

What Happens After a Vaccine Injury?

Dissecting how such a dangerous pharmaceutical could have been pushed on the public



A MIDWESTERN DOCTOR

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When I started this publication, my primary goal was to help those injured by the COVID-19 vaccines, as other vaccines had severely damaged many people I was close to, but what I was seeing with the COVID-19 vaccines was rapidly eclipsing all the injuries those earlier vaccines had caused.

Sadly, as I've seen again and again, one of the most significant challenges people in that situation face is getting any type of recognition for their situation as it's in too many people's interest to sweep everything under the rug and deny the injury ever occurred, so in many cases, creating that simple recognition is one of the most critical steps to take. Consider for example, this woman's experience, which sadly is quite representative of what the injured are going through.



Recently, I was asked to review “[Follow the Silenced](#)” a new documentary (which the above clip is from) that attempts to shed light on what the vaccine injured are going through and is having [its premier in Hollywood this Saturday](#) (and I highly encourage you [to attend](#) if you are in the area).

After watching it, I realized the documentary accomplished two things that are quite challenging to do: provide a clear window into what the vaccine injured are really going through and piece together how an inconceivable catastrophe like this could have ever happened.

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Design Constraints

Frequently, when trying to understand a complex and disorienting process from the outside, one of the most beneficial approaches is to understand the fundamental constraints under which those orchestrating it are working, and then use those constraints to predict and model their behavior.

Sensitivity and Specificity

One of the most common constraints is the trade-off between sensitivity (ensuring hit your intended target) and specificity (ensuring you do not overshoot your target cause collateral damage), which often forces you to prioritize one over the other. For example:

- Do you want a justice system that consistently convicts criminals (“guilty until proven innocent”) or one that prevents wrongful convictions (“innocent until proven guilty”)?
- Do you want a diagnostic test that consistently doesn’t miss any cases of the disease (e.g., COVID-19 or cancer) or a test that avoids many false diagnoses?
- Do you want to protect the most vulnerable members of society (e.g., with lockdown and mandates) or consider the general population's well-being (e.g., making the COVID policies voluntary)?

In turn, I would argue that many problems in our society result from an existing power or technology having either poor sensitivity or poor specificity and neither side (the one that wants sensitivity or the one that wants specificity) being willing to see the importance of the other side’s position and find a palatable compromise between them.

Likewise, in many cases, there are no “easy” compromises, so frequently the compromise our society has (and the institutions built around accommodating that compromise), while not ideal, took an immense amount of work to arrive at. This is important to recognize because in most cases if attempt to quickly create a compromise between these two conflicting polarities out of scratch, it will often fall short and have many major issues that are arguably far worse than what preceded it (e.g., you frequently see this in countries after the existing government collapses and people try to create new institutions out of thin air).

Note: in many cases, if it's impossible to find a satisfactory balance between sensitivity and specificity on an issue, it means that the wrong approaches are being used to navigate the situation. For example, I always believed it was fundamentally impossible to address COVID by “stopping the spread” and mass vaccination. In contrast, if [we'd made the effective early COVID-19 therapies available to the public](#), this would have solved COVID (as natural immunity was vastly superior to vaccine immunity and [the existing treatments](#) were effective enough that they kept you out of the hospital and thus all the societal consequences of COVID-19). In contrast, when these unsatisfactory trade offs exist, the government will typically default to using its power to force the public to comply with its chosen approach.

Drug Dosing

In the case of drug design, a similar issue exists, as you want a drug to “work” but you also want to avoid “toxicity.” Since everything has a toxic dose (with the possible exception of oxygen), every drug must be dosed so that there's enough of it for it to “work,” but simultaneously not enough that it causes significant side effects. In the real world, this results in major challenges such as:

- While some drugs have a fairly wide window between an effective and toxic dose (e.g., ivermectin) others have a fairly narrow one (e.g., chemotherapy). Because of this, some drugs will inevitably have side effects, and in many cases the more toxic ones (e.g., chemo) need to be given in a very controlled manner (e.g., intravenously at an infusion center) where acute side effects can be immediately managed.

- Everyone metabolizes drugs differently, so as a result, the standard dose is often not appropriate. For example, the elderly have a slower drug metabolism and thus [are more likely to develop toxic blood levels of a drug](#) (but nonetheless get the same dose as young adults) and many members of the population are much more sensitive to pharmaceuticals, so they will react to much lower doses than the standard patients. *Note: “sensitive” patients (discussed [here](#)) share many characteristics (e.g., joint hypermobility) but despite being quite common are rarely recognized by the medical system, something I believe is a result of their existence undermining the existing pharmaceutical dosing paradigm.*

In turn, I believe the correct solution for all of this is to tailor your dose to the individual patients (e.g., many pharmaceuticals that frequently cause a large number of problems have a vastly improved risk benefit profile when far lower doses are used as a result many of my colleagues often use these non-standard lower doses).

