most health care providers. None of them were ever educated on how to identify potential vaccine injuries, how to report them, or that they have a legal requirement to report all emergency use vaccine injuries.

When it comes to conventional vaccines, reporting to VAERS is voluntary. Not so with emergency use vaccines, however. Vaccine injuries caused by a vaccine under Emergency Use Authorization (EUA) MUST be reported to VAERS by law. However, as noted by Conrad, there's been absolutely no training on how to do so.

She was shocked to realize health care providers are actually required by law to report suspected EUA vaccine injuries, as none of the hospital staff had been instructed to do so. But on page 12 of Pfizer's "Fact Sheet for Healthcare Providers Administering Vaccine," it states that:¹

"The vaccination provider is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS):

- *vaccine administration errors whether or not associated with an adverse event,*
- *serious adverse events (irrespective of attribution to vaccination),*
- *cases of Multisystem Inflammatory Syndrome (MIS) in adults and children, and*
- *cases of COVID-19 that result in hospitalization or death.*

Complete and submit reports to VAERS online at vaers.hhs.gov/reportevent.html. For further assistance with reporting to VAERS call 1-800-822-7967. The reports should include the words 'Pfizer-BioNTech COVID-19 Vaccine EUA' in the description section of the report."

Doctors Have a Public Health Duty to Report Side Effects

In addition to a lack of education about VAERS, one of the reasons why so few physicians report suspected vaccine injuries is because there are no penalties for failing to fulfill your legal responsibilities. It's essentially not enforced.

It's worth noting that it is not the doctor's job to decide whether an injury is caused by a vaccine or not. The language in VAERS is very clear on this. They are simply to report any adverse health condition that occurs after a vaccination has been given.

Over time, as reports accumulate, the FDA and CDC can then start to see potential associations, and if a particular condition occurs at high frequency after a particular vaccine is given, the link would then, theoretically at least, be investigated further. In short, VAERS function is to signal potential side effects that weren't known before.

Naturally, collecting data on side effects is particularly crucial when dealing with a brand-new, never previously used medical product such as these mRNA and DNA-based COVID injections.

Every health care worker in the nation really ought to be on the lookout for potential side effects, and diligently fulfill their public health duty to report any and all health effects that occur within a month or two, at minimum, after the injections. We are, after all, in a mass experiment, and without rigorous data collection, how can we possibly understand what these injections are doing?

VAERS Is a Crucial Tool to Ensure Vaccine Safety

As soon as Conrad became aware of her responsibility to report side effects, she started filing reports. But there were so many that "quickly, that became a full-time job," she says. Within a month, she'd already reported 50 suspected vaccine injuries.

Fact checkers typically dismiss VAERS data as "unreliable" because anyone can file a report. The fact that a patient experienced a problem after vaccination also does not mean that the vaccine was the cause. Such debunking attempts do not hold water, however.

The purpose of VAERS is to detect possible signals of adverse events associated with vaccines.

First of all, filing a VAERS report is not a quick and easy task. It's very time consuming and requires detailed data on blood work, symptoms, previous medical history, vaccine lot numbers and much more. What's more, there's no save feature, so you cannot walk away from it midstream, or the system will log you out and you have to start all over again.

So, to say VAERS is not optimized for ease of use and compliance is a profoundly serious understatement. Conrad, and many other doctors, have stated that the system will often also fail to authenticate once you hit "submit," and erase the whole report. It's almost like it's was intentionally designed to discourage reporting.

There's also no incentive to spend your days filing false reports, as there are penalties for doing so. This is in stark contrast to not filing a report, which carries no penalty. What's more, while a patient or parent can file a report, most reports are done by medical professionals, and they're not going to waste their time filing false reports.

Then there's the actual purpose of VAERS, which as mentioned is to signal potential problems. It's true any single report cannot be taken as proof that the vaccine caused a problem, but when you have thousands or tens of thousands of reports of a given effect, that's a SIGNAL that there might be a link. This is clearly expressed on the FDA's website:²

"The purpose of VAERS is to detect possible signals of adverse events associated with vaccines. VAERS collects and analyzes information from reports of adverse events (possible side effects) that occur after the administration of U.S. licensed vaccines."

