

# The unheard ‘scandal’: Covid-19 vaccine-injured people’s perceptions of the national redress scheme and trust in the government in the United Kingdom

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## Abstract

This article examines 218 Covid-19 vaccine-injured people’s experiences of the process of seeking redress from the UK Government’s Vaccine Damage Payment Scheme (VDPS). Moreover, it engages with the wider topic of how we can understand the government(s)’ role in dealing with an ‘emergency’ (the Covid-19 pandemic) and the consequent (global) health crisis. Vaccine-injured individuals and communities perceive suffering health problems after Covid-19 vaccination as a ‘tragedy’, which requires an adequate response. However, the VDPS often does not meet their expectations, which fuels the vaccine-injured community’s narratives around an emerging ‘scandal’ over inadequate redress provision for those who suffered adverse effects following Covid-19 vaccines. These perceptions and meaning-making are in stark contrast to the fact that the wider population is unaffected by these issues and are generally not aware of the harms suffered or of the VDPS.

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## 1 | INTRODUCTION

The Covid-19 pandemic was unusual as it impacted all UK citizens, with lockdowns, restrictions and other legal and social constraints affecting everyone. As with all emergencies and consequent crises, some individuals were more significantly impacted, either directly by the infection, or indirectly by the measures brought in by the government to control the pandemic, including vaccines. One consequence was that some people experienced an adverse reaction after Covid-19 vaccination. The physical adverse effects reported (Coronavirus Yellow Card) included impacts on various bodily systems and functions, such as cardiac, neurological and hormonal disturbances, with a severity up to and including on-going intermittent hospitalisation and death.<sup>1</sup> (This also matched the adverse reactions that our research participants experienced.) Our findings accord with those of Bennett et al., that vaccine-injured individuals (in the UK context) were keen to make the point that they were not anti-vax.<sup>2</sup> By the end of September 2024 there had been 15,800 Vaccine Damage Payment Scheme (VDPS) claims submitted.<sup>3</sup> Around half (7936) had been decided, with 97.6% (7748 claims) rejected. This 2.4% acceptance/payment rate is the lowest seen in a comparison of 14 national vaccine compensation schemes.<sup>4</sup> The differing medical and legal standards used to assess the causal relationship of vaccine injuries were proposed as a key component of this variation between schemes. The difficulties in obtaining a VDPS payout in relation to the Astra Zeneca vaccine specifically featured in a BBC documentary.<sup>5</sup> The VDPS is explicitly not a compensation scheme; rather, it provides a fixed sum ex gratia payment. In 1978 the Pearson Commission described the rationale for the payments as a ‘special case’ which is triggered when ‘...vaccination is recommended by a public authority and is undertaken to protect the community’.<sup>6</sup> Arguably this creates a legitimate expectation among those injured by vaccines for recognition of, and payment for, their injuries.

We seek to explore how vaccine-injured people experience the process of applying for financial redress through the VDPS in terms of perceived procedural justice/fairness, and how this can be contextualised within the Government’s wider management of the Covid-19 pandemic. To do this we draw on 218 vaccine-injured VDPS claimants’ experiences, utilising in-depth interviews and qualitative survey questions (with multiple free-text boxes). We argue that these claimants’ perceptions of procedural justice are interrelated with the general question of how people make sense of disorderly events.<sup>7</sup> Participants making comparisons with other scandals—and drawing a strong connection between procedural unfairness and (dis)trust in Government—emerged from our data. When we asked about their perceptions of fairness of the VDPS, participants spontaneously situated their experiences of vaccine-injury compensation within a wider context. They drew on other disorderly events, such as the Post Office scandal, the Windrush scandal and

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<sup>1</sup> <<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>>.

<sup>2</sup> P. Bennett et al., ‘Living With Vaccine-Induced Immune Thrombocytopenia and Thrombosis: A Qualitative Study’ (2023) 13(7) *BMJ Open* e072658.

<sup>3</sup> NHS Business Services Authority. *Response to Freedom of Information Request FOI-02252* (21 October 2024) <<https://opendata.nhsbsa.net/dataset/foi-02252>>.

<sup>4</sup> C.F. Chu et al. ‘Comparative Analysis of Fourteen COVID-19 Vaccine Injury Compensation Systems and Claim Approval Rates’ (2025) 52 *Vaccine* 126830.

<sup>5</sup> BBC, ‘Covid-Vaccine: Fighting for a Payout’ (2025) <<https://www.bbc.co.uk/programmes/m0024qd5>>.

<sup>6</sup> Report of the Royal Commission on Civil Liability and Compensation for Personal Injury, Chairman Lord Pearson, Cmnd 7054-1 1978, para 1398.

<sup>7</sup> J.M. Johnson et al., ‘Ordering Disorder: The Making of World Politics’ (2022) 48(4) *Rev Int Stud* 607.

the Infected blood scandal (and associated public inquiries). The extremely low success rate of the VDPS means claimants cannot easily evaluate the procedural fairness of the VDPS by comparing their outcomes to those of others VDPS claimants, which can be a component of people's perceptions of procedural fairness.<sup>8</sup> Their only option is an external comparison with groups that have suffered a scandal and have a no-fault scheme. Drawing on the work of Overheul et al., this article raises questions of how participants' meaning-making and perceptions of financial payment schemes are intertwined with what 'getting justice' means for individuals and communities, who experience *collective procedural injustice*.<sup>9</sup> We ask the following research question: To what extent do VDPS claimants perceive the procedure and outcome of the scheme as fair and just, and how are their perceptions of fairness and justice related to their judgments of trust in the government?