Unfortunately, the business of medicine requires doctors to quickly evaluate patients and then prescribe a medication to them, so if doctors needed to take the time to precisely ascertain the correct dose for each drug they gave out, this would radically reduce their prescribing (and thus drug sales). As such, doses are routinely chosen that will inevitably injure a certain number of patients.

Note: while I disagree with many of the standard doses, a lot of work goes into creating them (e.g., it frequently takes years of research to bring a “safe enough” and “effective enough” drug to market). As a result, the odds are quite high that a rushed pharmaceutical developed in under a year (e.g., the COVID-19 vaccines) will have incorrectly chosen doses that create significant issues

Vaccine Dosing

Vaccines are more complex to dose than standard medications because they work by creating a permanent immune response, and hence persist long after being given to the recipient. Since people’s immune systems vary, the degree to which they persist

varies greatly. As a result, it is much harder to find vaccine doses that have an acceptable balance of sensitivity and specificity (efficacy and safety). Because of this the “solution” has been to declare all vaccines ‘safe and effective’ and then simply blame the inevitable injuries that come up. For example:

- An extensive apparatus has been created to demonize and discredit anyone who does not believe vaccines are entirely safe and effective (e.g. which I’ve seen happen to many people I knew who were injured by dangerous products [like the HPV vaccine](#)).
- Drug regulators all prioritize efficacy over safety. This in turn, incentivizes drug manufacturers to use excessive doses that are guaranteed to elicit the desired antibody response rather than ones that avoid unneeded toxicity.
- Thanks to the [1986 The National Childhood Vaccine Injury Act](#), vaccine manufacturers cannot be sued for injuries from their products.
- Since the justification for many routine vaccines is quite questionable, a vast framework of vaccine mandates has been created to sidestep informed consent or discussion of vaccines prior to taking them.

Note: as detailed [here](#), the risk to benefit ratio of vaccines varies greatly (e.g., some of the routine vaccines given to our children cannot be justified), so the industry cannot afford even to have discussions on those topics commence (as that would significantly reduce sales).

COVID Vaccine Dosing

With the development of vaccines for COVID-19, a few additional challenges emerged such as:

- It was very hard to develop a vaccine for SARS as the virus rapidly mutated, and vaccines would frequently worsen SARS infections.
- There was a huge rush to get a vaccine to market as quickly as possible, in part because whoever got the first ones to market would get the billions allocated for the

vaccines and in part because it was likely the virus would disappear on its own (due to herd immunity or it mutating to a less dangerous strain) so before long the market would disappear.

Note: despite not vaccinating, COVID [disappeared in many parts of Africa](#) that did “nothing to stop the virus, whereas in contrast COVID has persisted in the countries that jeopardized our herd immunity by pushing vaccines.

In turn, the mRNA platforms offered an enticing solution to addressing the pandemic as it was both:

- A technology individuals had wanted to get to market for years (but until an “emergency” could not due to the immense difficulty of finding an mRNA dose that was both somewhat effective and safe enough to bring to market).
- A platform that made it possible to produce a vaccine in a few months rather than waiting far longer with the more traditional vaccine designs.

Unfortunately, the mRNA vaccines also had a significant number of issues, such as being an untested technology (with serious safety issues [that had remained unsolved for decades](#)). Furthermore, it was even more difficult to determine the correct dose for them, as:

- There was very little time to conduct the studies needed to determine the correct dose.
- The vaccine functioned by mass producing spike protein in the body. This both created acute and chronic issues, due to the clots it created (e.g., due to the spike protein [being highly disruptive to the physiologic zeta potential of the body](#)) and due to the spike protein (along with the vaccine being designed to have those spike proteins coat your cells) [being highly highly conducive to creating autoimmune disorders](#) (which often could not be detected in brief clinical trials).

- There was not enough time to create a robust and consistent manufacturing process (which led to significant variations in the doses people received and many [“hot” vaccine lots](#)).

- Since the amount of vaccine produced in the body depended upon how long the body decided to turn its mRNA into spike protein, the total dose wildly varied—to the point that it was essentially not possible to predict what a given dose would ultimately correlate to inside the recipient. To “address” this, the industry decided to modify the mRNA so that it resisted degradation (thereby ensuring “enough” spike protein would be produced), which unfortunately had the consequence of causing it [to persist for years in some of the recipients](#).

