IN THE UK COVID 19 INQUIRY

BEFORE BARONESS HEATHER HALLETT

MODULE 4 OPENING WRITTEN SUBMISSIONS
ON BEHALF OF
VACCINE INJURED AND BEREAVED UK (VIBUK),
UK CV FAMILY AND THE SCOTTISH VACCINE INJURY GROUP.

A. INTRODUCTION

The Covid Vaccine Adverse Reaction and Bereaved Groups

1. The Chair has recognised the Scottish Vaccine Injury Group, the UK CV Family and the Vaccine Injured and Bereaved UK (VIBUK) as Core Participants in this Module of the Inquiry. Collectively they are referred to as the Covid Vaccine Adverse Reaction and Bereaved.

2. **The UK CV Family** is the largest group in the UK supporting and advocating for those who have lost a loved one or suffered a life changing adverse reaction to a Covid-19 vaccination. They are run entirely by volunteers, all of whom are vaccine-injured or bereaved themselves. They are focused on the needs of UK based patients, providing help and advocacy, and actively raising awareness amongst the British healthcare system, media and government.

3. **Vaccine Injured And Bereaved UK (VIBUK)** is a group of individuals and families who have either been severely injured or bereaved as a direct and confirmed result of receiving a Covid-19 vaccine in the UK. They are campaigning for the government to reform the Vaccine Damage Payment Scheme (VDPS) because it is inadequate and inefficient. They also run a support group, offering support, guidance and raising awareness of vaccine injury and bereavement.

4. **The Scottish Vaccine Injury Group** is a rapidly growing community of Scottish individuals who have either experienced adverse reactions to or who have been bereaved by Covid-19 vaccines. In a small number of instances, carers have joined the group on behalf of relatives who are too sick to participate. The group currently has over 600 members and has core participant status in the Scottish Public Inquiry.

5. The thousands of people that these groups represent present what is an uncomfortable truth for many; that vaccine injury and death are part of the pandemic story. These are men, women and children who were otherwise healthy who followed public health advice and voluntarily attended to receive their vaccine. They include doctors, healthcare professionals, carers and parents who accepted the vaccine thinking not only of themselves but of their patients and those that they care for. They are neither "anti-science" or "anti-vaccine." They are real people, with real experiences of vaccine injury or bereavement.

6. Through their engagement with this Inquiry, they seek a full understanding of the decisions that were made around the production, regulation and rollout of the Covid-19 vaccines. They want to understand what was the "acceptable safety profile" or what was the "acceptable risk" of the Covid-19 vaccines to them? Within this Module it will be important for the Inquiry to establish what the risks were, to whom, and whether those risks were communicated in an effective way which meant that members of the public were able to provide informed consent to vaccination.

7. Of central importance to this Module is the recognition and acknowledgement of the real experiences of the vaccine injured and bereaved and their need for real treatment, real care and their need for real change in the way that vaccine injuries are reported and addressed. The Covid Vaccine Adverse Reaction and Bereaved are not just an unfortunate statistic, or 'collateral damage' to the Government's vaccination strategy, they are individuals and families calling upon the health service and the Government for help.

The Voices of The Covid Vaccine Adverse Reaction and Bereaved Groups

8. One of the biggest issues that the Covid Vaccine Adverse Reaction and Bereaved have faced up until this point is being stigmatised, discriminated against and censored when they have used their voices to speak about their experiences of bereavement or life changing injury. Husbands, wives, mothers, fathers, sons, and daughters have been killed or severely injured by the Covid-19 vaccine. Each death or injury has placed considerable emotional and practical strain on families, with some members having to become carers, leave their jobs, lose their homes, rely on food banks and face many other devastating consequences.

9. The three groups hoped that by their engagement with Every Story Matters (ESM) project, their voices would be heard and understood by the Inquiry before the commencement of the oral hearings. However, this does not appear to have happened.