Overheul et al. (building on Macleod and Hodges's work) set out to explore the experience of perceived procedural justice in a no-fault scheme setting, which accords with research on perceived procedural justice in other contexts.<sup>10, 11</sup> This article adopted Van den Bos et al.'s elements of fair treatment: being treated in a polite manner and with respect, being able to voice opinions and being seriously listened to by a professional and by competent authorities.<sup>12</sup> To connect how people collectively experience procedural injustice and develop distrust of the Governments' actions, we draw on Johnson et al.'s framework of 'modes of treatment'.<sup>13</sup> Johnson et al. set out this framework for understanding 'how societies struggle to interpret and respond to disorderly events through three modes of treatment: tragedy, crisis, and scandal.'<sup>14</sup> With the focus of our investigation being on individuals and community (rather than political actors and the wider society), we can enhance this framework, because we can draw out tensions of meaning-making, and what is valued on an individual and societal level.

Johnson et al. proposed that an inquiry is often the Governmental response to a tragedy.<sup>15</sup> There is an unusually wide-ranging Covid-19 Public Inquiry, covering a multitude of issues. The on-going Inquiry considers non-pecuniary and financial redress, including potentially reforming the VDPS. Proposed reforms include a no-fault administrative scheme that delivers sums equivalent to a court award. We argue that such an effective no-fault compensation scheme (NFCS) could be understood as a component of a Governmental response to the wider Covid-19 'tragedy' and to the individual tragedy that follows an adverse vaccine reaction. We further argue that the vaccine-injured community's sense that the current VDPS is an inadequate response to the tragedy that they have experienced creates a perception of a (second-order) 'scandal'.<sup>16</sup>

The article has three main sections: Section 2 provides details of the workings of the VDPS and outlines procedural justice research in the context of compensation schemes. Section 3 details the methods and limitations of the research. Section 4 draws on qualitative accounts collected from

<sup>8</sup> K. Van den Bos et al. 'How Do I Judge My Outcome When I Don't Know the Outcome of Others? The Psychology of the Fair Process Effect' (1997) 72 *J Pers Soc Psychol* 1034–1046.

<sup>9</sup> M. Overheul et al. 'Reactions to No-Fault Compensation Schemes for Occupational Diseases in the Netherlands: The Role of Perceived Procedural Justice, Outcome Concerns and Trust in Authorities' (2025) *Int J. Law Context* 1.

<sup>10</sup> Overheul et al., id.

<sup>11</sup> S. Macleod and C. Hodges, *Redress Schemes for Personal Injuries* (2017).

<sup>12</sup> K. Van den Bos et al. 'On the Role of Perceived Procedural Justice in Citizens' Reactions to Government Decisions and the Handling of Conflicts' (2014) 10 *Utrecht Law Rev* 1.

<sup>13</sup> Johnson et al., op. cit., n. 7.

<sup>14</sup> Johnson et al., id., p. 607.

<sup>15</sup> Johnson et al., id.

<sup>16</sup> Johnson et al., id., p. 613–614.

participants in the surveys (free-text boxes) and in-depth interviews, exploring how the context of emergency (and consequent crisis) and references to previous scandals—as well as people’s personal experiences of the VDPS—contribute to their sense of (dis)trust in the government(s). We conclude by outlining our novel contributions.

## 2 | CONTEXT

### 2.1 | No-fault compensation schemes for Covid-19 vaccines and the VDPS

Payments for adverse reactions to Covid-19 vaccinations can be claimed in 145 countries, including the United Kingdom.<sup>17</sup> One of the common rationales for NFCS is that they lead to increased trust in vaccines and therefore increased vaccine uptake<sup>18</sup>—although this has been questioned, with Wilson and Keelan proposing that ‘the purpose of vaccine compensation programs should not be framed as impacting vaccine confidence but rather be primarily considered from an ethical perspective’.<sup>19, 20</sup> There are also utilitarian arguments concerning vaccine supply and protecting the industry for the public good.<sup>21, 22</sup>

The UK VDPS was established in 1979, primarily for adverse events due to childhood vaccinations.<sup>23, 24</sup> It was an interim measure for providing payments, brought in by the Labour government, who then lost the 1979 election.<sup>25</sup> It is a statutory mechanism for the government to deliver ex-gratia payments to sufficiently disabled individuals (at least 60% disablement). There is a lack of clarity on how causation is determined, and it is unclear what constitutes 60% disablement.<sup>26, 27</sup> Globally, the VDPS is unique in awarding fixed sum awards (£120,000) to successful claimants. The lack of clarity on causation, the high (and unclear) disablement threshold and fixed sum awards are design flaws that prevent the VDPS from being an adequate response to the ‘tragedy’.

In the United Kingdom there are two potential sources of financial recompense following vaccine injury: the VDPS and litigation. These have different processes, functions and outcomes.

<sup>17</sup> <<https://www.law.ox.ac.uk/nofault-compensation-schemes-for-covid-19-vaccines/no-fault-compensation-schemes-covid-19-vaccines>>.

<sup>18</sup> D. Fairgrieve et al., ‘In Favour of a Bespoke COVID-19 Vaccines Compensation Scheme’ (2021) 21(4) *Lancet Infect Dis* 448; J. Keelan and K. Wilson, ‘Balancing Vaccine Science and National Policy Objectives: Lessons From the National Vaccine Injury Compensation Program Omnibus Autism Proceedings’ (2011) 101(11) *Am J Public Health* 2016.

<sup>19</sup> D.I. Benbow, ‘Virtue Ethics and the United Kingdom (UK) Vaccine Damage Payment Scheme (VDPS)’ (2022) 44(3) *J Soc Welf Fam Law* 391; M.M. Mello, ‘Rationalizing Vaccine Injury Compensation’ (2008) 22(1) *Bioethics* 32.

<sup>20</sup> K. Wilson and J. Keelan, ‘The Case for a Vaccine Injury Compensation Program for Canada’ (2012) 103(2) *Can J Public Health* 122.