Note: given all of this, I was immensely curious to see what dose would be chosen. In turn, Pfizer (despite being notorious for pushing profitable but unsafe products on the market) decided [to use a dose 3.3X lower than Moderna](#) (which I attributed to Moderna's desperation to get a successful product to market). Remarkably, despite [Moderna causing 50% more injuries than Pfizer](#), the drug regulators never recommended against it.

Vaccine Trials

To address many of these issues, large double blind clinical trials are conducted to figure out the best path forward, which due to their “robustness” are given a very heavy weight by the drug regulators and doctors in practice. Unfortunately, adverse events will frequently emerge in these trials due to the inherent difficulty in making “safe” vaccines.

In turn, since so much money is invested in the vaccine and its costly trial, the trial will inevitably be doctored so that vaccine efficacy is inflated and most of the injuries are swept under the rug (e.g. by relabeling them as something benign or claiming they were completely unrelated to the vaccine).

Note: [a 2014 Cochrane review](#) proved that smaller (affordable) observational trials will get the same results as larger RCTs

As such, appalling conduct is frequently observed throughout vaccine clinical trials. For instance, I was able to predict most of the gross malfeasance that happened throughout the COVID vaccine trials because the exact same thing had occurred throughout the HPV vaccines trials—but despite being repeatedly informed about it (and petitioned by many parties to do something) the FDA refused to admit the vaccines were not safe or effective and instead actively worked to cover up the evidence of their harm.

Note: in [this article](#), I showed how the exact same gross malfeasance we saw with the HPV vaccines occurred throughout the COVID-19 trials.

Fortunately, due to the public spotlight on the COVID vaccines, the large number of people the trials and a robust alternative media (e.g., Substack) being will to cover what transpired, [many whistleblowers from the trials came forward](#) to share exactly what actually happened the (fraudulent) vaccine trials—many of whom are featured in [Follow the Silenced](#).

Marketing the COVID Vaccines

If a product or policy has poor sensitivity or specificity, a few common mechanisms exist to prevent it from being rolled out. These include:

- Having drug regulators require a product to prove it is safe and effective before allowing it to be sold.
- Lawsuits being filed against a manufacturer for the injuries their product creates.
- Mass political protest against it (and dissident politicians being willing to advocate for the protesters within government).
- The public refusing to comply with the policy or buy the product.

Since the safety and efficacy of the COVID-19 vaccines were quite poor and much remained uncertain, one of the industry's greatest challenges thus was ensuring peo

would take them. As such, the standard protections were quickly eliminated (e.g., the regulators green-lighted the vaccines regardless of the issues brought to their attention, and the COVID vaccines were given complete immunity from lawsuits).

Since this was not enough, a massive effort was made to sell the vaccines which use increasingly severe tactics to convince people to vaccinate, each of which was phased in once the previous one had done all it could and harsher tactics gradually became politically feasible as the unvaccinated constituted a smaller and smaller minority of the population.

Essentially, that campaign went as follows:

1. Create as much fear about COVID-19 as possible (which was made possible by the mass media initially denying COVID would ever turn into a problem).
2. Use that fear to justify heavy disruptions to everyday life (e.g., lockdowns and social isolation).
3. Present vaccines as the wondrous solution that could get us our freedom and life back and then have the entire media relentlessly promote them regardless of what happened.
4. Politicize the vaccine issue so many (on the left) would become vaccinated purely to “win” and hence not examine the risks and benefits with the vaccines.
5. Have healthcare workers initially market the vaccines since they have the high rate of compliance with vaccination and their recommendations are highly trusted by the public.
6. Initially sell the vaccines under a scarcity model where many demographics weren't yet eligible to have it (and as a result people would jump on the chance to get the vaccines the moment they could).
7. Use incentives (e.g., [gift cards](#), [lotteries](#), [junk food](#), [drugs or sex workers](#)) to convince those on the fence to vaccinate.
8. Blame the (“95% effective”) vaccine's inevitable failures on people not vaccinated and use that to justify both social stigma toward the unvaccinated (particularly for

those politically invested in the issue) and soft mandates.

9. Use the soft mandates to pave the way for harsh mandates.

10. Slip in boosters (and then booster mandates) once no one was looking and the regular vaccine sales market had been saturated.

11. Do all of the previous quickly enough, that people would not have time to discover the vaccines were unsafe and ineffective before getting theirs.

