



This doctor's alarming observations are sufficient to halt the COVID vaccines in the US

A post by "A Midwestern Doc" isn't getting the attention it deserves. Based on just this one doctor's observations, the vaccines should be immediately halted worldwide. Here's why.



Steve Kirsch

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Overview

On March 5, "[A Midwestern Doctor](#)" (who I will abbreviate as "AMD") published a [long Substack article that meticulously chronicled his/her observations of adverse events \(AEs\) associated with the COVID vaccine](#). This is very rare as most doctors are too busy to do such an analysis. Based on the observation of this one doctor alone, the critical event rates are high enough to justify that the vaccines should be immediately halted based on safety concerns.



Background

AMD has to hide his/her identity or he/she will be fired. That's how the medical system is designed: if you speak against the system, you lose your job. Period.

So to make things easier, I'll assume AMD is a man.

The AEs documented by AMD were partly from his own patients, but mostly related by people who AMD directly knows. So no more than one step removed: a direct friend of a direct friend.

The results of his analysis (from the Conclusion section of the article):

1. Critical Injuries: 41
2. Severe Injuries: 39
3. Significant Reactions: 32

In AMD's history, there were no critical injuries for all other vaccines combined. Zero.

But the the important part was this statement:

Typically when a drug has between 10-100 critical injuries reported to the FDA, they strongly look at pulling it from the market or giving it a blackbox warning. I thus feel these vaccines are not being held to the adverse reporting standard we expect.

In other words, based on just the data AMD directly collected, the vaccine exceeds the stopping condition.

The numerator and denominator

AMD used more than his own patients: he also used friends of his friends.

AMD's cases were split: 60% reached out to him with stories and 40% was due to his outreach.

How confident is he that every single case was vaccine related? For half of these cases, there was an extremely strong time correlation or other factors, so he's extremely confident of a causality link. For the other half of the cases, the causality is extremely likely.

Because his sample includes only the direct friends of his friends, he estimates that the "denominator" in his case is less than 100,000 to be conservative (the average person has around 150 to 250 friends so this is quite conservative). There will be fewer than this due to

overlap, but again, we aren't trying to get to an exact number, just a rough engineering estimate.

AMD's extended friend pool consists of a mix of vaxxed and unvaxxed people in our calculation. Since he's a doctor, his mix of vaxxed patients will be higher than others so this may skew our extrapolation to be on the high side, but we are just trying to do a *ballpark estimate* of what the national rates might look like.

Let's extrapolate that out to a population of 200M people who are over 18 years old and vax eligible. We'd have to multiply his numbers by 2,000 to get a lower bound on the number of events expected. This isn't strictly accurate since AMD's friend base is older and the AEs in the older group would not occur at the same rate as the younger group. So again, not trying to get a super precise estimate since it isn't needed as we'll soon see.

So we have $41 * 2000 =$ a minimum of 82,000 estimated critical events caused by the vaccine in our crude estimate.

This is within a factor of 2 of the minimum of 150,000 deaths I've previously estimated for the vaccine (using over a dozen different methods). So it appears we were right in that our estimate was conservative. And our crude extrapolation also is well within numbers previously determined so it serves as a crude sanity check that the numbers reported by AMD were "reasonable."

Comparing with our 10 to 100 critical event stopping condition, we find:

82,000 >> 10 to 100

The stopping condition for the vaccine is met not only from AMD's direct observations alone (even adjusting a factor of 2 for causality doubts), but also for our conservative (and very crude) estimate of the total number of critical events in the US. QED.

Finally, let's be clear: I am not claiming that we can extrapolate a single anecdote to an entire population to get an accurate rate estimate. I am only claiming that AMD's observations alone justify halting the vaccines and that any extrapolation of that number to the entire population based on any reasonable assumptions shows that the stopping condition is exceeded by a large margin.

What other doctors are seeing

AMD polled his colleagues to see if they were seeing the same thing.

1. 30% confirmed they were
2. 70% said they either saw nothing at all and/or didn't want to talk about it

He attributes the 70% seeing nothing as them not being aware of the possibility that the vaccines could be unsafe so any adverse reactions are immediately discounted and discarded; they don't register.

Therefore, even if we further discount our calculation of 82,000 by 70% in the belief that these rates seen by AMD are inflated, the number critically harmed (24,600) is still way over our stopping threshold and that's really the only thing I wanted to show.

The Pfizer Phase 3 clinical trial

AMD noted that when the shots were administered, people quickly discovered a high rate of anaphylaxis.

He asked, "How could the clinical trial not have found that?"

Indeed. Anaphylaxis wasn't mentioned at all in the Phase 3 trial report despite the fact that it is life threatening.

It wasn't mentioned in the 6 month follow up study either. That study would have included reactions of the placebo cohort who got the vaccine.

Anaphylaxis occurs at 2.47 events per 10,000 doses so there should have been around 10 events observed for the full-vaccinated treatment group (44,000 doses) and a similar number of events when the placebo group was vaccinated.

So we should have seen 21 anaphylaxis events on average yet there were none reported. This is extremely unlikely to happen by chance.

How does Pfizer explain that? This is, of course, a rhetorical question as nobody is going to ask them that question and they don't have to answer it. That's just the way it works in medicine. You are not allowed to ask questions like this. It's "science." We are teaching our kids to believe whatever the drug companies tell them and not ask questions.

One other "highlight"

This comment at the very end of AMD's article deserves special mention:

Or as another commenter here wrote: *I was a Midwestern nurse last year after the gene therapy roll out. Was a case mgr did discharge planning. Saw 10-12 side effects Daily. Everything you shared and more. 2 cases of amnesia (one was a healthy anesthesiologist). 1 girl in her twenties with blood in her tears. Had to leave that job.*

A girl with blood in her tears?!?! When was the last time you saw that?

