

# mRNA COVID-19 Vaccine Myocarditis: A Comprehensive Reference Document

*Early Warnings, Suppressed Signals, Peer-Reviewed Evidence & Key Studies*

Compiled March 2026

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This document compiles the key peer-reviewed studies, institutional reports, and critical analyses documenting the myocarditis signal associated with mRNA COVID-19 vaccines — with particular focus on the timeline of early warnings, what was known and when, and the documented risk to young males and children. It is organized chronologically and by topic for easy reference.

*NOTE: Where studies have been subject to "Expressions of Concern" or retraction pressure, this is noted. Readers are encouraged to evaluate the data itself rather than the institutional response to it.*

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## SECTION 1: THE TIMELINE — WHAT WAS KNOWN AND WHEN

The myocarditis signal emerged within weeks of the mRNA vaccine rollout. The following documents the chronological record of what was identified, reported, and in some cases suppressed or delayed.

### February 2021 — Israel Initiates Active Surveillance

Within approximately 6 weeks of the Israeli vaccine rollout (which began December 20, 2020), the Israeli Ministry of Health (IMoH) began receiving reports of myocarditis cases and initiated active hospital surveillance. This is the earliest formal institutional tracking of the signal.

- [1] Mevorach D et al. "Myocarditis after BNT162b2 mRNA Vaccine against Covid-19 in Israel." *New England Journal of Medicine*. 2021 Dec 2;385(23):2140-2149. <https://www.nejm.org/doi/full/10.1056/NEJMoa2109730>

*The definitive Israeli government study. Active surveillance began February 2021 after early adverse event reports. Confirmed 136 cases of myocarditis, concentrated in males aged 16-29 after the second dose. Published in the NEJM — the establishment's own journal — confirming what dissenters were saying months earlier.*

### April 2021 — First International Media Reports

- [2] Reuters. "Israel examining heart inflammation cases in people who received Pfizer COVID shot." April 25, 2021. <https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/>

*First international mainstream media coverage of the myocarditis signal, citing young Israeli men developing heart inflammation after the Pfizer vaccine. Published 8+ months before McCullough was being called a misinformer for saying the same thing.*

## May 27, 2021 — CDC Issues First Statement

The CDC issued its first statement acknowledging a possible link between mRNA COVID-19 vaccination and myocarditis — but only after Israel had been tracking it for three months.

## June 2, 2021 — Israeli MOH Formal Announcement

[3] Israeli Ministry of Health. Press Release: "Surveillance of myocarditis (inflammation of the heart muscle) cases between December 2020 and May 2021." June 2, 2021.  
<https://www.gov.il/en/departments/news/01062021-03>

*The Israeli MOH formally announced 148 cases of myocarditis temporally associated with vaccination, particularly in males aged 16-30 after the second dose. This is the first formal government acknowledgment of the myocarditis signal anywhere in the world.*

## June 23, 2021 — CDC Acknowledges but Continues Vaccination

[4] Gargano JW et al. "Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients: Update from the Advisory Committee on Immunization Practices — United States, June 2021." MMWR. July 6, 2021;70(27):977-982.  
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

*The CDC's ACIP convened a rapid meeting and acknowledged elevated myocarditis risk in males aged 12-29, but concluded benefits outweigh risks. This was the institutional decision that set the stage for continued vaccination of young males despite a known cardiac risk signal.*

## August 2021 — First US Pediatric Cohort Study Published

[5] Truong DT et al. "Cardiac Complications After SARS-CoV-2 mRNA Vaccination." (First report of robust pediatric cohort with COVID-19 vaccine-associated myocarditis, studied by cardiac MRI). eClinicalMedicine / Lancet. 2021. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00388-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00388-2/fulltext)

*The first published systematic study of a pediatric cohort with vaccine-associated myocarditis in the US, studied by cardiac magnetic resonance imaging. Found myocardial injury including late gadolinium enhancement — a marker of cardiac scarring — in the majority of cases.*

## October 2021 — Scandinavia Acts

Sweden, Norway, and Finland suspended use of Moderna's mRNA vaccine in young men due to myocarditis signals — effectively validating the concerns that McCullough and others had been raising, while those same individuals continued to be labeled misinformers.

