

US Military Confirms Heart Inflammation After COVID Vaccine

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✓ Fact Checked

STORY AT-A-GLANCE

- › Reports of an increased risk of myocarditis (heart inflammation) after the COVID vaccine were recently confirmed by a study of U.S. military personnel, finding the rate of diagnosis was much higher than would be expected in the same population without a vaccine
- › The new reports also include stories of children dying after the vaccine, including a 13-year-old boy who died days after his second dose of the Pfizer vaccine and a 16-year-old boy who had a heart attack while exercising after his vaccination
- › Evidence demonstrates the spike protein used in the vaccine is dangerous and is responsible for many of the reported vaccine adverse events, including endothelial damage leading to blood clots, inflammation and heart attack
- › Reports to the Vaccine Adverse Event Reporting System (VAERS) have been growing each week, recently showing an increase of 849 deaths, 1,451 hospitalizations, 286 diagnosis of myocarditis and 55 miscarriages over seven days

A recent study¹ of U.S. military personnel who had accepted the COVID-19 jab show there was a higher-than-expected rate of myocarditis.² The data were published in the JAMA Cardiology by physicians from the Navy, Army and Air Force.³

The Myocarditis Foundation⁴ reports the condition is usually classified as a rare disease. Yet, 3.1 million cases were diagnosed in 2017, which offers enough data to

estimate the number of individuals who may develop myocarditis in a given population.

The condition causes an inflammatory response in the heart muscle, which may weaken the heart, create scar tissue and force the muscle to work harder. Although most heart disease is associated with the elderly population, myocarditis often affects young adults who are otherwise healthy. The highest risk populations are males from puberty to their early 30s.⁵

The condition is the third leading cause of sudden death in children and young adults. Mild cases are generally self-limited, but some can develop temporary or permanent cardiac dysfunction, including severe arrhythmias or acute cardiomyopathy.⁶ The natural history is varied, and the condition is sometimes misdiagnosed as a heart attack, aka myocardial infarction.⁷

The National Organization for Rare Disorders⁸ reports the symptoms are similar to those for other common heart conditions. These include a sensation of tightness or squeezing in the chest and chest pain that may improve when you lean forward and worsen when you lie down. The condition may also trigger a slower heart rate, fatigue, lightheadedness and even a loss of consciousness.

Although most improve with standard medical care, in a minority of cases the condition can become recurrent. The current data from the U.S. military confirms what others have reported recently – the rate of myocarditis reported after receiving a COVID-19 shot is much higher than is expected in the general population.⁹

Increased Risk of Myocarditis After COVID Shot

In June 2021, STAT News¹⁰ reported that U.S. health officials were seeing a higher number than expected cases of heart inflammation after people received the COVID-19 shot. Although the numbers were higher than would be found in the general population, experts were still trying to establish if there was an association with the shot.

Despite 366,316,945 million doses of the vaccine being distributed by June 1, 2021,¹¹ officials from the Centers for Disease Control and Prevention and the Food and Drug

Administration both said there was not enough data¹² to establish a rate at which experts could predict how frequently myocarditis would occur after the vaccine.

STAT News¹³ reported that an immunization safety expert from the CDC said there were 573 cases of **myocarditis** and pericarditis in individuals who received their second dose of mRNA, and 216 after their first dose. Pericarditis is an inflammation of the membrane that surrounds the heart.

However, STAT News¹⁴ also reported that based on the baseline frequency of these conditions, you would expect from two to 19 cases out of 2.3 million doses in a group of 16- to 17-year-olds. Instead, there were 79 cases of myocarditis or pericarditis reported to the Vaccine Adverse Event Reporting System (VAERS).

In the 18- to 24-year-old range, the expected rate would be eight to 83 cases and the actual number reported was 196 cases. The high rate of men diagnosed with myocarditis after the COVID-19 shot was confirmed in a study of 436,000 U.S. military personnel¹⁵ and published in the Journal of the American Medical Association.¹⁶

The data showed there were 23 healthy men whose average age was 25, who were diagnosed with myocarditis within four days of receiving the shot¹⁷ in the absence of other identifiable causes.¹⁸

The shots were made either by Pfizer, BioNTech or Moderna. The data has been significant, which triggered a health warning added to the literature that the **mRNA vaccine** may cause heart inflammation in young men.¹⁹ Experts estimated there should have been eight or less cases of myocarditis in the same number of people.

Of the 23 patients who had myocarditis in the military, symptoms resolved in 16, but seven men had continued to have symptoms of myocarditis when the paper was published.²⁰ The researchers concluded:²¹

“Potential for rare vaccine-related adverse events must be considered in the context of the well-established risk of morbidity, including cardiac injury, following COVID-19 infection.”

Children Dying After the COVID Vaccine

According to the VAERS through June 25, 2021, there were 6,985 deaths recorded after the COVID-19 shot.²² Newsweek reports the CDC is investigating the death of a 13-year-old who died just days after receiving the second dose of the Pfizer vaccine. The public affairs officer for the CDC COVID-19 vaccine task force communicated with Newsweek to say that "it is premature to assign a specific cause of death."²³

She continued with "While some reported adverse events may be caused by vaccination, others are not and may have occurred coincidentally." The implication from the statement is that the death of 13-year-old Jacob Clynick, who died in his sleep two days after receiving the second dose, was coincidental.