Notes

In his writeup, AMD made the case write ups deliberately vague in order to protect patient confidentiality.

Reader feedback

Check out [this comment](#) on what is happening in Melbourne, Australia mirrors what was described in this article. She explains “doctors are very worried about what they're seeing from the jabs but keeping quiet to save their jobs.” Makes perfect sense. A doctor's first duty is to his/her family. I see this all the time. This is why the doctors I talk to stay quiet. I don't blame them.

Another reader wrote this:

Steve,

I love your work. The physician in the Midwest is right. I am a practicing ophthalmologist in the southeast and have come across multiple catastrophic side effects from the shots. I have been sounding the alarm to my friends and colleagues for over a year. Most of these think I am crazy.

It started last year in roughly March when I walked into a patient's preposition room to have a mom sign a consent. She apologies to me that she had trouble writing for she had just recently had a stroke. I told her I was glad she was here then asked if she knew what the cause was. “It was that shot” she said. She was in the hospital that night. I then went to the or and told my crna the story. She proceeded to tell me her friends daughter died (39) died with a pulmonary embolus 1 month after getting one. I told this to one of my partners who said his friend was in the hospital with myocarditis after having a shot.

I also know of a physician in a nearby practice dropping dead at 52 with a heart attack. He had recently been vaccinated according to his front desk.

I also know of 3 breast cancer diagnosis after vaccinations as well as a transverse myelitis and a brain stem glioma. All of these had been vaccinated but I cannot say that these were caused by the shots.

One of my parent's good friend's son in law died suddenly from a heart attack at 39. He was also recently vaccinated.

In my own practice, I have 3 patients with side effects. 1 with increased intracranial pressure . Almost immediately after the second Pfizer dose the patient started experiencing headaches. I saw the child about a week after and she had swollen optic nerves.

A second had uveitis roughly 2 weeks after the first dose.

A third patient had a "spontaneous " vitreous hemorrhage within 2 weeks of a dose.

There are some others I know of too...

If I mention these to most doctors, they just look at me with blank stares. I have been ridiculed, reprimanded and threatened for just telling physicians my observations.

These need to be stopped yesterday.

Summary

Based on the number of just this one physician's observations, the vaccines should be immediately halted.

AMD is not an isolated data point. He discovered that 30% of his colleagues are seeing similar things.

I can also personally confirm that speaking confidentially with other physicians (who fear retribution such as loss of medical licenses if they speak out), that AMD is hardly alone. The doctors I know have never before needed to report an event to VAERS in the past and this year have had 20 and 1,000 case reports to make. They won't talk to the FDA about what they see because they don't want to have their licenses revoked.

As AMD's case shows, the medical community makes it impossible for these doctors to speak freely and tell what they know. Doctors are forced to hide in the shadows to tell their story or simply remain silent.

The days of colleagues having open friendly discussions to resolve conflicts are gone. The medical community now uses fear and intimidation techniques to silence any scientific dissent. For example, in Canada, an entire university ganged up on Dr. Byram Bridle to discredit him for speaking out. Would any of the University of Guelph faculty debate him? Of course not! No chance. Some faculty members even signed the joint faculty letter denigrating him without even reading the document he wrote. In their mind, Professor Bridle was wrong and they didn't even have to bother to take the time to understand his position.

In California today, the legislature is seeking to further empower the medical boards to remove the license of any physician who speaks out against the vaccines. It is a top down dictatorship with the Medical Boards holding all the cards. They are not accountable to anyone. They will not be questioned. In many cases, the doctors who are having their license revoked don't even know who is examining them and are not allowed to question the authorities on the record. So the boards cannot be held accountable for their actions.

Even though the evidence is clear that these vaccines are harmful and should be stopped, we, as a society, are doing the opposite today with vaccine mandates requiring people to be boosted or be fired. We are requiring doctors like AMD to keep their mouths shut.

There is even a US government form now so you can turn in any doctor who challenges the official narrative. Basically, the government is asking us to be spies to help them eliminate people who disagree with the narrative.

Someone isn't telling you the truth here, and it isn't A Midwestern Doctor.

You should be upset. Very upset. This is unconscionable.

Unfortunately, no public health official in America wants to talk about it, and the mainstream press isn't going to cover it either.

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Christophe Douté Mar 11

I beg to disagree respectfully on this: "A doctor's first duty is to his/her family". While valid in general, this statement is not valid for a doctor. His/Her family may be 3-4 persons, but his/her patients will be in the hundreds. If he/she does the right thing and says or does something, he/she may also, directly or indirectly, contribute to saving lives well beyond that of his/her patients. Contrary to what Lady Thatcher used to say, there IS such a thing as society - and you, respected Steve Kirsch, demonstrate it every day by your readiness to sacrifice for the general welfare (to the point of recently losing a position as a CEO).

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1 reply



nickij Mar 11 · *edited Mar 11*

Regarding Vaccine-Associated Enhanced Diseases (VAED -- although I wish this GMO drug for covid was not mislabeled a 'vaccine!'): Is it possible that part of the huge numbers of covid cases in stats are vaccine-caused? How about adverse covid vaccine reactions too?

[Quote]

"VAED may present as severe or unusual clinical manifestations of COVID-19," Pfizer concluded, adding that, "based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine" and that they will continue to monitor the syndrome. [Unquote]

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I would think VAED would be the main suspect, since even Pfizer acknowledged that aspect. What am I not understanding?

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