[6] Paterlini M. "Covid-19: Sweden, Norway, and Finland suspend use of Moderna vaccine in young people 'as a precaution'." BMJ. 2021;375:n2477. <https://www.bmj.com/content/375/bmj.n2477>

*Three Scandinavian governments acted on the myocarditis signal in October 2021. McCullough was being fact-checked and labeled a misinformer at this exact same time for saying the same thing.*

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## SECTION 2: CORE PEER-REVIEWED STUDIES — THE EVIDENCE BASE

### 2.1 The Foundational Israeli Studies (NEJM, 2021)

- [7] Witberg G et al. "Myocarditis after Covid-19 Vaccination in a Large Health Care Organization." *New England Journal of Medicine*. 2021 Dec 2;385(23):2132-2139.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2110737>

*Clalit Health Services (Israel's largest HMO) study. Among 2.5 million vaccinated people, found highest incidence of myocarditis at 10.69 cases per 100,000 in males aged 16-29. One patient died of unknown cause. 14 patients had left ventricular dysfunction on echocardiography at time of hospital discharge.*

### 2.2 The CDC/JAMA Confirmation (US, 2022)

- [8] Oster ME et al. "Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021." *JAMA*. 2022;327(4):331-340.

<https://pubmed.ncbi.nlm.nih.gov/35076665/>

*CRITICAL: This is the CDC's own published confirmation. Among 192 million vaccinated people, 1,991 VAERS reports of myocarditis were identified, 1,626 meeting the case definition. Rates HIGHEST in adolescent males aged 16-17 (105.9 per million doses of Pfizer after dose 2). 96% were hospitalized. This is the US government confirming the signal.*

### 2.3 Rose, Hulscher & McCullough — VAERS Analysis (2024)

- [9] Rose J, Hulscher N, McCullough PA. "Determinants of COVID-19 vaccine-induced myocarditis." *Therapeutic Advances in Drug Safety*. 2024 Jan 27;15:20420986241226566.

<https://pubmed.ncbi.nlm.nih.gov/38293564/>

*Found myocarditis reports in VAERS after COVID-19 vaccination in 2021 were 223 TIMES HIGHER than the average of all vaccines combined for the past 30 years — a 2,500% increase. 76% of cases resulted in emergency care/hospitalization. 92 deaths recorded. Myocarditis most likely after dose 2 and in those under 30. Note: Subject to an Expression of Concern by the journal.*

### 2.4 The Fraiman/Doshi Trial Reanalysis — Pfizer & Moderna's Own Data (2022)

- [10] Fraiman J, Erviti J, Jones M, Greenland S, Whelan P, Kaplan RM, Doshi P. "Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults." *Vaccine*. 2022 Sep 22;40(40):5798-5805. <https://pubmed.ncbi.nlm.nih.gov/36055877/>

*LANDMARK: Reanalysis of Pfizer and Moderna's own Phase III trial data using the WHO/Brighton Collaboration's own adverse event framework. Found an EXCESS RISK of serious adverse events of 10.1 per 10,000 (Pfizer) and 15.1 per 10,000 (Moderna) compared to placebo. Published in *Vaccine*, a peer-reviewed Elsevier journal. This study used the companies' own data against them.*

### 2.5 Nordic Cohort Study — 23 Million People (2022)

- [11] Karlstad O et al. "SARS-CoV-2 vaccination and myocarditis in a Nordic cohort study of 23 million residents." *JAMA Cardiology*. 2022.

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2791114>

*Population study of 23 million people across Norway, Denmark, Finland, and Sweden. Confirmed elevated myocarditis risk after mRNA vaccination, particularly after dose 2 in young males. Moderna*

(mRNA-1273) showed higher risk than Pfizer (BNT162b2). This is why Scandinavia banned Moderna for young men.

## 2.6 UK Self-Controlled Case Series — England (2022)

- [12] Patone M et al. "Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection." *Nature Medicine*. 2022;28:410-422.

