



SHOULDER INJURY EPIDEMIC

Uncovering the Crisis of SIRVA Cases in America

By Jeannie Santiago

Shoulder Injury Related to Vaccine Administration (SIRVA) cases are increasingly surfacing across America, posing a significant threat to public health and trust in vaccination programs. This urgent issue demands immediate attention, as the consequences of SIRVA can be debilitating and long-lasting. With rising concerns, it is crucial to delve into the statistics, explore potential solutions, and understand how SIRVA cases unfold in civil mediation.

In 1988 SIRVA compensation settlements were awarded to 24,909 victims who filed claims at 36% with approximately \$4.7 billion paid out. In 2020 SIRVA cases skyrocketed to 93% due to the COVID-19

pandemic which resulted in over 4,000 deaths and around \$6 billion in payouts through the Countermeasures Injury Compensation Program (CICP) [i].

According to the Vaccine Injury Compensation Program (VICP)[ii], a no-fault program that compensates individuals who suffer vaccine-related injuries in the United States, SIRVA cases have been on the rise in recent years. From 2006 to 2019, there were four billion doses of covered vaccines distributed in the U.S. and 8,941 petitions that were adjusted by the courts with 6,390 of those cases paid out[iii]. Suggesting that 80% of cases are negotiated and settled out of court.[iv]

Vaccines covered under the Program include those that protect against diphtheria, SARS-CoV-2, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, varicella, Hemophilus influenza type b, rotavirus, pneumococcal conjugate, trivalent influenza, meningococcal conjugate, and human papillomavirus.[v]

Furthermore, a report published in the National Library of Medicine found that SIRVA was the number one complication that patients seek compensation for with females, persons with thin habitus, and small deltoid muscle bulk in combination with improper injection techniques created a higher risk.

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First, gather mediation documentation from your primary doctor and neurologist.

Second, advocate on your behalf. Unfortunately, medical professionals will try to evade liability.

Third, find a lawyer to file a claim with the National Vaccine Injury Compensation Program (VICP). The filing process is complicated and finding an experienced lawyer will make the experience easier.

Due to the lack of oversight and the continuation of injections being “too high” and/or “too deep,” the National Library of Medicine (NCBI) projects a foreseeable rise in SIRVA cases.[vi]

These statistics underscore the pressing need to address the underlying causes and provide support to affected individuals. Several issues within the healthcare system contribute to the increased rate of Shoulder Injury Related to Vaccine Administration (SIRVA) cases in America. These issues include:

Lack of Proper Training: Healthcare professionals administering vaccines may not receive adequate training in proper injection techniques. Improper administration, such as injecting the vaccine too high on the arm or at the wrong angle, can lead to shoulder injuries. Nor are the regulating authorities informing healthcare professionals of the injuries they are causing or implementing retraining allowing the victimization of unknowing patients.

Insufficient Patient Screening: Failure to screen patients for pre-existing shoulder conditions or allergies to vaccine components increases the risk of SIRVA. Without proper screening, individuals with underlying shoulder issues may be more susceptible to injury during vaccination.



Inadequate Vaccine Storage and Handling: Improper storage and handling of vaccines can compromise their efficacy and increase the likelihood of adverse reactions, including SIRVA. Vaccines must be stored at the correct temperature and managed according to specific guidelines to maintain their integrity.

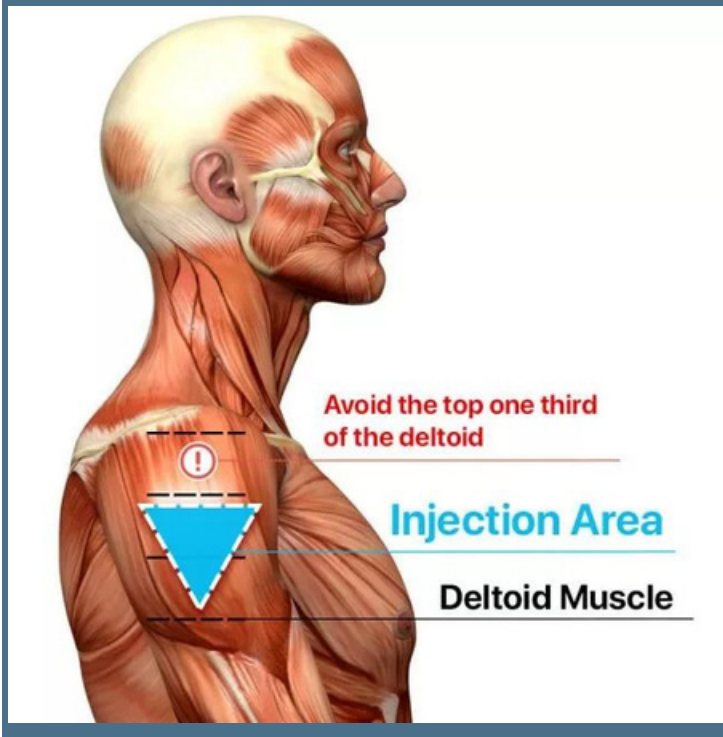
Limited Patient Education: Many individuals may not be aware of the potential risks associated with vaccines, including the risk of SIRVA. Lack of education and awareness among patients can lead to delayed reporting of symptoms or failure to seek appropriate medical care after vaccination.

Complex Compensation Process: Navigating the process of seeking compensation for vaccine-related injuries through programs like the Vaccine Injury Compensation Program (VICP) can be daunting and time-consuming for injured individuals. The complexity of the compensation process may discourage some patients from pursuing claims for SIRVA injuries.