10. In reality, ESM only engaged with one of our three groups. The Scottish Vaccine Injury Group were not offered meaningful face to face engagement, even though the ESM team travelled to Scotland. VIBUK were not contacted at any point to facilitate their engagement with the process. Despite this lack of contact, their members did make their own arrangements to share their stories. One group member based in Leicester shared her traumatic experience of bereavement through the online process but when she was contacted, it transpired that the ESM Report had already been written and therefore her story could not be included. The member had already planned to attend an ESM event in Leicester but was again told that any evidence gathered would not be included in the Report.

11. This experience with ESM has not given the Covid Vaccine Adverse Reaction and Bereaved Groups confidence that the Inquiry has yet fully understood their lived experiences, and asks if not now, when will their stories be fully heard?

12. What we trust the Inquiry will hear loud and clear from these submissions, and those we have made on previous occasions, is that the Covid Vaccine Adverse Reaction and Bereaved Groups will not be dismissed or ignored. The Inquiry must now listen to their voices and reject the stigma that has so far been attached to their stories in order that their truth can be acknowledged. Only then can the Inquiry propose meaningful change to benefit future pandemics. We raise significant questions and make substantive proposals which ask this Inquiry to break with the failures of the past and demonstrate what can be achieved by way of recommendations when the bereaved and injured are listened to.

The Production and Regulation of the Covid 19 Vaccines

13. The Covid Vaccine Adverse Reaction and Bereaved Groups have consistently asked the Inquiry to probe the assertion that the Covid Vaccines had an "acceptable safety profile" at the time of their rollout in 2020/2021. We expect the evidence before the Inquiry to indicate that the development and rollout of the Covid 19 vaccines was done at a speed that was unprecedented in the UK resulting in a mass vaccination programme across the adult and later adolescent population. From the start of the pandemic, there was clearly a political drive for the UK to be seen to be at the forefront of vaccine development. It is worth noting that the then Health Secretary set the intention of a "100-day project" to roll out a vaccine - further highlighting the politicisation of the rollout's speed.[1]

14. Prof Sir Chris Whitty in his statement to the Inquiry[2] recognised that this political pressure in relation to vaccines was in the context of "*something must be done, this is something, therefore we*

[1] Para 205 - Matt Hancock Statement - INQ000474375
[2] Chris Whitty statement - INQ00047440_86 - Para 8.5, page 86

should do it' and was strong. He felt that he and others came under considerable pressure to deploy treatments in advance of evidence. We ask the Inquiry to interrogate, did this political pressure create an environment in which the assessment and the regulation of the safety of the vaccines was not as robust as it should have or could have been? Did a focus on vaccination mean that alternatives, such as therapeutics were overlooked?

15. We understand that the Inquiry will hear evidence that the UK Government agreed to pay AstraZeneca in advance for the supply of a potential vaccine, and that the Government also agreed to indemnify AstraZeneca and the other pharmaceutical companies such as Moderna and Pfizer in respect of any losses from certain third-party claims. The purpose and impact of this indemnification needs to be fully understood. Was this an acceptance by the Government and the pharmaceutical companies that there was a safety risk in the development and distribution at such speed which required indemnification? What were the impacts of the indemnification on the rights of those who suffered adverse effects or how they could access redress?

16. The Covid Vaccine Adverse Reaction and Bereaved Groups also want to understand the data available to the pharmaceutical companies from their clinical randomised trial data as to whether there were occurrences of severe adverse reactions such as thrombocytopenia and myocarditis identified within the trials and if so, how was this information presented to the UK Regulators? Where vaccines were scaled up from those tested in clinical trials and was the MHRA presented with accurate safety data for the products that were in fact rolled out public? The data from these trials should offer full transparency, including the reaction suffered by the participant and the investigations being subsequently undertaken. We also ask whether the MHRA and JCVI properly scrutinised data, particularly with regards to those who commenced but did not complete the trial?

17. Although the desire for a vaccine at speed may have been understandable, the fast-track process for development and rollout that followed meant that stringent post-authorisation surveillance and monitoring was essential, as was public education and information on how to identify and report any adverse reactions to the vaccine. Essentially, the vaccine rollout put everyone in the UK in a Phase 4 post-authorisation trial. This made it imperative for the Government and the NHS to ensure that there was an effective system in place that was well-organised and signal-sensitive to monitor, detect and treat any adverse effects.

