



Steve Kirsch's newsletter

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Why aren't healthcare workers speaking out about the catastrophe caused by the vaccines?

Everyone thinks that if the jabs were really dangerous, doctors and other healthcare workers would be speaking out about it. They are wrong. Here are the four main reasons they do not speak out.



Steve Kirsch

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It's too hard to ignore all the vaccine injured kids showing up in the ER nowadays.

I just heard a story from a friend who went to the lab for a stress echocardiogram.

In the waiting room with her are 4 kids aged 7 to 10 years old with their moms. She talked to the moms. The kids were all suffering from tachycardia (heart rate that beats way too fast) and waiting to be tested.

Two important things you need to know:

1. All the kids were recently vaccinated.
2. Kids that age NEVER get tachycardia (i.e., the medical experts I've talked to have never seen it before in their careers).

There are close to 10,000 adverse event types elevated by the COVID vaccines. Here's a list of the adverse events most elevated compared to "normal." **In the #2 position: heart rate, elevated by nearly 8,000 times normal.**

1	Symptoms	C19 Count	Baselin e count	X factor
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570

So why aren't we hearing about these stories from mainstream doctors?

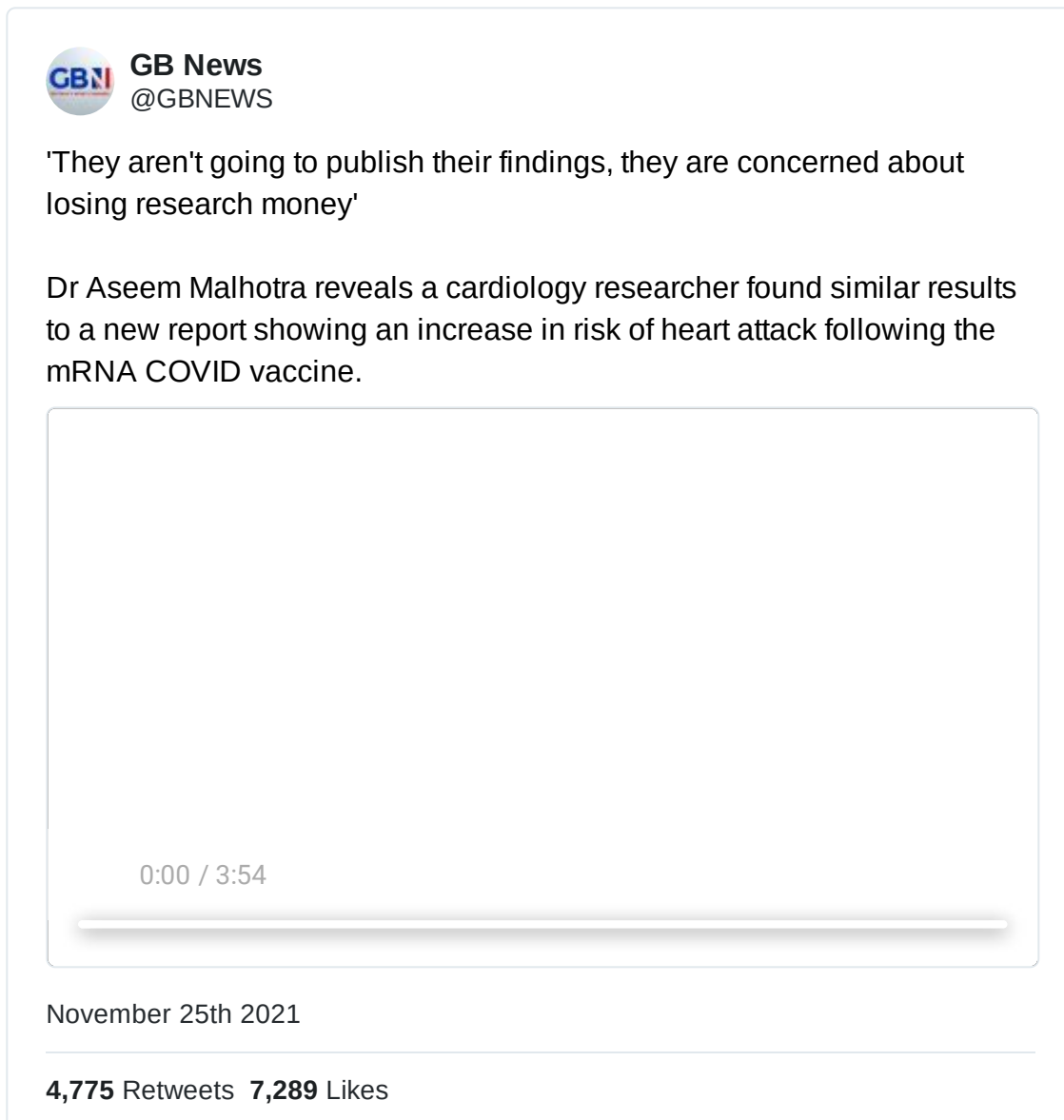
Here are some reasons very few people are speaking out:

- 1. Delegated blind trust.** People trust their doctors, the doctors trust other doctors and ultimately the CDC. Nobody is independently verifying the CDC is telling the truth. It is trust without verify. Doctors are really really bad in critically reading scientific studies. Mostly they trust others; only occasionally will they read the paper abstract (which is often extremely misleading like the vaccine trials which never talk about all cause mortality in the abstract). Mask guidelines are the PERFECT example of this. There isn't any scientific proof (well-done randomized trial) that masks work. Zero. Yet very few question the narrative (and those that do are ostracized). So everyone basically goes with the flow and the whole thing is a positive feedback loop despite zero scientific basis. See my article [Masks don't work](#) and read the accolades in the [Nature article](#). All these experts who hailed the study never read it with a critical eye and lack the skills to do so. This is how misinformation propagates.
- 2. Fear of job loss.** Nobody wants to lose their job. Look what happened to [Deborah Conrad](#) and others who speak out. Fired within hours after speaking out. So the lab technicians who are now seeing kids with tachycardia just keep their mouth shut. They know something is very wrong, but their job is more important. Besides, if they spoke out, it wouldn't make any difference since they are just a lab technician. Doctors have a similar problem. The medical system, despite claims of physician autonomy, actually offers very little, as it takes very little to be thrown out of the system. Medicare, the FDA, a state medical board, a malpractice insurer, the DEA, a hospital medical staff, an employer - you only have to cross one of these to have your career ruined. Combine that with the idea that most physicians wouldn't be willing to stand against a medical establishment agency such as the CDC (the ones who will have long since been ostracized) and that to do so would require a huge amount of energy and time spent on medical paper research to make a case (and most docs don't have time for that) and that most of medicine is necessarily a form of group think anyway. Then add on to it that the policy makers in large medical corporations roles are more immediately to protect the interests of the corporation than to "save the world," and you arrive at our current situation.
- 3. Lack critical thinking skills and time to be able to properly evaluate scientific data.** The Bangladesh mask study is a perfect example. If you looked at it with a critical eye, it basically confirmed that masks have no benefit whatsoever. But what did the medical community do? A few "experts" called it definitive and everyone followed their lead.
- 4. Belief that COVID is even worse than the vaccine injuries.** Many people are deceived by erroneous reports that the number of vaccine cases (e.g., of myocarditis) are

occurring far less often now that the vaccines have been rolled out. Dr. John Su is the big culprit here because he's never told the world that VAERS is under-reported. The pediatric cardiologists either: 1) know what is going on, but they aren't going to say anything due to #1 or 2) **because they are simply too busy to track their own stats** (this is a huge reason... hard to believe but true). I even see doctors tweeting the myth that "sure, there is myo after the vaccine, but the rates due to COVID are worse so the vaccine is the better of the two options."