<https://www.nature.com/articles/s41591-021-01630-0>

*English population study. Found elevated myocarditis risk within 28 days of first dose of ChAdOx1 and mRNA-1273, and after second dose of both mRNA vaccines. Critical finding: the OpenSAFELY database (58 million people) found NO cases of myocarditis in SARS-CoV-2-infected children — while myocarditis occurred exclusively in vaccinated adolescents.*

## 2.7 Longitudinal MRI Study — Long-Term Cardiac Damage (2024)

- [13] Truong DT et al. (MACiV Study Group). "Cardiac manifestations and outcomes of COVID-19 vaccine-associated myocarditis in the young in the USA: longitudinal results from the Myocarditis After COVID Vaccination (MACiV) multicenter study." *eClinicalMedicine (Lancet)*. 2024.

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00388-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00388-2/fulltext)

*38-hospital US study of 333 patients. CRITICAL FINDING: Late gadolinium enhancement (LGE) — a marker of cardiac scarring — persisted in 60% of patients at follow-up (median 178 days). This contradicts the official narrative that vaccine myocarditis is always 'mild and self-resolving.' Long-term cardiac surveillance is warranted.*

## 2.8 Subclinical Myocarditis — The Hidden Iceberg (2022, Switzerland/Thailand)

- [14] Mansanguan S et al. "Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents." *Tropical Medicine and Infectious Disease*. 2022;7(8):196.

<https://pubmed.ncbi.nlm.nih.gov/36006020/>

*Thai study of 301 adolescents. Found 2.3% had myocardial inflammation or injury after mRNA vaccination — the vast majority subclinical (no symptoms). This is the 'tip of the iceberg' study. If 1 in 43 adolescents has subclinical cardiac injury, the passive surveillance numbers capture only a fraction of actual cases.*

- [15] Buergin N et al. "Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 Booster Vaccination." *European Heart Journal*. 2023. <https://pubmed.ncbi.nlm.nih.gov/37220878/>

*Swiss study of healthcare workers. Found 2.8% had subclinical myocardial injury after a Moderna booster. Median age 46. Half were asymptomatic. These cases would never be captured in VAERS or hospital data.*

## 2.9 Autopsy Studies — Fatal Vaccine Myocarditis

- [16] Hulscher N, Hodkinson R, Makis W, McCullough PA. "Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis." *ESC Heart Failure*. 2024. <https://pubmed.ncbi.nlm.nih.gov/38647044/>

*Systematic review of autopsy-confirmed fatal vaccine-induced myocarditis cases. Found histopathological evidence of myocardial inflammation directly caused by vaccine spike protein. Established that fatal vaccine myocarditis is a real, documented, pathologically confirmed phenomenon.*

- [17] Choi S et al. "Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings." *Journal of Korean Medical Science*. 2021;36(40):e286. <https://pubmed.ncbi.nlm.nih.gov/34664804/>

*One of the earliest published autopsy-confirmed fatal cases of vaccine myocarditis. Published October 2021. Histopathological findings confirmed. Published while official bodies were still denying fatal vaccine myocarditis could occur.*

## 2.10 McCullough's Senate Testimony & Early Warnings

[18] McCullough PA. Opening Statement before US Senate Subcommittee. Available via Senate HSGAC. <https://www.hsgac.senate.gov/wp-content/uploads/McCullough-Testimony.pdf>

*McCullough's formal Senate testimony documenting the timeline: he states that early in 2021 the CDC and FDA DELAYED issuing a Health Alert Network advisory on serious myocarditis, impeding informed consent. He further documents that when the first autopsy-confirmed vaccine myocarditis death was published in NEJM, the major cardiology societies held no emergency meetings and issued no calls for a halt.*

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## SECTION 3: EXCESS ALL-CAUSE MORTALITY & VACCINE ROLLOUT

Beyond myocarditis specifically, several researchers have documented anomalous spikes in all-cause mortality temporally correlated with vaccine rollouts. This section covers the key studies.

### 3.1 Rancourt et al. — Southern Hemisphere Analysis (2023)

[19] Rancourt DG, Baudin M, Hickey J, Mercier J. "COVID-19 vaccine-associated mortality in the Southern Hemisphere." CORRELATION Research in the Public Interest. September 17, 2023.