<sup>21</sup> Wilson and Keelan, id.

<sup>22</sup> Macleod and Hodges, op. cit., n.11, pp. 617.

<sup>23</sup> <<https://www.gov.uk/vaccine-damage-payment>>.

<sup>24</sup> Royal Commission, op. cit., n.6.

<sup>25</sup> G. Millward, ‘A Disability Act? The Vaccine Damage Payments Act 1979 and the British Government’s Response to the Pertussis Vaccine Scare’ (2017) 30(2) *Soc Hist Med* 429.

<sup>26</sup> Vaccine Damage Payments Act 1979 c. 17 <<https://www.legislation.gov.uk/ukpga/1979/17/contents>>.

<sup>27</sup> Sarah Moore, INQ000474459—Witness Statement (21 October 2024) <<https://covid19.public-inquiry.uk/wp-content/uploads/2025/01/29165813/INQ000474459.pdf>>.

The VDPS is an administrative decision taken in private. The Government is clear that the VDPS is not full compensation. Full compensation, aiming to return an individual to the equivalent to their ‘non-injured’ position, is the preserve of the courts. Litigation is adversarial, and the only remedy available is the payment of damages. Other elements of the litigation process may be valued by claimants, such as the information revealed during the discovery process and ‘having a voice’ in the process.<sup>28</sup> In practice, litigation may not be an option for many, with difficulties in securing legal representation being a substantial barrier. The dearth of successful pharmaceutical product liability cases under the Consumer Protection Act 1987 potentially explains lawyers’ reluctance to take on such cases.<sup>29</sup>

The direct vaccine adverse effect may be only part of the struggle that vaccine-injured participants face—often there are other consequences, including economic and social impacts due to the loss of (or reduction in) capacity to work and earn, some of which can be mitigated by seeking financial recompense. Schemes such as the VDPS should provide an accessible and fast route to receive financial payment, and acknowledgement of harm, when compared to litigation.<sup>30</sup> However, harm may also be compounded by organisational responses to vaccine injury.<sup>31</sup> VDPS claimants might experience similar challenges to individuals claiming from the government’s Windrush and Post Office compensation schemes.<sup>32</sup>

## 2.2 | Procedural justice in a compensation scheme context

When specifically investigating claimants of the NFCS for occupational diseases in the Netherlands, Overheul et al. identified the most frequently mentioned procedural justice components which made claimants feel unfairly treated: (1) voice; (2) due consideration and (3) neutrality.<sup>33</sup> Communication and professionalism of the administrative body were mentioned to a lesser extent.

Procedural justice theory has long highlighted the importance of having a ‘voice’, manifesting in opportunities for claimants to explain their circumstances, leading to individuals feeling ‘heard’ in the administrative process.<sup>34</sup> For example, Mulcahy argued that feeling ‘understood’, and being ‘taken seriously’ greatly contributes to perceptions of the fairness of a complaints/redress process.<sup>35</sup> Similarly, Macleod and Hodges suggested that being listened to,

<sup>28</sup> Macleod and Hodges, op. cit., n.11.

<sup>29</sup> S. Macleod and S. Chakraborty, *Pharmaceutical and Medical Device Safety: A Study in Public and Private Regulation* (2019).

<sup>30</sup> Fairgrieve et al., op. cit., n.18.

<sup>31</sup> J. Moore and M.M. Mello, ‘Improving Reconciliation Following Medical Injury: A Qualitative Study of Responses to Patient Safety Incidents in New Zealand’ (2017) 26 *BMJ Qual Saf* 788; L. Ramsey et al., ‘Humanising Processes After Harm Part 2: Compounded Harm Experienced by Patients and Their Families After Safety Incidents’ (2024) 4 *Front Health Serv* 1473296.

<sup>32</sup> A. Genteman, ‘I Didn’t Trust the System’ *Guardian* (14 April 2025).

<sup>33</sup> Overheul et al., op. cit. (2025), n. 8, pp.374.

<sup>34</sup> J.W. Thibaut and L.J. Walker, *Procedural Justice: A Psychological Analysis* (1975); T.R. Tyler, *Why People Obey the Law* (1990); K. Van den Bos, *The Fair Process Effect. Overcoming Distrust, Polarization, and Conspiracy Thinking* (2024).

<sup>35</sup> L. Mulcahy, ‘Revisiting the Concept of Voice: Expression of Grievances Across the English and Welsh National Health Service’ (2024) 49 *Law Soc Inq* 2320.

taken seriously, and believed are key principles of a successful compensation scheme.<sup>36</sup> As Van den Bos et al. illustrated, an objective voicing opportunity, in their case the option to speak on the telephone or at a hearing, only makes a meaningful contribution to the perception of procedural justice if the voicing opportunity is perceived by the claimant as an opportunity to voice an opinion.<sup>37</sup> Building on Creutzfeldt's suggestion that relationships of trust between individuals and administrative justice systems develop at various stages of administrative processes, we take into account how each stage (e.g., submission and communication of outcome) of the VDPS process affected individuals' perception of justice, fairness, legitimacy and trust.<sup>38</sup>

The extremely high rejection rates of the VDPS raise questions about due consideration within VDPS processes. Perceptions of unfavourable outcomes and due consideration are intertwined: Creutzfeldt and Bradford's results indicate that outcome favourability is highly correlated with perceived procedural justice, and both predict decision acceptance.<sup>39</sup> Our data indicate that some potential claimants who felt they had an eligible vaccine injury did not make a VDPS claim as they perceived their case would not be duly considered, isolating the perception of the process from the outcome.