18. Module 1 of the Chair's Inquiry has already dealt with the UK's pandemic preparedness. The Covid Vaccine Adverse Reaction and Bereaved Groups ask the Chair in Module 4 to consider as part of pandemic preparedness whether the UK was sufficiently prepared to engage in effective monitoring of a mass vaccine rollout. In January 2021 (already a month after the first UK vaccine dose had been

administered), the then Health Secretary enquired about the pharmacovigilance system to check events post-rollout, as he was worried that "*the details will be shonky*."[3] The Chief Medical Officer, Prof Sir Chris Whitty, stated that the system was "*reasonable*" but needed to "*get better*". He and no doubt others identified that there "*would be cases*" of adverse reactions to the vaccine.

19. Adverse reactions were to be entirely expected. The evidence that the Inquiry has commissioned from Prof Daniel Prieto Alhambra states that the large, randomised trials conducted by the pharmaceutical companies to test the vaccines before authorisation could have identified all common side effects (1 in 10, 1 in 100) and uncommon side effects (1 in 100 to 1 in 1000) but not necessarily those that are rare (1 in 1000 to 1 in 10,000). They were also unlikely to detect very rare side effects (fewer than 1 in 10,000). Any statistical probability on a population level of serious side effects such as Thrombosis, Thrombocytopenia, Myocarditis, Guillain Barre Syndrome and other serious haematological, neurological, immunological and musculoskeletal injuries does not undermine their severity when they occur to individuals. Therefore, it must have been clear when rolling out the vaccine to millions of people that there were likely to be vaccine related deaths and serious vaccine injuries, however rare on a population level, that would require urgent identification, treatment and care.

20. Even though the Inquiry will hear that changes were made to the safety profiles of some of the vaccines over time, it must question whether public health messaging was early enough or clear enough in order that individuals could properly assess the risks. Many of us were vaccinated in mass vaccination centres and received multiple doses across different settings and from different manufacturers. Were those who were vaccinated and vaccinating always advised of the latest information surrounding known risks? Where changes were made to a safety profile, were they provided with the patient information leaflet that accompanied each vial? Was there a full understanding of whether multiple doses would impact on any risk of injury of or further compound any vaccine injury?

21. A key requirement in obtaining regulatory authorisation of any medicinal product, including vaccines, is having a 'Risk Management Plan'. This should set out what is known and what is unknown at the time of authorisation about the safety of the product. It must also include a plan to investigate any important unknown areas and known problems needing further characterisation.[4] The Inquiry should establish on the evidence what the specific Risk Management Plan was for each of the Covid-19 vaccines. But this should not stop with any Risk Management Plans provided by the pharmaceutical companies. The Inquiry must scrutinise what, beyond the Yellow Card system, was

[3] Message exchange between Hancock and Whitty dated 9 January 2021 - INQ000129666
[4] §4.26 Report of Professor Stephen Evans, INQ000474707_41

done by the Government and public health bodies to investigate any important unknown adverse effects.

22. As Prof Stephen Evans points out in his written Report to the Inquiry, "*it could be said that safety is always provisional, in the sense that, with rare events, it may take some time to be detected.*"[5] The logic to this statement is that vaccine risk assessment and risk management must retain an open mind to the occurrence of adverse events. What Prof Evans calls the degree of an individual or a system's "*index of suspicion.*"[6] The Covid Vaccine Adverse Reaction and Bereaved Groups question whether the UK Government, Regulators and the NHS had a sufficiently high "index of suspicion" to identify vaccine related deaths and treat vaccine injuries when they occurred.

23. For example, given that it was known there would be adverse effects from the vaccine, some of which might not arise immediately, why were the public and healthcare professionals not alerted to the possibility of delayed-onset adverse reactions or the potential for adverse reactions of an unknown nature? Furthermore, why were post-vaccine research clinics not proposed during the planning of the Covid-19 vaccine rollout, and why have none been established since?

