

# WHAT HAPPENS WHEN VACCINES CAUSE DEATH OR INJURY?

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## Overview of the Vaccine Injury Act, Vaccine Injury Compensation Program, and Vaccine Adverse Event Reporting System

**The National Childhood Vaccine Injury Act (NCVIA)** was signed into law by President Ronald Reagan on November 14, 1986. The “1986 Act” removed liability from vaccine manufacturers for reactions, injuries, and deaths, and replaced it with a new federal **Vaccine Injury Compensation Program (VICP)**, known as “vaccine court.” The VICP was intended to “ensure an adequate supply of vaccines” while providing an “accessible and efficient forum” for those injured or killed by vaccines after a court remedy was taken away. In 2011, the U.S. Supreme Court solidified the VICP as the only path for those harmed by vaccines.

<https://www.nvic.org/injury-compensation/origihanlaw.aspx>  
<https://www.hrsa.gov/vaccine-compensation/data>

**Nearly \$5.1 billion has been awarded for injury and death under the VICP**, according to a November 2023 report by the Health Resources and Services Administration. The program is funded by a 75-cent tax on the purchase of each childhood vaccine recommended by the Centers for Disease Control and Prevention (CDC). The pharmaceutical industry pays nothing and has zero liability for products that have hurt and killed Americans.

<https://www.hrsa.gov/vaccine-compensation/data>

When it comes to seeking compensation, parents often describe the VICP as a burdensome and emotionally draining bureaucratic program that does not afford due process. There is no judge, no jury of peers, nor discovery. Some cases have taken more than a decade to resolve. Under the program, the monetary cap for death following vaccination is \$250,000.

<https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/resources/about-vaccine-injury-compensation-programbooklet.pdf>

**The Vaccine Adverse Event Reporting System (VAERS)** was established under the NCVIA to provide postmarket surveillance of illness, injury, and death following vaccination. VAERS became operational in 1990 and is jointly run by the Food and Drug Administration (FDA) and the Center for Disease Control (CDC). Even though the 1986 Act requires doctors and other providers to report reactions to VAERS, there are no legal penalties for failure to comply. According to a study by the Department of Health and Human Services (HHS), less than 1% of all vaccine adverse events are ever reported to VAERS. This suggests that approximately 67 million vaccine adverse events may have occurred since 1990 based on the nearly 670,000 VAERS reports that have been made as of January 2020.

<https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>  
<https://wonder.cdc.gov/vaers.html>

Under the NCVIA, **HHS is required to monitor vaccines and ensure that they are consistently made safer**. HHS is also required to report its progress to Congress periodically (every two years). According to the Informed Consent Action Network, HHS has failed to fulfill its statutory obligations for more than 30 years and has not documented that it has taken steps to improve vaccine safety or reduce adverse reactions and deaths.

<https://www.icandecide.org/wp-content/uploads/2019/09/Stipulated-Order-copy-1.pdf>

**Since the passing of the NCVIA, the childhood vaccine schedule has dramatically expanded.** The number of CDC-recommended vaccines has increased from seven injections in the 1980s to 79 doses of 18 vaccines in 2023. With no incentive to make their products safer, vaccine manufacturers continue to generate significant profits without any liability.

<https://immunityeducationgroup.org/vaccination-today-is-more-than-just-a-few-shots>

In lockstep with the ever-growing childhood vaccine schedule, **the rate of chronic illness in children — including asthma, ADHD, depression, developmental delays, diabetes, and other disorders and diseases — has increased from 12.8% to 54.1%.** Because childhood illness often sets the stage for adult health woes, experts predict that the U.S. healthcare system is headed toward a crisis. Moreover, higher rates of illness translate into higher rates for expenditures on healthcare and social welfare.

<https://abcnews.go.com/Health/Healthday/story?id=4507708&page=1>  
<https://www.ncbi.nlm.nih.gov/pubmed/20159870> / <https://www.ncbi.nlm.nih.gov/pubmed/21570014>

In the year 2000, global vaccine sales were approximately \$5 billion. Jumping ahead 20 years, **vaccine sales are expected to reach \$77.6 billion worldwide by year's end.** With approximately 240 vaccines under development — and a legislative climate in which lawmakers in some states are trying to mandate every vaccine recommended by the CDC's Advisory Committee on Immunization Practices — global vaccine sales will continue to rise exponentially.

<https://www.statista.com/statistics/265102/revenues-in-the-global-vaccine-market/> <https://www.marketsandmarkets.com/Market-Reports/vaccine-technologies-market-1155.html>

**Consider this: every vaccine that is added to the childhood vaccine schedule automatically becomes a liability-free product for vaccine manufacturers. Every childhood vaccine that is mandated by a state automatically creates additional revenues and profits for these liability-free products.**

For more information on vaccine safety science and policy in the United States, visit:  
<https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>



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