Avoiding Vaccine Hesitancy Deemed More Important Than Safety

Once Conrad started getting overwhelmed by the task of filing reports, she asked the hospital administration for help. She wanted the administration to educate the staff so that everyone could all pitch in and "do the right thing" by identifying injuries and filing reports.

Instead of getting the assistance she expected, she ran into a brick wall of resistance. The vaccination push was in full swing, and no one was willing to raise questions about vaccine safety, as it might promote vaccine hesitancy.

Remarkably, promoting the idea that the shots are perfectly safe — even if untrue — was deemed more important than making sure patients were not being harmed by the millions.

Conrad then called her hospital's president to ask why side effects were not routinely reported to VAERS as required by law. The president replied he believes "the position the system has taken is that each provider has the responsibility to report on their own patient."

But how can they do that if they're not educated about what they're supposed to be reporting? Conrad asked. He told her "providers should educate themselves when they're dealing with patients related to COVID vaccinations."

After that, the risk management team told her she was no longer allowed to file reports on behalf of other doctors. She could only file reports for her own patients. She also received a written warning, saying she must support the hospital's approach to the vaccine, per CDC and Department of Health guidance.

Historically, Vaccine Injuries Are Routinely Underreported

As explained by Conrad, as adult-care providers, they rarely deal with vaccinations, as adults receive very few vaccines. Pediatricians are typically the ones who administer vaccines, and they give them to babies and young children. Hence pediatricians may be more familiar with VAERS.

However, even among pediatricians, knowledge and use of VAERS is limited, and this has been known for over a decade. As noted in the so-called "Lazarus Report," formally titled "Electronic Support for Public Health — Vaccine Adverse Event Reporting System," published in late 2010:³

"Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals.

Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month.

These data were presented at the 2009 AMIA conference. In addition, ESP: VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA).

Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of 'problem' drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed.

Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative."

CDC's New System Showed 1 in 10 Had Reactions

This report has an interesting backstory. In 2010, the CDC actually hired a company to automate VAERS. Any patient who received a vaccine within the Harvard Pilgrim HMO automatically had their medical records scanned for the next 30 days, such as diagnostic codes, lab tests and drug prescriptions.

Any health problem suggestive of an adverse event was then automatically uploaded into the VAERS database. Remarkably, preliminary data showed nearly 1 in 10 people suffered a reaction after vaccination, yet the official CDC mantra is that the risk for serious vaccine injury or death is 1 in 1 million.

Unfortunately, while the creation of VAERS in 1986 was an opportunity to get a firmer grasp of the number of potential vaccine reactions, injuries and deaths occurring after vaccinations given in the U.S., the CDC didn't follow through, and the project fell by the wayside.

As noted by the authors, the plan to automate VAERS reporting didn't happen because "the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."

Why did the CDC drop this project? Don't they want to protect public health from potentially dangerous products? Did they think the truth might destroy the vaccine industry?

Surprising Rise in Cancer and Other Odd Conditions

As mentioned, Conrad saw a dramatic rise in several different health problems as the COVID jabs were rolled out. One of the most surprising problems has been a sudden rise in cancers among vaccinated patients whose cancer had gone into remission before the jab.

Bigtree points out he's spoken with a number of oncologists who have made the same observation in their practices. These cancers tend to be very sudden in onset and highly aggressive, often leading to death.

She's also seeing new cancers that appear "out of nowhere," and rarer types of cancer, such as solid organ tumors that kill the patient before a biopsy can even be taken.

Blood clots and strokes have also skyrocketed, and these occur even in patients who are on maximum doses of anticoagulants. Odd and unusual neurological problems with seizures and tremors are also becoming more commonplace, as is pneumonia and sepsis.

Are We in a Pandemic of the Unvaccinated?

When asked if a majority of the patients in her hospital are unvaccinated — which is what we're being told — she says no, quite the opposite. She's been tracking the numbers for a couple of months, and as just one example, on one particular day in July, of the 35 patients admitted, 30 were fully vaccinated, and all of the seven patients in the intensive care unit were fully vaccinated.