Vaccine Injury Reporting

24. It is likely that much of the Inquiry's evidence from Government and public health bodies will highlight the Yellow Card Scheme and the additional Yellow Card Pathway introduced for the Covid-19 vaccines as the most effective way of identifying adverse effects or safety 'signals'. Alarmingly, Sajid Javid, who served as Health Secretary between June 2021 and July 2022 was not even aware of the Yellow Card system.[7] This speaks to how even after the first 6 months of the vaccine rollout, Mr. Hancock's concerns around pharmacovigilance had either not been addressed or were not an ongoing priority for the new Secretary of State in charge of delivering a safe vaccination programme.

25. Significantly, the Covid Vaccine Adverse Reaction and Bereaved Groups are unaware of any guidance or training provided to health care professionals to support them in correctly identifying vaccine injuries via the Yellow Card system or otherwise. Medical professionals should have been provided with comprehensive information and treatment protocols to identify potential side effects - both recognised and unrecognised - before the first vaccines were administered. Additionally, medical and emergency staff should have been given directives requiring them to identify any

[5] §2.24 Report of Professor Stephen Evans, INQ000474707_15
[6] §6.33 Report of Professor Stephen Evans, INQ000474707_63
[7] Statement of Sajid Javid INQ000474381_68 at Paragraph 235

conditions arising after vaccination and to immediately report them. This would have been crucial both for ensuring appropriate treatment and for collecting data on emerging side effects.

26. For example, why was there no guidance stipulating that medical professionals should ask patients who attend a hospital or a medical appointment with new symptoms whether they have recently been vaccinated, similar to the way in which questions about smoking, medication, and drug use are often part of a standard health examination? There has also been no close monitoring of their adverse reactions. In fact quite the opposite. Many who have been injured by the vaccine have been repeatedly contacted and asked to attend for further vaccine doses, despite reporting their vaccine injury. This has resulted in repeated trauma and distress and further injury for many group members.

27. The Experts tasked by the Inquiry to analyse the vaccine safety recommend that, in the future, data around the adverse effects of vaccines should be taken from patients' electronic health records; however, this presupposes that healthcare professionals are recording symptoms and recording any suspected causal connection with the vaccine. They remain the gatekeepers and therefore their training and "suspicion index" is critical.

28. The Covid Vaccine Adverse Reaction and Bereaved Groups have also experienced disbelief and sometimes hostility by medical professionals when reporting their symptoms. Doctors and Coroners refused to accept that the deaths or injuries were caused by the vaccine. Suddenly losing a loved one following a 'safe and effective' vaccination is a massive trauma. Then being told that the cause of death is not related at all to the vaccine adds considerable distress. Members of our groups continue to fight for the true cause of death to be recognised, leaving them unable to find closure over the loss of their loved ones. But in our submission, it goes further than a lack of training or a lack of suspicion. The Inquiry must have the courage to examine how the public messaging narrative and the context of the vaccine roll out created a hostile environment for the reporting of covid vaccine related deaths and injury.

Informed Consent

29. The Inquiry will recall the mantra of "following the science" from the evidence in Module 2. In Module 4, the Covid Vaccine Adverse Reaction and Bereaved Groups question whether that mantra and mindset contributed to a culture of political and public pressure that vaccines were inherently "good" and should be accepted by members of the public without question. Scepticism and

challenge are all valuable parts of scientific analysis, but sadly those within our groups were likely branded by those designing public health messaging as being "anti-science" or even "anti-vax."

30. The vaccines were consistently reported as "safe" with members of the public being told in messaging, "you must have them." Everyone's personal freedoms, ability to travel, go to work or to visit loved ones often depended on being vaccinated. Methods used by the Government, the NHS, and private companies to ensure that all employees were vaccinated had the desired effect for some people who responded to the campaigns by getting vaccinated (however reluctantly), but at what cost to the individual, to the workplace, and to society as whole? And in what way have employers accepted any responsibility for the subsequent ill-health suffered by their vaccine-injured staff? For example, a first responder paramedic in Scotland was subjected to emails being circulated to name and shame those who had not received their vaccines. This front-line crucial NHS worker subsequently took her vaccine and as a result was no longer fit for work and has lost her job.