Note: since this push was so aggressive and unprecedented, many still wonder if there was a ulterior motive (e.g., convincing the population to vaccinate before they became personally aware of how dangerous the vaccines were, [population reduction](#), changing the genetic make of humanity or eliminating unvaccinated controls that could show how harmful the COVID vaccines were to their recipients).

Since this progression was fairly logical (given the constraints being worked with), I thus knew the moment vaccine incentives came out that mandates were around the corner. At the same time however, given how unsafe and ineffective the vaccines were enacting it placed significant stress on our institutions, which in turn required their enacting a series of draconian tactics that forestalled (but did not eliminate) the public's loss of trust in the vaccines and eventually resulted in the public losing the trust in both [our healthcare authorities](#), [doctors and hospitals](#) and [the mass media](#).

Those tactics included:

- Having the mass media use every tactic possible to promote the vaccines (e.g., [the H.H.S. spent almost a billion dollars marketing them](#)).
- Having the FDA and CDC stonewall all evidence of harm and relentlessly push the vaccines.

Note: as I showed [in a recent article](#), this was done to such an extreme degree that the FDA two top vaccine scientists (who had been in their positions for over a decade and deeply believed in vaccines) eventually resigned because they felt a few months was not enough time to complete a rudimentary safety assessment of the vaccines.

- [Targeting any doctor](#) who spoke out about the vaccines (so others would be too scared to speak out), and censoring any criticisms of vaccination from both the mainstream media and social media (despite this being unconstitutional).
- Politicizing the vaccine issue so much that individuals who were injured did not feel safe speaking out about their injuries (as they would be attacked for “fueling vaccine hesitancy”).
- Encouraging doctors to disregard vaccine injuries from their patients.

Medical Gaslighting

All of this placed the vaccine injured in a fairly challenging situation, as once injured they had to:

- Recognize their injury came from the vaccine and that everyone had lied to them (which often was quite psychologically challenging to accept).
- Find resources or information on the injuries (which was often quite challenging due to the mass censorship on the issue and Facebook deleting the support groups for the vaccine injured).
- Deal with doctors and peers who were actively hostile towards the idea they could have been injured.

Note: I discussed the reasons why doctors frequently refuse to acknowledge pharmaceutical injuries [here](#) (e.g., admitting a drug they prescribe harmed one directly attacks an identity many doctors are deeply invested in).

- Deal with doctors who wanted to help them but had no idea how to (as they had no treatment guidelines to go off of), hence forcing the patients to self-teach themselves how to treat their injuries

- Not having any of the effective treatments be covered by insurance (hence requiring vaccine patients to find ways to fund the care out of pocket).

This video for example (which was captioned with “A patient looking for a doctor to acknowledge their vaccine injury”) sadly describes the situation many of these patients are in.



Worse still, the vaccine injuries were often quite severe and perplexing (e.g., [Pierre Kory](#) has repeatedly shared that “the suffering here is truly immense; I have never dealt with a patient population as chronically sick as the vaccine injured.”

Note: in many cases, this included frequently being in agonizing pain, not functioning enough to do their basic life activities (e.g., due to severe fatigue), having the systems within the body continually go haywire, becoming immensely sensitive to external stimuli or having continuous brain fog which made it very difficult to focus on any task (let alone developing a treatment plan).

“[Gaslighting](#)” (a form of abuse where someone’s environment is continually altered they gradually begin to doubt their own perceptions and sanity) in turn, encapsulate much of what medically injured patients go through. As such, like many other medical injuries, patients with vaccine injuries will typically be told all of their symptoms are psychological in nature (especially since [the microclots vaccines cause](#) are often too small to be seen on MRI), and no treatment besides psychiatric medications will be offered for their illnesses (which was often labeled as “anxiety” or “functional neurological disorder”).

Note: medical gaslighting (one of my least favorite parts of medicine) is discussed further [here](#)

Similarly, since the clinical trials needed to prove the COVID-19 vaccines were “safe and effective” it was critical not to acknowledge the injuries that occurred in them. As such, their reporting system made it impossible to report the more severe injuries, and when trial participants nonetheless tried to, they would always be told “it can’t be due to the vaccine because the vaccine doesn’t do that” (despite the trial existing to establish if side effects could emerge).

Likewise, when patients in the general population tried to link their injury to the vaccine, they would always be told that the injury didn’t exist because there was “no evidence” of it from the trial, and “if this were an issue the FDA would have told us.”