This despite the fact that, at that time, the county vaccination rate was only between 40% and 45%. She points out that these vaccinated patients were not all COVID-19 patients, but were admitted for all sorts of health issues. Many vaccinated patients have also been readmitted several times since they got their shot.

While Conrad has done everything she can to protect public health up until now — having filed more than 120 VAERS reports so far — she won't be fighting on the frontlines any longer. She's being let go from her job at the end of September 2021 for refusing to get the COVID shot. After everything she's seen, "I'm more afraid of the vaccine than I am of COVID," she says.

The Likely Result of This Tyrannical Intervention

This is the ultimate irony. Conrad is clearly one of the most compassionate, high integrity and absolutely committed health professionals in that hospital and they are firing her for adhering to her constitutional rights. I believe this is precisely the behavior that will ultimately lead to the self-destruction of our society.

You simply can't fire tens of millions of some of the brightest and most honest people in the country who adhere to personal freedom and liberty and not expect it to have devastating consequences. Who will be left to do the work? The majority of these people being terminated are highly trained professionals that can't be easily replaced.

It is clear they don't understand the results of these tyrannical interventions. It is beyond evident that we are in for some very rocky times with massive shortages as people are fired from their jobs. So, be prepared folks, and stock up as if you were expecting a hurricane and knew you'd have no access to outside help for three to six months. I hope this doesn't happen, but everything is pointing to this outcome.

Vaccine-Injured Patients Want To Be Heard

The sad truth is, we're in an epidemic of vaccine injuries, and injured patients are now routinely ignored by the very people who encouraged them to get the shot. To get an idea of what the risks actually are, check out some of the cases reported to nomoresilence.world⁴ and c19vaxreactions.com,⁵ two websites dedicated to giving a voice to those injured by COVID shots.

You can also browse through more than 246,000 comments left on a Facebook post by WXYZ-TV Channel 7.^{6,7} They asked people who had lost an unvaccinated loved one to COVID-19 to contact them for a story, but what they got was an avalanche of stories of vaccine injuries and deaths instead. Below is a sampling of comments posted on the site:

“How about doing a story about my uncle who was in fine shape until he got vaccinated. Or my boss’s uncle who was healthy and in his 50s, then died suddenly a week after getting vaccinated.”

“My sister-in-law’s father died of a stroke 48H after Moderna vax. He was active and healthy.”

“The shot murdered my friend three weeks after he got it.”

“I know 2 women who had strokes right after their shot.”

“We lost an uncle to heart inflammation 2 days after he received the vaccine.”

“Lost a very dear man after his second dose of the vaccine and he said he regretted getting it and he advised me not to get it. How about reporting on those? He died of a brain aneurysm, and was a very healthy man.”

“My beautiful mother passed away recently, 23 days after having the first AstraZeneca shot (that I didn’t know she was getting). ‘Immunization’ was the ‘cause of death’ on her death certificate.”

“I now know more people injured by the vaccine than people who even had covid.”

“No, but I know of two people who died from Covid after being fully vaccinated.”

“My uncle passed away 3 months after his second shot. He was diagnosed with stage 4 colon cancer, had surgery, was released to rehab and then died of a blood clot. Thanks Pfizer.”

“I know of two women who had miscarriages within 2 days of taking it.”

As noted by one commenter, “Doesn’t sound like you’re getting the story you need judging by the vast majority of these comments about vaccine losses and side effects. Since there is such an overwhelming outpouring of vaccine reactions, maybe do a story on that?”

Sources and References

- ¹ [Pfizer’s Fact Sheet for Healthcare Providers Administering Vaccine \(PDF\)](#)
- ² [FDA Vaccine Adverse Events](#)
- ³ [Electronic Support for Public Health — Vaccine Adverse Event Reporting System \(PDF\)](#)
- ⁴ [No More Silence](#)
- ⁵ [c19vaxreactions.com](#)
- ⁶ [Facebook WXYZ-TV Channel 7 September 10, 2021](#)
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