One key element of the perceptions of procedural justice is neutral decision makers with trustworthy motives. Macleod and Hodges concluded that both independence, and the perception of independence, should be maximised to increase a scheme's acceptability.<sup>40</sup> Government-run compensation schemes have struggled with this—for example, the Windrush Compensation scheme is run by the Home Office, the organisation that caused the harm. Many individuals and organisations, including claimants, have expressed concerns that the claims handling fails to meet basic procedural justice requirements.<sup>41</sup> Human Rights Watch<sup>42</sup> described the Windrush Compensation Scheme as 'failing and violating the rights of many to an effective remedy for human rights abuses they suffered'. The VDPS is funded by the Department of Health and Social Care (DHSC) and administered by a related body of the DHSC.

Drawing on Johnson et al.'s framework of 'mode of treatment' will allow us to explore how the components of perceived procedural justice of the VDPS (voice, due consideration and neutrality) and trust in government are connected and intertwined in people's meaning-making when they experience injustice.

### 3 | METHODOLOGY

This case study of claimants' experiences with the VDPS is part of a wider project investigating the impact of compensation schemes worldwide for future pandemic preparedness.<sup>43</sup> It is based on

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<sup>36</sup> Macleod and Hodges, op. cit., n.11, pp. 644.

<sup>37</sup> K. Van den Bos, op. cit. (2024), n.33.

<sup>38</sup> N. Creutzfeldt, 'The Individual and Administrative Justice' in M. Hertogh et al. (eds), *The Oxford Handbook of Administrative Justice* (2022) 223–244.

<sup>39</sup> N. Creutzfeldt and B. Bradford, 'Dispute Resolution Outside of Courts: Procedural Justice and Decision Acceptance Among Users of Ombuds Services in the UK' (2016) 50(4) *Law Soc Rev* 985.

<sup>40</sup> Macleod and Hodges, op. cit., n.11, pp. 630.

<sup>41</sup> P. Shaila and E. Nowell, *The Windrush Compensation Scheme: A Comparative Analysis* (9 February 2024). <<https://doi.org/10.2139/ssrn.4721713>>.

<sup>42</sup> Human Rights Watch, 'UK: "Hostile" Compensation Scheme Fails "Windrush" Victims' (17 April 2023).

<sup>43</sup> <<https://www.law.ox.ac.uk/nofault-compensation-schemes-for-covid-19-vaccines/no-fault-compensation-schemes-covid-19-vaccines>>.

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218 answers to a qualitative survey, using free-text boxes, and 12 in-depth interviews with vaccine-injured people (and their relatives) who submitted a VDPS claim, collected between 10 November and 16 December 2024.

### 3.1 | Participant recruitment

The survey was posted on social media, and a vaccine-injured support group disseminated it to their membership. Our research population often described traumatising experiences of their vaccine injuries being dismissed; therefore, we worked with the support group to design a survey that was minimally traumatising and gave a voice to research participants.<sup>44</sup> Their help was invaluable; their involvement provided reassurance to a vulnerable cohort and enabled us to reach individuals who would not otherwise have engaged. Eighty-five people agreed to a further interview. We selected 12 participants who were over 18 and diverse in terms of age, gender, education and experiences with the VDPS scheme (appealed, litigation, tribunal, rejected and received financial payment).

### 3.2 | Data collection

The survey comprised questions specific to the VDPS claim process and litigation; however, we also utilised free-text boxes where participants could write freely about (a) enablers and barriers to the financial claim process and (b) provide additional information. This provided us with rich qualitative data about what issues were important for the claimants. We conducted 12 individual interviews. Additionally, we interviewed two people who claimed on behalf of someone unable to claim for themselves. During these interviews we asked participants about their experiences with medical professionals, and their perceptions of the Government and pharmaceutical companies regarding their role to provide financial compensation and acknowledgement. Participants raised wider issues, including social and economic consequences of their injury, and drew comparison to the Post Office scandal, the Windrush scandal and Infected blood scandal and the Grenfell tower tragedy.

### 3.3 | Data analysis

Interviews were transcribed, with participants given the option to review the transcript (there were no requests). Transcripts and free-text answers (in particular ‘identifying good practices and barriers of the VDPS’, and ‘any further comments’) were transferred to NVivo (data analysis program). These were analysed together, using the six-phase thematic analysis process described by Clarke and Braun.<sup>45</sup> The coding process and emerging themes were continually discussed.

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<sup>44</sup> P. Bennett et al., op. cit., n.2.

<sup>45</sup> V. Braun and V. Clarke, ‘One Size Fits All? What Counts as Quality Practice in (Reflexive) Thematic Analysis?’ (2021) 18(3) *Qual Res Psychol* 328.

### 3.4 | Limitations

We received 218 valid answers compared to the 15,800 VDPS claims made by the end of September 2024. Our participants self-identify as vaccine-injured and (possible) claimants of the VDPS. However, the consistency in participants' responses around enablers and barriers of the VDPS process was striking.

We relied on online methods to disseminate the survey; therefore, we may have missed relevant voices, including the computer illiterate—although we know from the survey that many participants had help with their VDPS claim, from more digitally capable friends and relatives.

## 4 | PEOPLE'S PERCEPTIONS OF THE VDPS AND TRUST IN THE GOVERNMENT

This study focuses on vaccine-injured individuals, which we define as someone who has perceived a connection between receiving the vaccine and a change in their health. This connection was described by the participants as 'my whole body was trying to reject this thing when it was put in my body', or 'one day I was an active healthy person and the next . . .'. Other participants explained that even if they had a pre-existing condition, they had 'never felt like this' until after their vaccination. Most of the participants mentioned that their mental health was also affected. Almost all our participants submitted or planned to submit a VDPS claim. Only a few people ( $n = 5$ ) took part in litigation or planned to submit a legal claim.