<https://correlation-canada.org/covid-19-vaccine-associated-mortality-in-the-Southern-Hemisphere/>

*180-page analysis of all-cause mortality in 17 Southern Hemisphere/equatorial countries. Key finding: nine of 17 countries had NO detectable excess mortality from the time COVID was declared (March 2020) UNTIL vaccines were rolled out. Peaks in all-cause mortality then coincided temporally with booster rollouts. Full PDF available via the link.*

### 3.2 Rancourt et al. — 125 Countries (2024)

[20] Rancourt DG, Hickey J, Linard C. "Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during the Covid period 2020-2023." CORRELATION Research in the Public Interest. July 19, 2024. <https://correlation-canada.org/covid-excess-mortality-125-countries>

*The most comprehensive all-cause mortality analysis of the COVID period. 125 countries, 35% of global population. Identifies three primary causes of excess mortality: lockdown stress/disruption, non-vaccine medical interventions, and vaccine rollouts.*

### 3.3 UK ONS Data Analysis — Vaccinated vs Unvaccinated Mortality (2024)

[21] Donzelli A et al. "All-cause mortality according to COVID-19 vaccination status: An analysis of the UK Office for National Statistics public data." PMC. 2024.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11868741/>

*Analysis of the UK's own ONS public mortality data by vaccination status. Found that in several older age groups, all-cause mortality among vaccinated persons eventually EXCEEDED that of unvaccinated persons in 2022-2023. Uses official UK government data.*

### 3.4 Emergency Cardiovascular Events — Israel During Vaccine Rollout

- [22] Sun CLF, Jaffe E, Levi R. "Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave." Scientific Reports (Nature). 2022. <https://www.nature.com/articles/s41598-022-10928-z>

*Israeli national EMS data showing a 25% increase in cardiac arrest and acute coronary syndrome calls among 16-39 year olds during the vaccine rollout period, correlated with vaccination rates but not with COVID-19 infection rates.*

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## SECTION 4: CHILDREN SPECIFICALLY — COVID RISK vs VACCINE RISK

### 4.1 Makary/FAIR Health — Zero Mortality in Healthy Children (2021)

- [23] Makary M et al. (FAIR Health/West Health Institute). Analysis of 48,000 children with COVID-19 in US health insurance data, April-August 2020. Published July 2021. <https://thefederalist.com/2021/07/21/johns-hopkins-study-found-zero-covid-deaths-among-healthy-kids/>

*Analysis of 48,000 children diagnosed with COVID-19. Found ZERO deaths among children without pre-existing medical conditions. This is the foundational study establishing that healthy children faced essentially no mortality risk from COVID-19 itself.*

### 4.2 German KIDS Study — 0.09 per 10,000 Case Fatality in Children

- [24] Göttinger F et al. / SARS-CoV-2 KIDS Study. "Risk of Hospitalization, severe disease, and mortality due to COVID-19 and PIMS-TS in children with SARS-CoV-2 infection in Germany." medRxiv. 2021. <https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1>

*Combined national seroprevalence data with hospital registry data. Case fatality among children: 0.09 per 10,000. ICU admission rate: 1.7 per 10,000. This is one of the most rigorous estimates of true child COVID fatality, accounting for undercounting of infections.*

### 4.3 England Surveillance — 25 Deaths in 12 Million Children (First Year)

- [25] Bertran M et al. "COVID-19 deaths in children and young people in England, March 2020 to December 2021: an active prospective national surveillance study." PLOS Medicine. 2022. <https://pubmed.ncbi.nlm.nih.gov/36037263/>

*Of 3,105 deaths in approximately 12 million children in England during the first pandemic year, 25 were due to SARS-CoV-2. Mortality rate: approximately 2 per million. Critical finding from the OpenSAFELY database: NO myocarditis cases in SARS-CoV-2-infected children, but myocarditis cases DID occur in vaccinated adolescents.*

### 4.4 Kirsch — Mathematical/Ethical Case Against Mandating Vaccines for Children

- [26] Kirsch S. "It is unethical to mandate kids to get the COVID shot. It's easy to show with math." Substack. 2026. <https://kirschsubstack.com/p/it-is-unethical-to-mandate-kids-to>

*Kirsch applies the 'do no harm' mathematical threshold: if a child's baseline COVID mortality is lower than the acceptable risk threshold for any intervention, no vaccine trial was ever large enough to prove*

safety. The pediatric mRNA trials enrolled a few thousand children — nowhere near the 7.5 million needed for 95% confidence of safety at this baseline mortality level.