31. The Government provided health care providers with financial incentives to maximise vaccinations within their communities. This must have contributed, even unconsciously, to a mindset that the vaccine must be delivered at all costs. The Inquiry should be conscious of the development of "vaccine bias" within health care settings which would have undoubtedly impacted on any health care provider's ability to properly identify symptoms of vaccine injury.

32. Within our groups, there are numerous doctors within the NHS who had their own concerns about the vaccine but were instructed to keep these concerns from the public, including their patients. This form of 'cultural censorship' is deeply troubling. It has forced injured doctors to hide their injuries, even now. These doctors, who were often responsible for administering the vaccine to others, faced immense pressure to receive it themselves. Despite their enhanced understanding of their own bodies and the potential impact of the vaccine, they very often felt compelled to prioritise external pressures. This situation may have led to adverse health effects that could have been avoided.

Censorship

33. During the early months of the vaccine rollout, those who experienced adverse reactions found it nearly impossible to access information about vaccine injuries in the mainstream media. This lack of coverage contributed to feelings of fear, isolation, and a heightened likelihood of being disbelieved. Adverse reactions to the Covid-19 vaccines were largely absent from mainstream media discussions.

When they were eventually covered, the stories were often framed with an emphasis on the rarity of such reactions, the safety of the vaccine, and the millions of lives it had saved. Members of the Covid Vaccine Adverse Reaction and Bereaved Groups who participated in interviews with mainstream media often had to agree to censor themselves, or had their words altered during editing.

34. Gareth Eve, husband of the late Lisa Shaw, a BBC presenter, who tragically died due to an adverse reaction to the AstraZeneca vaccination was interviewed by the BBC on the 15th of July 2021. Gareth recall's that while the reporter was very sympathetic to his situation, their conversation had to be 'steered' a certain way, so that it aligned with what the BBC editorial team deemed it 'acceptable' for him to talk about. At the end of the interview the reporter ended by speaking about the safety and effectiveness of the vaccine. The report told Gareth "that's what I had to say." Members of the he Covid Vaccine Adverse Reaction and Bereaved Groups spoke to mainstream media reporters and were told that they "weren't allowed" to report on Covid 19 adverse reactions.

35. Having been disbelieved by health care professionals and ignored by the mainstream media, those now within the Covid Vaccine Adverse Reaction and Bereaved Groups turned to each other for recognition and support. They used the internet and social media to connect with each other, share stories and express grief. A poll of all UK CV Family members revealed that 74% had been censored when talking or posting about their adverse reaction to a Covid-19 vaccination on social media[8] and, when a family member posted an article written by the British Medical Journal on the UK CV Family Facebook page which looked into data integrity issues in Pfizer's vaccine trial, that Facebook page soon had a warning placed on it by Meta claiming that UK CV Family had violated Facebook's fact checking service.[9]

36. Unfortunately, this censorship has continued into our engagement with this Inquiry. YouTube removed a video featuring oral legal submissions made by Leading Counsel on their behalf during the Module 4 preliminary hearing on September 13th 2023. Despite requests for a thorough review, YouTube cited a violation of its 'medical misinformation policy' as grounds for removal.
37. The Inquiry has received written evidence from social media companies like Meta, YouTube and Tik Tok. The Covid Vaccine Adverse Reaction and Bereaved Groups ask whether there was a shared understanding the definition of "*misinformation*" in the context of the Covid 19 vaccines, and whether the Government, through the DHSC and the Counter Disinformation Unit perpetuated a policy that any online content which made a connection between the vaccine and adverse effects should be removed.

[8] At Paragraph 307 UK CV Family Rule 9 statement
[9] At Paragraph 318 UK CV Family Rule 9 statement

38. As stated above, given the speed and novelty of the vaccine rollout in the pandemic, the UK should have created an environment in which safety signals around adverse effects could be spontaneously reported, and where the Yellow Card system was not (or was not able to) capture all the signals, social media was a rich source of information and for support for those concerned that they were injured. For example, one member of a Group posted his experience of developing blood clots and other debilitating symptoms following his vaccination. His post was removed and described as "false" and "harmful."