Our data showed that almost all VDPS claimants believed that their injury was caused by the Covid-19 vaccine; and all participants believed that their injury made them sufficiently disabled (at least 60% disablement) to be eligible under the VDPS. However, only two-thirds believed that the claim would result in a payment. This means that within our study population, fewer than one-third felt they would not receive a payment which they believed they were entitled to. Even taking into account this lower figure, the expectations of claimants are in stark contrast to the VDPS outcomes data, showing only 2.4% of claims are accepted and receive a payment. Most of our participants' claims were rejected, mirroring the statistics on the VDPS scheme's rejection rate.

### 4.1 | The process of the VDPS and procedural fairness

Our survey and interview questions were designed to understand the enablers and barriers throughout the VDPS claim process. Almost all claimants felt that '*people are left behind, and there should be more help available*'. (Survey, P42, female, 65–74). Many others agreed that they perceived they were in a battle with the VDPS—and indirectly with the Government: '*It's like you're on your own, and we're against you. Prove your innocence*'. (P3, female, 55–64). These themes—in contrast with the role/function of a redress scheme—repeatedly appeared in the participants' accounts, indicating a collective experience of procedural injustice.

Participants drew on examples from different parts of the claim process to elaborate on why they saw it as being 'against them'. These accounts support the vaccine-injured people's narrative that the Government's response to the crisis is inadequate—because the tragedy demands response in the form of a working compensation scheme.

#### 4.1.1 | Lack of voice, and not considering that claimants are unwell

Many of these examples centred around the methods of giving evidence in the claim process. Part of the application form is a free-text box where claimants should describe anything and everything related to the injury. Participants raised several concerns around this. First, claimants described that there was no guidance around what to write: *'It just says tell us what happened to you'*. An unsuccessful claimant said that she thought she did not need to provide detailed information about her health before and after the injury, because she *'thought my medical records would speak for themselves'*. The second problematic aspect described by participants was that generally they found it traumatising to provide details of the adverse reaction, and detailing their life before and after the vaccine injury, especially *'when you've got a whole community of people that are suffering from PTSD'*. (P12, female, 35–44). Moreover, many claimants were not well enough to fill in a form like that. Finally, one participant explained that in her rejection letter, VDPS quoted mistakes that she had made in her description as the basis of the rejection, rather than taking information from her NHS medical history: *'They used parts of my sentences, but they weren't very well formed anyway because I was ill'*. (P12, female, 35–44).

Most participants pointed out that being physically unwell, combined with the lack of clarity and help provided in the claim submission process, was a major barrier. Claimants talked about specific difficulties of gathering medical information when being severely ill or suffering from brain fog—*'I am seriously ill and mentally exhausted every day'*. They often described the process as *'intensive and stressful'*: *'Why are ill people expected to do this process? You should be assigned a legal representative to fill out the form'*. (Survey, P28, male, 45–54).

#### 4.1.2 | Lack of due consideration: traumatising claim process

In general, many participants perceived that the VDPS is *'designed to ensure that claimants are unsuccessful, and it is calculated to make the applicant fail'*. (Survey, P103, male, 45–54). Claimants elaborated on this as perceiving the review process as poor, or deliberately trying to undermine their claim, leading to belittling them. For example, many people said that their claim was rejected based on a lack of causality, referring to pre-existing medical conditions: *'Strangely enough, they go right back to your childhood. You know they're looking for a reason not to give it you'*. Claimants described that the medical review painted an inaccurate picture of them, or their vaccine-injured relatives, indicating that they had mental problems, or being borderline alcoholic and smokers, which participants found highly traumatising.

Other aspects of the claim process were also described a belittling, impersonal and dehumanising: a participant described that during communications with the VDPS, they were sent an e-mail where the case worker did not fill in the vaccine-injured person's information, but left bracketed headings instead:

*... the whole process [is] impersonal and humiliating. And what was really upsetting is that you've got someone who can't advocate on behalf of themselves anymore because they can't speak, and you have people who are treating them, you know, as if they're just nothing.* (P1, female, 45–54).

The perception of the process being impersonal was particularly prevalent when receiving rejections, both in the way the rejection was presented, and the reasoning provided: *'How dare they*

belittle me like that? Because there should be some respect for what we're telling you, you know. Conversation rather than just bits of paper'. (P3, female, 55–64).

Rejection of the VDPS claims meant a layered trauma for vaccine-injured participants, because apart from receiving financial payment from the scheme, they applied to gain acknowledgement and confirmation that their injury was caused by the Covid-19 vaccines (promoted as safe by the government). All of our participants believed at the time when they applied to the VDPS that the vaccine caused their problems. However, it is important to stress that when new vaccines are introduced, there is often limited clinical information on adverse events, with a risk that rarer adverse events that were not detected in clinical trials will manifest when the vaccine is put into real-world use. This may lead to claimants being rejected on the basis of lack of causation, which shocked them.

*I was expecting to be declined [based on the 60 per cent disability requirements]. But when I saw that I was declined on causation, my mental health took a downturn for several weeks afterwards, because I was just like, I'm ill, you know... there's not even any help for people like me. (P12, female, 35–45).*

During the interviews, vaccine-injured people explained the reasoning and the emotionally loaded nature of being successful in their VDPS claim—the meaning of a successful claim was more than receiving financial compensation. Vaccine-injured participants who had been completely paralysed for several months before making some recovery described it as follows:

*I think it was one of the few times I cried ... When I got a phone call to say I would be getting it, I just burst into tears. You know, it felt like a sort of justification. I was in hospital for so long. (P6, female, 65–74).*

A positive VDPS decision acknowledges the loss of value: The vaccine caused the injury, and it is worthy of financial compensation.<sup>46</sup> On the other hand, when the vaccine-injured participants faced rejection, especially based on lack of causality, that meant to them that the Government does not even acknowledge that something tragic happened on the individual, personal level as a consequence of the Covid-19 vaccine.