Note: similarly when people tried to report their injuries they would frequently be blocked from doing so (e.g., a physician assistant from Follow the Silenced attests that her hospital stopped her from filing vaccine injury reports so they could “tow the company line”).

Collectively, all of this is incredibly difficult to deal with, and unless you’ve directly spent time with the vaccine injured, it’s nearly impossible to grasp what it’s like to have your whole world fall apart and find out there is nothing to support you (rather than you are just told you are crazy). In turn, many people I’ve known (who previously had a strong drive to live) when faced with this situation became suicidal (and sometimes commit suicide). Furthermore, these types of injuries often place an immense strain on the rest of the family (e.g., despite the parent not wanting it, children will

frequently try to take on their pain to help the parent and in many cases the partner will abandon the injured person because they can't deal with the situation anymore

Note: [Follow the Silenced](#) (which comes out in six weeks) provides one of the best depictions I have seen of living through one of these injuries—something that is typically very challenging to convey to someone outside the situation. Likewise, its preview effectively encapsulates many of the themes of this article.



Conclusion

When people are faced with significant adversity, it can bring out the best or the worst in them. Fortunately, despite facing immense health challenges, many of the vaccine injured (including physicians) decided to try to advocate for the vaccine injured by forming [React-19](#), and with the help of Senator Ron Johnson, have been very effective in bringing the public's attention to the plight of the vaccine injured.

Remarkably, that group has actually done more to support the vaccine injured than entire US government (e.g., through limited donations they've been able to give the vaccine injured over a million dollars for medical care—whereas in contrast the “emergency” compensation system for the COVID vaccines makes it impossible to support for a COVID injury).

Likewise, through relentlessly pressuring the FDA, they were able to engage them in dialog which clearly showed that contrary to what the officials were saying publicly they pushed the “safe and effective” vaccine along) they were fully aware of how dangerous it was, and those candid conversations provide a unique insight into how sociopathic the leadership of the FDA was. Those conversations play a central role in the documentary (and are discussed further in [this article](#)).

Note: the primary official who stonewalled their injury reports, Peter Marks, was also the FDA director who made such unreasonable demands to expedite the COVID vaccines [that their chief scientists quit](#).

While most of the checks and balances we had against something like the COVID-19 vaccine tragedy failed. Fortunately, the one that is immune to corruption did not. Due to how egregious the COVID response was, the trust in doctors, hospitals, and healthcare authorities that the medical industry has relied upon for decades was shattered, and the industry now needs to do whatever it can to regain that trust (and the lost sales).

Because of this, there has been a gradual trickle of accountability (e.g., last [the New York Times admitted](#) mistakes had been made with the COVID vaccines) and previously inconceivable things have happened (e.g., RFK Jr. becoming Secretary of H.H.S. and the independent media outpacing the mainstream media) and that has created a once-in-a-lifetime window to begin seriously examining the actual safety and efficacy of the pharmaceuticals we routinely take.

In this vein, I believe documentaries like *Follow the Silenced* will play a critical role in creating this social shift, so if any of you are in the Los Angeles area and [wish to support the premier this Saturday](#) (which will greatly help them) please do.

We are on the cusp of making some major shifts to the existing paradigms I've felt powerless to change for most of my life, and I sincerely thank all of you for being part of that change and giving me the voice to do so as well.

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Thomas A Braun RPh 5d

The status quo in our profit driven medical community are doing their best to not change the dir of medicine! The actual number of those who died from the Covid virus are much less than what being reported as being in 1.2 million. That is because there was a profit motive to designate any who died during that period as dying from Covid because there was a monetary reward.! Criminal beyond my comprehension! It is all about changing the mindset to accept injections as a new for medical treatment to treat all diseases! Wrong!

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Lori McDuffie 5d

♡ Liked by A Midwestern Doctor

I was a nurse until my second jab left me with an anaphylactic reaction and subsequent loss of th ability to do my job. The company I worked for didn't care. I lost my job and was left to piece my back together (no insurance by the time my doctor's referral to a neurologist came through). The God I was only a few years from early retirement. I worked in a hardware store to pay the bills till It hasn't been easy, but I am surviving with poverty level social security. The sad thing is I was dis but had no resources to apply for disability. (You have to have numerous doctors visits and tests struggled with brain fog and lost my language abilities. An avid reader prior to the life changing incident, I could not get through a page much less a book. Time, word games, not giving up, anc particular OTC supplement have improved things greatly but I don't think I will ever be the same do a VAERS report with no satisfaction. I have completely lost faith in our medical system. I'm sur never be compensated.

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