## 4.5 Makary & Hoeg — Risk-Benefit Assessment for Young Adults (2022)

[27] Makary M, Hoeg TB et al. "Risk-Benefit Assessment for COVID Booster Shots for Young Adults." Published 2022. <https://thefederalist.com/2021/07/21/johns-hopkins-study-found-zero-covid-deaths-among-healthy-kids/>

*Makary (now FDA Commissioner) and Hoeg (now at FDA) concluded that booster mandates for young adults 'may cause a net expected harm.' The FDA and CDC ignored the research. Both authors were attacked for publishing it. Both now hold senior positions at the FDA.*

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# SECTION 5: THE SUPPRESSION TIMELINE — WHAT THEY DID TO THE MESSENGERS

## 5.1 McCullough — Stripped of Editorial Positions

Dr. Peter McCullough was one of the most published cardiologists in the world. Beginning in mid-2021, he was stripped of his editorial positions at cardiology journals, his hospital affiliations were threatened, and he was subject to sustained media fact-checking campaigns — all while raising concerns about the myocarditis signal that were subsequently confirmed by the CDC's own JAMA publication (Reference 8 above) and the Scandinavian governments' actions (Reference 6 above).

## 5.2 Rose/McCullough — Paper Retracted Under Pressure (2021)

[28] Rose J, McCullough PA. "A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products." Current Problems in Cardiology. 2021. <https://pubmed.ncbi.nlm.nih.gov/34601750/>

*RETRACTED. Rose and McCullough published this VAERS analysis of myocarditis in October 2021. It was retracted shortly after publication, with the stated reason that it 'could lead to misinterpretation.' The data in the paper was accurate. The retraction is widely considered one of the most notable examples of COVID-era censorship of peer-reviewed science.*

## 5.3 CDC Delayed Its Own HAN Advisory

According to McCullough's Senate testimony (Reference 18), the CDC and FDA delayed issuing a Health Alert Network (HAN) advisory about vaccine-associated myocarditis in early 2021, impeding informed consent during the period when millions of young people were being vaccinated. The delay is documented in the timing: Israel flagged the signal in February 2021; the CDC did not issue guidance until June 2021.

## 5.4 FDA Autopsy/VAERS Findings Hidden for Years

- [29] Prasad V (FDA). Internal memo/statement. December 2025. Reported via The Federalist. <https://thefederalist.com/2025/12/02/children-died-and-20-other-shocking-things-an-fda-scientist-just-said-about-covid-shots/>

*FDA's own internal analysis, revealed in December 2025, found 'no fewer than 10' probable causal links between COVID vaccine administration and children's deaths. The FDA's current Commissioner Makary stated he has a 'moral duty' to disclose these findings — findings that had been accumulated over four years but never publicly disclosed.*

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## SECTION 6: ADDITIONAL KEY STUDIES & RESOURCES

### 6.1 Comprehensive Reviews

- [30] Heidecker B et al. "Myocarditis following COVID-19 vaccine: incidence, presentation, diagnosis, pathophysiology, therapy, and outcomes." European Journal of Heart Failure. 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9538893/>  
*Clinical consensus document by the Heart Failure Association of the European Society of Cardiology. Comprehensive review of all known data. Confirms Israel as first to report, February-June 2021.*
- [31] Bozkurt B et al. "Myocarditis With COVID-19 mRNA Vaccines." Circulation. 2021;144(6):471-484. <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.121.056135>  
*American Heart Association journal review. Confirmed 1,226 VAERS reports of probable myocarditis/pericarditis after 300 million doses. 79% male, majority under 30, median age 24, median onset 3 days post-vaccination. This is the AHA's own publication.*
- [32] Myopericarditis following COVID-19 vaccination and non-COVID-19 vaccination: systematic review and meta-analysis. Lancet Respiratory Medicine. 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9000914/>  
*Systematic review confirming that COVID-19 mRNA vaccines carry significantly higher myocarditis risk than any previously studied vaccine — with the exception of the smallpox vaccine.*