39. The strategy that seems to have been deployed in relation to posts about vaccine bereavement or injury was simply to remove them from social media: to silence the voices. There does not appear to have been any effective attempt to use social media or even traditional media to meaningfully increase awareness of vaccine injury reporting schemes, or to offer support and access to compensation for those who had suffered.

40. The psychological and emotional impact on those suffering from adverse effects of the vaccine, coupled with the silencing and discrimination against the vaccine-injured, are both likely to contribute to future vaccine hesitancy if not adequately addressed by this Inquiry. Prof Heidi Larson, from whom the Inquiry will hear evidence, states that during the pandemic there was a decline in trust in established sources like the NHS and an increase in trust in social media. Could this be explained by the fact that for many, including the Covid Vaccine Adverse Reaction and Bereaved Groups, the information shared on social media more closely aligned with their lived experiences, in a way that government and official messaging did not? Additionally, could a reason for the rise in trust of social media have been that people were able to find information about the adverse effects they had experienced from the vaccine, at times when government and official sources were silent on these matters?

41. The Inquiry must now address the issue of censorship to eliminate the stigma experienced by those who are vaccine-injured or bereaved. Their experiences must be recognised as an equal part of the public understanding of the pandemic. This recognition is essential to ensure that future pandemic planning includes robust provisions for the rapid identification, care, and support of all those affected.

Treatment And Care for the Vaccine Injured and Bereaved

42. Four years after the rollout of the Covid-19 vaccines, the United Kingdom still has no reliable data upon which to base its understanding of just how many of its citizens have been affected by serious

adverse reactions to the Covid vaccine. This leads to speculation around vaccines, and irresponsible neglect of the vaccine bereaved and injured.

43. The Covid Vaccine Adverse Reaction and Bereaved Groups seek to understand why vaccine injury research in the UK is not more advanced and how it compares to similar research in other comparable countries in terms of investment, academic discussion, status, and its impact on public policy and the treatment of those affected. Additionally, why is the NHS not actively sharing emerging international research on the causes of vaccine injuries with specialists treating the injured, so they can incorporate this knowledge into their investigations and recommendations? The Chair must address what steps the UK needs to take to resolve these issues effectively.

44. No specific research centres or specialist clinics have been established to treat those injured by the vaccine. Many of the injured continue to endure daily symptoms, requiring ongoing support and further investigation. Chronic pain, headaches, and fatigue are common among the vaccine-injured, significantly impacting their quality of life. Many also face challenges in finding effective medications and must cope with the additional burden of managing the side effects these treatments have on their physical and mental health. Many of the bereaved, injured and their carers have suffered a significant decline in their mental health. The lack of psychological support is then further compounded by the experiences of denial, discrimination and censorship they experience when seeking help in public information spaces or social media.

The Vaccine Damage Payment Scheme (VDPS)

45. The Chair should be able to establish through the evidence before her that the forecasted budget of the VDPS in the 23/24 financial year was £15.8 million. This figure pales into insignificance next to the £1.4bn of personal protective equipment (PPE) that has been destroyed or written off by the Government, including 1.57 billion items of PPE provided by the NHS supplier, Full Support Healthcare, which will never be used despite being manufactured to the proper standard.[10] Although Module 5 of this Inquiry is tasked with examining procurement, the Covid Vaccine Adverse Reaction and Bereaved Groups urge the Chair to assess, across all modules, the Government's priorities and processes regarding how to support those most affected by the pandemic.

46. The Government knew at the time of the vaccine rollout that "*very rare adverse effects of Covid 19 vaccine will only be observable when there has been a large scale rollout.*"[11] Therefore it was clear

[10] https://www.bbc.co.uk/news/articles/cll476qzm85o
[11] DHSC Impact Assessment of the Expansion of the Vaccine Damage Payment Scheme (VDPS) for Covid 19 - INQ000281001_2

that there would be a need for an efficient system to address vaccine injury that could satisfy the moral duty of the government to act in a just way towards individuals who suffer disability or death as a result of engaging in a government run health protection scheme.