### 4.1.3 | Lack of neutrality: A need for medical professionals' and society's acknowledgement

The vaccine-injured participants' narratives revealed that it is their desire for acknowledgement (beside financial redress) that binds the vaccine-injured community together (in their belief that there is an emerging scandal). Getting acknowledgement of damage to their health (caused by the Covid-19 vaccine) is important not only in terms of the Government's response, but with regards to the medical professionals and the wider society:

Participants reported challenging encounters with healthcare providers, who often did not accept the injured person's view that their injury is due to the vaccine. Very few vaccine-injured participants felt that they got enough attention and the right treatment from medical profession-

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<sup>46</sup> Johnson et al., op. cit., n.6, pp. 618.

als, because their injury was not recognised as vaccine-related. They expected that a successful VDPS claim would mean that they could access the right care:

*Acknowledgment - it will be most important - is going to show that I'm not a liar. I want to show them that this is the main reason for all my causes, my health issues and problems. (P10, male, 25–34).*

Many vaccine-injured said that their claim was initially rejected because the relevant medical professionals did not register their injury as vaccine-related, creating a barrier to establishing causality. In fact, an injury being recognised by medical professionals as being vaccine-related was often the exception, rather than the norm: 'We're very lucky that we had the support of the consultants within the Hospital'. (P11, female, 65–74).

One of our few successful VDPS claimant participants described the impact of the successful claim:

*Because I was one of the early ones to get the vaccine damage payment, is that well, you can't argue with me. Mine has been confirmed. You know, I've had the government agree that that's what caused it. So yeah, I think that gives you a certain power, you know. (P11, female, 65–74).*

These 'certain powers' are associated with getting the right medical treatment, and acceptance from medical professionals, but also gaining wider social acceptance from friends and family. This was common in participants' narratives. There is a Covid-19 Public Inquiry; however, vaccine-injured people are often wrongly collectively categorised as being conspiracy theorists, affecting whether and how their voices are taken into account. Although the public supports the victims of other scandals, we found that people suffering adverse reactions reported being shunned by medical professionals, other members of society and family members. This also contributes to vaccine-injured people's desire to seek acknowledgement of what happened to them, besides the financial compensation. This reinforces how the problems with the VDPS extend beyond the problems with the scheme and procedural justice. However, research participants' accounts could be interpreted as that a 'right' response from the Government (a suitable compensation scheme) could lead to a wider acknowledgement of a loss of value at a community and societal level.

## **4.2 | Evaluation of procedural fairness by drawing comparison: The social construction of 'scandal' narratives and tensions**

### **4.2.1 | Crises and scandal in the United Kingdom as part of the public narrative**

We found that many participants made a direct connection between their experience with the vaccine injury, redress possibilities and other UK-wide scandals. Most participants referred to the Post Office scandal, saying that they would expect a similar response from the Government:

*... they [the victims of the Post Office Scandal] got an apology ... For me it [applying for the VDPS] is more about the government accepting responsibility for what happened to me. I was just like everybody else - I did what I was told, and we were told that the vaccine would help, and it would be beneficial and had been tested, and it was safe, and clearly it was safe for 99.9 per cent of the people, but not for me. (P4, female, 55–64).*

The participant's perception that an apology should be an adequate response signals that suffering an adverse reaction from the Covid-19 vaccine—which was promoted as being 'safe'—is perceived as a transgression of values (moral codes).<sup>47</sup> Moreover, the acceptance of participant's claim through the VDPS would mean an acknowledgement of what happened. This quote also highlights the intertwined expectations of what a working NFCS would mean in terms of response: to provide financial redress and simultaneously acknowledgement—which in this participant's narrative equates an apology.

There was a general sense amongst our participants that the Government(s)' narrative emphasises trying to deflect blame, rather than taking positive actions. Participants perceived that (similarly to the other scandals) the emphasis should be on 'trying to get to the bottom of what actually happened, and what they're going to do next'. (P8, male, 65–74). This double understanding mirrors the fact that in the case of the UK 'scandals', the function and meaning of the responses (inquiries and apology) are intertwined. This quote signals that the participants felt a need for action (an inquiry), as a reflection of the tragedy of people suffering vaccine injuries.

Other participants referred to other UK-wide scandals to demonstrate that even with public acknowledgement of wrongdoing, they perceived that there is no real action in place to make things right. To support these narratives, participants both made references to discrepancies between the public acknowledgement of wrong and the lack of meaningful actions in both the Infected Blood scandal and the Grenfell Tower disaster.

We found in many people's narratives that they accepted the fact they might not get justice in terms of financial redress (with a successful VDPS claim), or they perceived the financial redress offered so low compared with the suffered harm, that they placed a higher value on acknowledgement and apology: 'I think some financial recognition for that would be nice, but I understand that in reality probably [I'll] never get it, and the closest I'll ever get is somebody saying, yeah, we're really sorry we made a mistake'. (P7, male, 55–64).

This supports the notion that vaccine-injured people perceived, that even if nothing else, an acknowledgement of wrong-doing, and an apology would be a necessary outcome. Recognising the difficulty of the situation, one of the participants explicitly addressed the tension between the public apology and providing adequate redress (VDPS in general was perceived as 'not fit for purpose'): 'I know if they [the Government] would say we are really sorry we made a mistake, then actually, legally there has to be some redress' (P7, male, 55–64). He proposed this is not true for the pharmaceutical companies, who 'legally cannot be held accountable', therefore they should make a public apology, saying: 'we all pushed this out far too fast without doing the trials. We recognise that we've made some really big mistakes and we won't do them again'. (P7, male, 55–64).

Overall, our participants agreed that a working (actual) compensation scheme would be an adequate governmental response; however, the VDPS was perceived by most as inadequate: 'The whole thing is simply an excuse for the Government to tell the general public that victims are being taken care of. So far it has cost more to administer the scheme than victims have received in payments'. (Survey, P208, female, 35–44).