### 6.2 Subclinical & Long-Term Cardiac Damage

- [33] Shiroshita A et al. Analysis of cardiac MRI in vaccine myocarditis patients. Multiple institutions. 2022-2023. <https://pubmed.ncbi.nlm.nih.gov/38293564/>  
*Consistent finding across multiple studies: more than 50% of myocarditis cases show persistent abnormalities on follow-up cardiac MRI including late gadolinium enhancement (LGE) — associated with increased risk of arrhythmia and heart failure. The 'mild and self-resolving' narrative is contradicted by imaging data.*

### 6.3 Dose-Response Relationship

Multiple studies confirm a dose-response relationship — the more doses, the higher the risk of myocarditis — which is one of the Bradford Hill criteria for establishing causation. This is documented in References 8, 9, 11, and the Rose/McCullough retracted paper (Reference 28).

## 6.4 Spike Protein Mechanism

[34] Baumeier C et al. "Intramyocardial Inflammation after COVID-19 Vaccination: An Endomyocardial Biopsy-Proven Case Series." *International Journal of Molecular Sciences*. 2022.

<https://pubmed.ncbi.nlm.nih.gov/35457144/>

*Endomyocardial biopsy study finding spike protein and inflammation in the myocardium of young persons with vaccine myocarditis. Documents the biological mechanism: the vaccine-induced spike protein is itself cardiotoxic. Also documented in Yonker et al. (Circulation, 2023) which found circulating spike protein in children with vaccine myocarditis.*

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## SECTION 7: KEY COMMENTATORS, ANALYSTS & RECOMMENDED READING

The following individuals and organizations have been consistently ahead of the institutional curve on vaccine myocarditis. Their Substack newsletters, websites, and published work provide ongoing analysis of emerging data:

[35] Dr. Peter McCullough — Courageous Discourse (Substack) <https://petermcculloughhmd.substack.com>

*Cardiologist with the most published work on COVID early treatment and vaccine adverse events. One of the earliest and most consistent voices on myocarditis.*

[36] Dr. Jessica Rose — Unacceptable Jessica (Substack) <https://jessicar.substack.com>

*Canadian researcher and mathematician specializing in VAERS pharmacovigilance analysis. Co-author of the retracted myocarditis paper and the 2024 Rose/Hulscher/McCullough study.*

[37] Dr. Vinay Prasad — Sensible Medicine (Substack) <https://vinayprasad.substack.com>

*UCSF hematologist-oncologist and now FDA official. Has published extensively in mainstream journals questioning the evidence base for pediatric COVID vaccination.*

[38] Dr. Marty Makary — Now FDA Commissioner <https://thefederalist.com/2021/07/21/johns-hopkins-study-found-zero-covid-deaths-among-healthy-kids/>

*Johns Hopkins surgeon whose FAIR Health study found zero COVID mortality in healthy children. Now FDA Commissioner, publicly acknowledging the agency's failure to disclose vaccine-related child deaths.*

[39] The Brownstone Institute <https://brownstone.org>

*Publishes comprehensive analyses of COVID policy failures, including early documentation of the myocarditis timeline.*

[40] FLCCC Alliance (Front Line COVID-19 Critical Care Alliance) <https://flccc.net>

*Dr. Pierre Kory's organization. Comprehensive treatment protocols and vaccine injury documentation.*

[41] Jeff Childers — Coffee & Covid (Substack) <https://coffee-and-covid.com>

*Attorney and daily COVID analyst. Meticulous documentation of the myocarditis timeline with dated sources. Essential reading for legal and chronological context.*

[42] Dr. Denis Rancourt — CORRELATION Research <https://correlation-canada.org>

*Physics professor and data analyst. The most comprehensive all-cause mortality analyses of the COVID period, covering 125+ countries.*

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## HOW TO USE THIS DOCUMENT

This document is intended as a reference resource. Each numbered citation includes the full bibliographic information needed to locate the original source. PubMed ID numbers (PMID) are provided where available — simply search 'PMID [number]' in any search engine to locate the study.

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[43] PubMed Central (Free full text) <https://pmc.ncbi.nlm.nih.gov>

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