5. **Belief that the injuries are really rare.** I know a doctor who treats vaccine injured patients. He has no clue whether these are every single vaccine injured patient in the US or he's only seeing a tiny fraction of the injuries. He believes he's seeing them all so writes it off as just "coincidence" and "bad luck" since if it was the vaccine, the CDC would have spotted it.
6. **Cognitive dissonance/trust in authority figures.** They are so convinced the vaccines are safe (since nobody else is speaking out), that any adverse events that happen must be due to something else. Positive feedback loop.
7. **Belief that they can treat you for your vaccine side effects, but that they can't treat you if you have COVID.** So lesser of two evils. And of course, they think no early treatments work, so they think they are doing you a favor by telling you to get the vaccine.
8. **Belief that there is no viable alternative for treating COVID and that the vaccines work.** So even 100,000 dead or injured people is better than 750,000 dead people from COVID.
9. **Trust in the NIH and CDC.** If it was a problem, the CDC would tell people. Telling people isn't their job. Their job is to follow the direction set by the experts.
10. **Fear of being ostracized.** People who do research fear if they speak out they would be labelled as anti-vaxers and their research would thus be discredited.
11. **Critical thinkers have been fired.** Hospitals and medical facilities have already fired vaccine hesitant employees per vaccine mandates thereby self selecting for vax believers.
12. **They think that the side-effects show that the vaccine is "working."** This is more of a patient thing. It's how the patients look at their adverse events... as a positive thing. (You really can't make this stuff up.)

13. **They are being paid to look the other way.** The federal government gave “grants” (aka BRIBES) to hospitals and physicians to promote the vaccines. If they speak out against them now, the government will demand the grants are repaid. [A physician reported this to me on Telegram. You really can't make this stuff up.]
14. **Echo chamber effects create cognitive dissonance.** Doctors cannot talk badly about any vaccine or mask wearing. They can't say ivermectin works. To do so will get their license revoked. So doctors look around and everyone is aligned with the narrative which enforces their belief that the narrative must be correct. Even doctors who get severely disabled by the vaccines don't think the vaccines had any role in their disability. The cognitive dissonance is really mind-blowing.
15. **They will lose their research funding if they publish their results.** See this tweet.



Some of the best comments from my followers

Texan First wrote:

Easy to explain, from one point of view. They made it impossible for independent Drs to practice medicine. They have had to join large group practices or work for an organization like Kaiser, etc. or hospital systems. They quickly lose their autonomy to practice medicine, as they now have a "boss". So if they speak out about the vaccines, fired, can't prescribe certain meds(ivermectin)fired. Hubby is an MD and one of 3 independent internists in town. They all prescribe ivermectin. Only one pharmacy (local independent) will fill them. The rest of the town is owned by the regional medical center and 3 big pharmacies, which won't prescribe as a policy. They encourage/demand the vaccine as a policy. Just my small take on a really large problem.

Ashly Palmer wrote:

They are trying to lay low hoping they can retain their jobs... then they get sacked. If you live in a blue state know that the healthcare workers are either so brainwashed and ignorant they believe the vax rhetoric unquestioned or, they know the truth but are willing to sacrifice their own health for a paycheck. They would think nothing of sacrificing yours also.

CoCo wrote:

As a nurse, I feel it's on them now. I was taught in school I'm responsible for anything I inject in a patient. I need to know the indications and contraindications and administer medications with that in mind. How any medical staff can continue to inject is beyond me. They remind me of nurses during Nazi war crimes against Jewish folks. They just go along with it.

The courageous people who dare to speak out

Some are speaking out. Here are some links of people who are speaking out:

[Deborah Conrad interview](#)

[Registered nurse Melissa McKinney, who shared her concerns with her legislator, State Representative Mike Echols](#)

[There was a startling admission during the House Health and Welfare meeting yesterday that caught all of our attention.](#)

Solicitor General Liz Murrill provided testimony at Monday's House Health and Welfare VAERS hearing, but she did not speak on behalf of her office

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By Steve Kirsch · Thousands of subscribers

I write about COVID vaccine safety and efficacy, corruption, censorship, mandates, masking, and early treatments. America is being misled by formerly trusted authorities.

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Rick Jefferson Nov 26

I appreciate your work to inform the public about adverse reactions but your chart makes no sense because the numbers are not explained.

♡ Reply



Barbara Nov 26

The retired medical professionals need to collect the data. Then evaluate their findings. They would be free of any heavy handed threats.

♡ Reply

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