HOW TO PREVENT SIRVA

A proactive measure to incorporate during annual vaccinations is to place your hand over the highest part of your arm. This will protect you from administrators injecting the needle too high, typically injuring the rotator cuff.



Underreporting and Lack of Surveillance: SIRVA cases may be underreported due to a lack of awareness among healthcare professionals and patients or challenges in accurately diagnosing the condition. Without robust surveillance systems in place, it is difficult to accurately track the prevalence of SIRVA and implement targeted interventions to prevent future cases.

Addressing these issues requires a multifaceted approach that involves improving training for healthcare professionals, enhancing patient education, strengthening vaccine storage, and managing protocols, streamlining the compensation process, and implementing effective surveillance mechanisms to monitor vaccine-related injuries like SIRVA. By addressing these underlying factors, healthcare systems can work towards reducing the incidence of SIRVA cases and ensuring the safety and well-being of patients receiving vaccinations.

While it is essential to approach this topic with sensitivity and care, it is possible that in some instances, healthcare providers may engage in practices that prioritize their legal protection over patient safety or honest reporting of adverse events like SIRVA. These practices can range from minor omissions to more significant ethical breaches.

Here are several potential examples of issues within the healthcare system regarding SIRVA:

Underreporting Adverse Events: Healthcare providers may fail to report instances of SIRVA or other vaccine-related injuries to appropriate authorities or vaccine adverse event reporting systems. This could be due to concerns about potential legal liability or damage to their reputation.

Minimizing Patient Complaints: Doctors might downplay or dismiss patient complaints of shoulder pain or other symptoms following vaccination, attributing them to common side effects or unrelated conditions. By minimizing patient concerns, they may hope to avoid further investigation or legal action.

Inadequate Informed Consent: Informed consent is a fundamental ethical principle in healthcare, requiring healthcare providers to fully disclose the potential risks and benefits of medical treatments, including vaccinations. In some instances, doctors may fail to provide adequate information about the risk of SIRVA or other vaccine-related injuries, thereby undermining patients' ability to make informed decisions.

"In 2020 SIRVA cases skyrocketed to 93% due to the COVID-19 pandemic which resulted in 4,000 deaths."-BMJ



Off-Label Use of Vaccines: Using vaccines off-label (i.e., for purposes or populations not approved by regulatory agencies) can increase the risk of adverse events, including SIRVA. Healthcare providers who engage in off-label vaccine administration without proper justification or informed consent may be acting unethically and potentially increasing their liability exposure.



It is important to note that while these practices may occur, they are not representative of most healthcare professionals, who prioritize patient safety and ethical conduct. Most doctors adhere to rigorous ethical standards and are committed to providing high-quality care to their patients. However, addressing systemic issues such as inadequate training, lack of standardized protocols, and barriers to reporting adverse events can help mitigate the occurrence of unethical practices and improve patient safety in vaccination programs.

To effectively tackle the SIRVA crisis, several solutions must be implemented:

Improved Vaccine Administration Techniques: Healthcare professionals must receive comprehensive training in proper vaccine administration techniques to minimize the risk of shoulder injuries. This includes ensuring correct needle placement and injection angle to prevent SIRVA.

Enhanced Public Education: Increased awareness among the public about the potential risks of SIRVA is essential. Educating individuals about the symptoms of SIRVA and encouraging prompt reporting of adverse events can help identify cases early and prevent further complications.

Streamlined Compensation Process: Simplifying the process for individuals to seek compensation for SIRVA-related injuries is crucial. This includes providing accessible resources and support for navigating the legal and medical aspects of filing a claim.

Research and Development: Investing in research to better understand the underlying mechanisms of SIRVA and develop safer vaccination techniques can mitigate the risk of future cases.



SIRVA Cases in Civil Mediation

In civil mediation, SIRVA cases often involve negotiations between the injured party, vaccine administrators, and healthcare institutions. These mediations aim to reach a fair settlement that provides adequate compensation for the victim's medical expenses, lost wages, and pain and suffering.

Mediators play a crucial role in facilitating constructive dialogue and guiding the parties toward a mutually acceptable resolution. By fostering open communication and exploring creative solutions, mediation can help expedite the resolution process and reduce the burden on the court system.

However, it is important to note that civil mediation alone is not sufficient to address the systemic issues contributing to the SIRVA crisis. Efforts must be made at both the regulatory and institutional levels to prevent future occurrences and ensure accountability for vaccine-related injuries.

The surge in SIRVA cases presents a critical challenge that demands immediate action. By implementing initiative-taking measures, such as improving vaccine administration techniques, enhancing public education, and streamlining the compensation process, we can mitigate the impact of SIRVA and safeguard public health.

Furthermore, leveraging civil mediation as a tool for resolving SIRVA cases underscores the importance of collaborative problem-solving and ensuring fair outcomes for all parties involved. Stakeholders across the healthcare system must work together to address this urgent issue and restore trust in vaccination programs.



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[i] [Covid-19: Is the US compensation scheme for vaccine injuries fit for purpose? | The BMJ](#)

[ii] <https://www.hrsa.gov/vaccine-compensation>

[iii] [Vaccine Injury Compensation Program Data and Statistics - July 1, 2022 \(hrsa.gov\)](#)

[iv] [Current situation of vaccine injury compensation program and a future perspective in light of COVID-19 and emerging viral diseases - PMC \(nih.gov\)](#)

[v] <https://www.hrsa.gov/vaccine-compensation/covered-vaccines>

[vi] [SIRVA \(Shoulder Injury Related to Vaccine Administration\) following mRNA COVID-19 Vaccination: Case discussion and literature review - PMC \(nih.gov\)](#)