There is a clear understanding that there was a transgression of values that requires an apology.<sup>48</sup> However, participants also mention acknowledgement, which is key to understanding the complexity of the situation. Even if our participants perceived that they are in a similar situation

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<sup>47</sup> Johnson, et al., id.

<sup>48</sup> Johnson et al., id., p. 618.

to the ‘victims’ of the Post Office Scandal, there is no political or public acknowledgement of this, and perhaps not even an acknowledgement of loss of value. We can conceptualise this situation as a second-order scandal, created by the inadequate response of the Government for the loss of value (people’s health),<sup>49</sup> at least according to the meaning-making of the vaccine-injured community.

#### 4.2.2 | Media silence

Scandals require public disapproval, and public disapproval requires public knowledge.<sup>50</sup> In some scandals, such as the Grenfell Tower Fire, the harms suffered and the need for change are both accepted and in the public consciousness from the outset because of associated media coverage. This coverage informs people about these transgressions of values/social norms/moral codes, which are the basis of public disapproval.<sup>51</sup> The Windrush Scandal, the Infected Blood scandal and the Post Office scandal needed sustained publicity and campaigning to generate the media attention that brought the failings, and resulting harms, into public awareness leading to Inquiries. While the Post Office Inquiry commenced in 2021, widespread public awareness, and disapproval, followed the 2024 ITV drama *Mr Bates v The Post Office*.<sup>52</sup>

In contrast, many vaccine-injured people perceived a lack of media reports on serious and rare adverse effects besides blood clots, especially given that they themselves experienced these. Participants described surprise that injuries similar to theirs were not being reported:

*I realised that they weren’t talking about this. I spent time in the hospital. I thought I’m going to be on the telly because this has happened to me, you know, and it’s so unusual. And then ... there was such a media blackout. You weren’t hearing anything.*  
(P3, female, 55–64).

This lack of reporting was described by the vaccine-injured as an isolating experience, because they were looking for support, mainly to understand what had happened to them.

Many participants attributed this silence to the Government’s actions and also directed the responsibility to the Government, who ‘just kept repeating that the vaccines are completely safe’.

This media silence was both seen by participants as hindering treatment of the adverse event, as well as a barrier to applying for compensation. One of the participants felt that if the Government would have publicised the side effects (serious and rare) more widely, many lives would have been saved: ‘*How many people could have been saved, but they were keeping everything under wraps? I do blame the medical community, but again, I think everything comes from the government down*’. (P6, female, 55–64).

Similarly, another participant noted that when starting to experience symptoms of an adverse event, she could not find any information on mainstream media about people experiencing similar issues, but ‘then the blood clotting events were starting to emerge’ (P12, female, 35–44). Similarly, the VDPS itself is not widely publicised. Many participants reported that they did not hear about the VDPS before joining a vaccine-injury support group, or for example they heard

<sup>49</sup> Johnson et al., id., p. 613–614.

<sup>50</sup> Johnson et al., id., p. 619.

<sup>51</sup> Johnson et al., id.

<sup>52</sup> ITV, *Mr Bates v The Post Office* (2024) <<https://www.itv.com/watch/mr-bates-vs-the-post-office/10a0469/10a0469a0001>>.

about it from their M(S)Ps when seeking help with other issues related to the treatment of the injury (e.g., finding suitable hospital places).

The ‘media silence’ has a dual consequence. For the vaccine-injured, it supports their perception that there was something hidden, that needs to be investigated—and some kind of revelation to the public would be necessary, and as it does not happen, it fuels the ‘scandal’ perception and narrative. For the wider public, the lack of reporting is one reason they have little knowledge of vaccine injuries and the VDPS and is therefore an obstacle for possible, emerging public disapproval over the transgression of values and social norms.<sup>53</sup>

#### 4.2.3 | Mismatch of narratives

Many participants explained how the Government’s policies—as a response to a crisis environment/situation—influenced their intention to take the vaccine, seeking medical help when they noticed adverse effects. Several participants felt it was important to say, almost as justification, that they took the vaccine because ‘it was going to save lives’: *‘They told us, take it, you will be saving your grandparents, your family ... and we got sick’*. (P10, male, 25–34).

Many other participants noted that following the Government’s advice hindered or delayed the recognition and immediate treatment of the adverse event. For example, when a participant started to experience physical symptoms (the beginning of an adverse reaction), he did not go to hospital immediately because he perceived that *‘... it was the middle of the pandemic... so I thought that nobody is going to take me seriously. You know, “stay at home, protect each other.” Protect the other people’*. (P10, male, 25–34).

One participant explicitly pointed out the discrepancy between the Government’s urgency around pandemic measurement, and the lack of effort around compensating for vaccine-injuries: *‘I understand the vaccine was introduced in unprecedented circumstances, but novel ways were found to roll out the vaccine. The novelties stopped there though, and the same effort or urgency has been disregarded when dealing with the people injured through this vaccine’*. (Survey, P77, male, 45–54).

In line with this, most participants, although acknowledging the Pandemic context as a crisis, felt that the Government should ‘make things right’:

Although vaccine-injured participants appreciated that the emergency situation of the Covid-19 Pandemic—and the consequent health crisis—required a crisis-related response from the Government, they felt that the Government’s narrative of crisis is still the leading interpretation, which is also prevalent in the wider society. A crisis can be understood as a disorderly environment—it is not about individuals, but systems, and their function and functioning.<sup>54</sup> In fact, one of the responses to the health crisis during the Covid-19 Pandemic was ensuring vaccine uptake. This means that the narrative of crisis and acknowledgement of individual tragedies are in conflict: The response to the tragedy is inadequate, which gives rise to a second-order scandal in the eyes of the vaccine-injured community who share the loss of value.

