

## Herman Jacobus Edeling

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**From:** info@openvaers.com on behalf of The OpenVAERS Team  
**Sent:** 16 November 2022 04:37  
**To:** Dr Herman Edeling  
**Subject:** The OpenVAERS Red Box Report

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The logo for OpenVAERS, featuring the text "OpenVAERS" in a white, sans-serif font centered on a solid black rectangular background.

Dear Dr Herman Edeling,

From 2007 to 2010, computer scientist Ross Lazarus and medical doctor Michael Klompas led a study at Harvard Pilgrim Healthcare, Inc. on behalf of the U.S. Department of Health and Human Services (HHS) to identify ways to use Health Information Technology to improve reporting to the Vaccine Adverse Events Reporting System(VAERS).[1] They discovered that 2.6% of all vaccinations led to adverse events. From their review of the literature and their own independent findings, they concluded that VAERS undercounts actual harms from vaccines by a factor of 10 to 100. They built a prototype so that all electronic medical records anywhere in the country could automatically submit a report to VAERS (thus solving the underreporting problem) at which point HHS stopped returning their calls and cut off all contact.

The underreporting problem obviously had not gone away, instead, HHS just decided to cover it up through omission.

In response to the astronomical rates of adverse events following Covid-19 injections, independent researchers have once again attempted to calculate the rate at which harms are underreported to VAERS (referred to as the Under Reporting Factor or URF). Steve Kirsch [2] and Dr. Jessica Rose [3] have calculated the URF at 31x to 51x in a number of different ways — basically in the middle of the range originally calculated by Lazarus and Klompas.

Using the newly obtained data from the V-Safe system, OpenVAERS is able to independently calculate the VAERS URF.

According to V-Safe's own protocol anyone with a "significant medically attended health event" received a call from VAERS to file a report.[4]

We now have 10,108,273 persons registered with V-Safe. From the [ICAN FOIA \[5\]](#) we know that:

782,913 required medical care from a doctor or other healthcare professional.

1,344,330 missed work or school due to the vaccine.

1,225,867 were unable to conduct normal activities.

The SPLTTYPE field in VAERS allows us to see which reports have come from V-Safe. This is not a field you can search in Wonder, however you can search it on the [OpenVAERS website](#). And we have a new page that breaks down the [V-Safe symptoms and events](#).

Since 782,913 V-Safe participants required medical care, then 782,913 V-Safe participants should have received a phone call telling them to fill out a VAERS report, and there should be 782,913 reports in VAERS marked 'vsafe'.

That's not what happened. Instead, there are only 30,492 V-Safe reports in VAERS.

$30,492$  (actual VAERS reports from v-Safe) /  $782,913$  (injured people who were instructed to file a report) = 3.89% of the number that should be there. Or, expressed another way, a URF of 26x. And that's it folks. That is the undercount.

This is the most conservative way to calculate the URF using the new V-Safe numbers. One could also use the 1,344,330 people who missed work or school due to the vaccine or the 1,225,867 people who were unable to conduct normal activities to calculate the URF — in each case one would end up with an even higher URF. Of course, because V-Safe depends on self-reporting through an app, one cannot use it to calculate the URF for vaccine fatalities.

It is important to underscore the absurdity of this whole situation:

- HHS knows that VAERS undercounts harms but refuses to talk about it.

- HHS will not allow electronic medical records to automatically report to VAERS even though Lazarus and Klompas showed that this is easy to set up.
- In anticipation of the rollout of Covid-19 vaccines, HHS introduced several new systems (V-Safe, CISA, Sentinel BEST, in addition to VAERS and VSD) which subdivides the vaccine-injured population into different databases and thus makes it difficult to determine the overall rate of harms.
- Adding insult to injury, HHS then called 782,913 vaccine-injured people participating in V-Safe to tell them to report to VAERS rather than just completing the VAERS report with them over the phone. And then over 96% of VAERS reports that should have been filed fall through the cracks and the bureaucrats at HHS can blame the vaccine-injured rather than taking responsibility themselves.

Thank you for supporting OpenVAERS and for sharing this information with others.

The OpenVAERS Team

1. <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
  2. <https://stevekirsch.substack.com/p/vaers-myths-busted>
  3. [https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864\\_0490c898f7514df4b6fbc5935da07322.pdf](https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_0490c898f7514df4b6fbc5935da07322.pdf)
  4. <https://icandecide.org/wp-content/uploads/2022/10/Pages-from-0522-v-safe-Productions-Through-2022-07-12-2.pdf>
  5. <https://icandecide.org/v-safe-data/>
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### All symptoms reported to VAERS from V-Safe Reports

Search:  Show **25** entries

SYMPTOM	COUNT
ELECTROCARDIOGRAM	1,220
ELECTROCARDIOGRAM NORMAL	732
ECHOCARDIOGRAM	509
ELECTROCARDIOGRAM ABNORMAL	349
CARDIAC STRESS TEST	294
CARDIAC MONITORING	231
TACHYCARDIA	229
ECHOCARDIOGRAM NORMAL	208
CARDIAC DISORDER	166

INDICATORS	CASES
Life Threatening	270
Hospitalized	1,929
Permanently Disabled	373
Not Recovered	14,067
Emergency Room Visit	7,552



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