47. It appears that a decision was made in December 2020 to add Covid-19 to the VDPS to demonstrate that the government had confidence in the safety profile of any of the Covid-19 vaccines. This approach was chosen over establishing a distinct compensation scheme for Covid-19, which, according to the Government, could have risked "*undermining public confidence in the programme before the roll-out began.*" This raises the question: was this another example of prioritising public messaging to promote vaccination at the expense of ensuring adequate support and compensation for those who suffered adverse effects?

48. The stated purpose of the VDPS is to provide a lump sum payment for successful applicants without requiring them to go through a litigation process. A further wider purpose behind the VDPS is to maintain confidence in public health programmes and vaccinations generally. The Covid Vaccine Adverse Reaction and Bereaved Groups are clear that VDPS is not fit for purpose. Their calls for urgent reform have been supported by parliamentarians in both Houses and legal academics. They have highlighted the moral and social duty underscoring the VDPS and underlined the fact that if there is no reform, there are likely to be significant implications for vaccine confidence. The DHSC itself acknowledges that "*all citizens gain from the knowledge that government would award financial assistance if they were severely affected.*"[12]

49. As we have set out above, at the time of the vaccine rollout, there should have been clear and accessible messaging around the Yellow Card Scheme and the VDPS. However, publicity around the VDPS and how to access it during the Covid-19 Vaccine rollout was low. Sarah Moore, a lawyer who specialises in VDPS claims who is due to give evidence to the Inquiry has only been able to find one press release confirming that the Covid-19 vaccines would be added to the scope of the VDPS and would provide a "*safety n*et" for those who have in "*extremely rare circumstances*" experienced harm due to receiving a government recommended vaccine."

50. And when the rollout occurred, why was it not widely publicised? Many vaccine injured and bereaved were unable to find any resources such as information on benefits, bereavement payments and the VDPS scheme. As a result, the early objectives of VIBUK, UK CV Family and Scottish VIG have been to pull together resources and information and to provide a platform for information and support to those that needed it. However, their efforts were immediately undermined by mainstream

[12] DHSC Impact Assessment of the Expansion of the Vaccine Damage Payment Scheme (VDPS) for Covid 19 - INQ000281001_2

and social media, which frequently labelled their content as "false" or "harmful" and removed it almost as quickly as it was shared. It should not have fallen to those who were themselves bereaved, injured, or caring for the injured to shoulder the burden of informing and supporting others in similar circumstances. This failure highlights a critical gap in the Government's responsibility to provide clear, accessible, and compassionate guidance to those affected.

Delay in processing claims and Causation

51. As outlined above, it was entirely foreseeable that rolling out the vaccine to millions of people would likely result in an increase in vaccine injuries and, consequently, applications to the VDPS. Despite this, there appears to have been no additional planning or resourcing for the VDPS at the time of the rollout. The initial worst-case scenario estimated an additional 1,500 claims per year. However, by June 2023, the volume of applications received was around 146 per week, over seven times as many. Given that the Covid vaccine was rolled out to the majority of the UK population, inevitably resulting in some severe adverse reactions, why was the adequacy of the VDPS not thoroughly considered during the early stages of the pandemic?

52. The time that is taken to process and pay out to the bereaved and injured is unacceptable. Many have waited over 12 months for even a response to their application. The evidence before the Chair suggests that the average time between an application being made and a payment being raised by the NHSBSA finance team is 462 days. The longest time taken to date was 776 days and the shortest was 127 days.[13]

53. The NHSBSA explains some of that at delay being down to their position that assessments could not be undertaken before the scientific evidence reached "*a more settled position, to avoid claims resulting in inconsistent outcomes, or disadvantaging claimants*." They were relying on advice from the Chief Medical Officer, who advised Ministers in June 2021 that it was "*too early for an assessor to be able to determine causation on Covid vaccination applications in a fair way. Whilst an assessor can assess whether there is a disability, data on causality is not in a settled position and there is a strong reason to think this is too early to be able to make a fair judgment.*"[14]

54. Many individuals experienced severe injuries that required urgent and protracted medical treatment, sometimes taking months. It was only after this point that doctors would acknowledge or confirm that the injury was caused by the Covid-19 vaccine. Many of these individuals were only able to

[13] Statement of Martin Kelsall of the NHS Business Services Authority - INQ000412228_18 at §69
[14] Ministerial Briefing Dated June 2021 Re Transfer of VDPS from DWP to DHSC - INQ000267800_4 at §10(b)

make an application to the scheme when they were well enough to do so. They then faced 18 months to 2 years of delays in processing their claims and receiving payment.