<sup>53</sup> Johnson et al., op. cit., n.7, pp. 619.

<sup>54</sup> Johnson et al., id., p.615.

## 5 | CONCLUSION

In this article, we explored how the intersection of people's perceptions of scandals and tragedies in the United Kingdom, and their personal experiences with the VDPS affect their trust in the government(s). We drew on Johnson et al.'s framework of 'modes of treatment' to connect how people collectively experience procedural injustice and develop distrust of the Governments' actions.<sup>55</sup> This framework, together with addressing the components of perceived procedural justice (in financial redress schemes)—voice, due consideration and neutrality—helped us to explain the underlying tension between the Government's policies and what a just Governmental response would be for the vaccine-injured community. We found that people's perceptions of the procedural justice of the VDPS were not restricted to the scheme, but they were deeply intertwined with wider political and social context. This article also advanced the concept of 'modes of treatment', utilising it in the empirical context to examine how individuals' understandings of what is valued—and what response a loss and transgression of value requires—are constructed—even if these are in the backdrop of a crisis environment.

Our data revealed that similar procedural barriers were experienced by many VDPS claimants, which created a (developing) sense of collective procedural injustice amongst the vaccine-injured. We argued that the vaccine-injured community formulated this inadequate response to the tragedy as being an emerging second-order scandal. However, this perception is in a stark contrast with the Government's crisis narratives, and the lack of knowledge and acceptance of vaccine injuries by medical professionals and the wider public.

Many participants appreciated the need for measures during the pandemic—acknowledging the crisis situation. However, they perceived that now with the pandemic over, the Government has the responsibility to establish a compensation scheme allowing both financial compensation and acknowledgement. Participants' perceptions of a lack of appropriate Governmental actions aligned with a sense of distrust in government, a finding which is consistent with the literature examining UK citizens' trust in the Government at the start of the Pandemic, and again 20 months later.<sup>56</sup> We found that the perceived (and real) mis-functioning of a redress scheme can create a deeper sense of distrust in the government within an affected community, and potentially more widely if it enters the public consciousness. Our novel finding is that this could potentially run counter to the expectations in the literature of increased trust in vaccines and the healthcare system, which have been proposed as benefits of such redress schemes.<sup>57</sup>

The lack of acknowledgement of the personal tragedies as a loss of value for the wider community/society—which could lead to providing a response to the tragedy in the form of an adequate compensation scheme—was a key theme, and it manifested as a barrier at different levels. Many participants experienced a pushback from medical professionals, both hindering their chances of receiving a VDPS payment and of getting the right treatment, which shows that barriers to obtaining redress are not restricted to the scheme but span multiple systems.

In both the survey and the interviews, participants described the whole VDPS application process, and in particular the rejection, as belittling (e.g., bringing up pre-existing medical conditions and records perceived as irrelevant by the vaccine-injured), dehumanising (e.g., bracketed headings instead of the vaccine-injured claimant's name), and in general traumatising, and something

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<sup>55</sup> Johnson et al., id.

<sup>56</sup> J. Weinberg, 'Trust, Governance, and the Covid-19 Pandemic: An Explainer Using Longitudinal Data From the United Kingdom' (2002) 93(2) *Political Q* 316.

<sup>57</sup> Fairgrieve et al., op. cit., n. 18.

that hindered their recovery. Experiences related to the compensation scheme are consistent with the literature on injury recovery and the claim process.<sup>58</sup> This resulted in a layered traumatic experience which furthered the notion that the tragedy of damaged health is not acknowledged.

An especially striking finding was that having a free-text box in the VDPS application, which could serve as a platform for claimants to ‘have a voice’, was sometimes perceived as detrimental by claimants—as these personal accounts were incorporated into the rejection of their claim. This aligns with the literature<sup>59</sup> that distinguishes a ‘voice effect’ from the ‘fair process effect’ and recognises that having a voice is not, in itself, sufficient, and that the voice effect is context specific. Therefore, nuancing the literature,<sup>60</sup> we argue that, while the inclusion of space for personal narratives within the application form provides the possibility of having a ‘voice’ in the VDPS application process, this does not necessarily lead to perceptions of fairness. How this personal narrative is used by the assessor can have the opposite effect and therefore can contribute to people perceiving the process as unfair. On a broader level, participants also felt that they do not have a voice in the process, and due to the lack of media coverage of vaccine-related injuries, their struggles remain unheard and unknown to the wider public.

Vaccine-injured participants perceived that there was no official acknowledgement of what happened to them, reducing their trust in the Government. Participants made explicit references to other UK-wide scandals, both using them as an example of the Government providing acknowledgement and an apology, as well as motivating the argument that these scandals are the norm, and that the problems with inadequate redress schemes are becoming another of these scandals. Arguably, an open, effective compensation system, combined with explicit acknowledgement of adverse events, would provide vaccine-injured claimants with the acknowledgement they seek. Moreover, it would be an adequate response to the tragedy of people’s loss of health suffered in connection with a vaccination that was ‘recommended by a public authority, undertaken to protect the community’.<sup>61</sup>

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<sup>58</sup> D. Murgatroyd et al., ‘The Perceptions and Experiences of People Injured in Motor Vehicle Crashes in a Compensation Scheme Setting: A Qualitative Study’ (2015) 15(1) *BMC Public Health* 423.

<sup>59</sup> K. van den Bos, ‘What Is Responsible for the Fair Process Effect?’ in J. Greenberg and J. A. Colquitt (ed), *Handbook of Organizational Justice* (2005) 273.

<sup>60</sup> J. Meers et al., ‘Perceptions of Procedural Fairness and Space for Personal Narrative: An Experimental Study of Form Design’ (2025) 52(1) *J Law Soc* 81.

<sup>61</sup> Royal Commission, op. cit., n.6.