55. For a significant number of individuals, the delays in the VDPS process have meant that they are unable to seek redress through civil claims, as the completion of the VDPS process often leaves them outside the three-year limitation period for such claims. This is particularly concerning because the Government repeatedly assured claimants that the VDPS was not a compensation scheme and that applying to it would not prejudice their right to pursue damages through the courts. However, the extensive delays in the VDPS process have left many without further - or any - recourse.

Disablement Criteria and Obtaining Payment under the VDPS

56. Currently, even if causation is confirmed and accepted by the VDPS, the scheme requires a person to prove that they have a 60% disablement before they are eligible for a payment. This notion of a percentage disablement is not generally used in UK personal injury law and can be attributed to pre-War Pensions schemes and industrial injuries before WWII. As Duncan Fairgreave KC, a barrister who is a specialist in the VDPS and ancillary litigation observes in his written evidence to the Inquiry, this is an outdated reference point. He states that the current system seems "*unfair*" and "*needs to be rethought.*" [15]

57. The Covid Vaccine Adverse Reaction and Bereaved Groups understand that hundreds of claims under the VDPS have been rejected even though they have successfully demonstrated causation but have failed to prove that the disablement is more than 60%. In South Africa the threshold for permanent impairment is 5% and Norway is 15%. The UK VDPS is also one of only 12 out of 38 national schemes that pays only for permanent injuries. Countries that make payments for temporary disablement include China, Australia, Denmark, France, South Africa, Sweden and New Zealand.

58. It is not clear to the Covid Vaccine Adverse Reaction and Bereaved why in cases where there is a bereavement or a medical diagnosis clearly determined as caused by a vaccination (such as a Coroner's report, or consultant's diagnosis) there cannot be a payment of damages within 28 days of that diagnosis or report?

Awards under the Vaccine Damage Payment Scheme

[15] Statement of Duncan Fairgreave KC - INQ000474539_6 at Paragraph 19

59. The maximum payment under the VDPS has remained at £120,000 since 2007 and has not risen with inflation. Had it done so, payments would now be in excess of £200,000. The amount, if received by a VDPS claimant is just a drop in the ocean compared to the overall financial and emotional loss. Such an amount, particularly for younger claimants, does not make up for loss of earnings, quality of life or lost opportunities. Other short term means of financially supporting the vaccine injured were not considered as part of pandemic planning.

60. However, it must now be clear that reform is urgently required and that the current system has not met the needs of the injured and bereaved. If the status quo is allowed to continue, public confidence in future vaccination programmes will be affected as those that are asked to engage in vaccination can no longer have the confidence that there is any effective "safety net" for their physical, mental health or financial needs.

61. The Covid Vaccine Adverse Reaction and Bereaved now demand reform and ask the Chair to thoroughly investigate this aspect of the evidence with a view to making clear and meaningful recommendations, via an interim report, if necessary, to establish a bespoke and effective scheme to deliver long awaited support to those suffering from the impact of the Covid-19 vaccines.

Conclusion

62. The UK CV Family, the Scottish Vaccine Injury Group and VIB UK now look to this Inquiry for candid and direct answers to their many questions. They deserve no less to reflect and respect their status, dignity and needs as citizens upon whom the pandemic has had the most profound impact. The government has already recognised that it has a moral duty to act in a just way towards individuals who suffer disability or death as a result of engaging in a government run health protection scheme. Now is the time for the Inquiry and the government to act quickly to redress the failure to date in their performance of this duty.

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