The Detroit Free Press²⁴ reports that the young man was healthy with no known underlying medical conditions. A family member told a journalist from the paper the parents had received preliminary autopsy findings that showed Jacob's heart was enlarged with fluid around the heart.

The Saginaw County medical examiner's office would not confirm the claim for the Detroit Free Press. Yahoo! News²⁵ also reports a 16-year-old boy from Singapore had a cardiac arrest while exercising after receiving his first dose of the Pfizer vaccine. The Ministry of Health reports they are investigating the incident.

The young man had been treated in the emergency department and then transferred to the National University Hospital where he was in critical condition as of July 5, 2021. Just before his collapse, he was weightlifting, which the Ministry of Health said it "understands that he trains with very heavy weights which were above his body weight,"²⁶ implying that heavy weightlifting may have been the source of the 16-year-old's heart attack.

A committee from the Ministry of Health in Singapore now recommends anyone who receives an mRNA vaccine avoid all exercise or any strenuous physical activity for at least one week after getting the shot.²⁷ While tragic, these are just two of the children and families who have been irreparably damaged by this [genetic therapy vaccine](#).

The VAERS published reports through June 25, 2021, have recorded deaths in children and teens younger than 18. However, as I have reported in the past, **only a small percentage** of vaccine adverse reactions or deaths have historically been reported to the system. Here are more examples of how the vaccine has devastated families.

- March 17, 2020, a mother received her second dose of the Pfizer vaccine. Within 24 hours, her 5-month-old breastfed infant was inconsolable. The baby was hospitalized and died with a diagnosis of elevated hepatic enzymes and thrombotic thrombocytopenic purpura.²⁸
- A 16-year-old girl presented at the hospital four weeks after her second dose of the Pfizer vaccine with chest pain. She had pericardial effusion, decompensated and died after a prolonged hospitalization.²⁹
- A 15-year-old young man received his Pfizer vaccine on April 18, 2021. Two days later he died from cardiac failure.³⁰
- A 17-year-old female received her first Pfizer vaccine. She had a headache that was severe and lasted a week, delaying the administration of the second vaccine. After the headache resolved, she got her second vaccine. She presented in the hospital with a massive acute intracranial hemorrhage. Her brain swelled and she experienced multiple infarctions. Doctors were unable to control the intracranial pressure and parents agreed to a do not resuscitate status.³¹

There are multiple reasons why children should not receive the COVID shot which I discussed in "**Why Children Should Not Receive the COVID Shot.**" The benefits of the vaccine in children are rare, the side effects are common and the long-term effects are completely unknown.

Despite the minimal incidence of infection in children, Dr. Paul Offit, director of the Vaccine Education Center at Children's Hospital of Philadelphia, insists that children are vaccinated "because of the known risks of COVID-19, including multisystem inflammatory syndrome."³²

Yet, a paper in JAMA calls the condition rare, happening in no more than 10 cases in 1-million-person months.³³ In response, Offit comments on myocarditis and the added

financial and emotional burden to families:³⁴

"This issue of a transient myocarditis associated with a vaccine is at the moment a theoretical and unproven risk. So I think that in the world of trying to weigh relative risks, the disease is a greater risk."

Pseudo Vaccine Demonstrates Dangers of Spike Protein

A team of researchers, including scientists from the University of California San Diego, created a pseudo virus, or a cell surrounded by spike proteins that did not contain a virus.³⁵ Using an animal model, they administered the pseudo virus into lung tissue and found the virus was not necessary to create damage.

The results of the animal model and lab studies demonstrated that the spike protein could induce endothelial cell inflammation and endotheliitis. The protein also reportedly decreased ACE2 levels and impaired nitric oxide availability.

The predominant pathophysiology of COVID-19 includes endothelial damage and microvascular injury, stimulation of hyperinflammation and hypercoagulability.³⁶ A recent review in *Physiological Reports*³⁷ examined how the capillary damage and inflammation from endotheliitis triggered by COVID-19 could contribute to the persistent symptoms by interfering with tissue oxygenation.

The combined effects of capillary damage in multiple key organs may accelerate hypoxia-related inflammation and lead to what are known as long-haul symptoms. The symptoms include brain fog, shortness of breath, difficulty breathing, chest pain, fatigue and joint and muscle pain.³⁸

Myocarditis is only one of the adverse events caused by the COVID-19 gene therapy jab, which the FDA had been warned could be dangerous by the inventor of the mRNA and DNA vaccine core platform technology, Dr. Robert Malone.

Malone was recently interviewed by podcast host Bret Weinstein, Ph.D., an evolutionary biologist. During the interview, which you can see in "[Inventor of mRNA Interviewed](#)

[About Injection Dangers](#),” Malone explains he warned the FDA the vaccine could be dangerous. He reports that they dismissed his concerns, saying that they did not believe the spike protein in the vaccine was biologically active.

But, as recent data have demonstrated, the spike proteins are what caused most of the damage to the body outside the lungs. The FDA also was assured that vaccine makers had designed the injections so the spike proteins would stick to the area where the injection was made and not float freely about the body.

The FDA has been proven wrong on both counts. For more in-depth information about how the spike protein causes these problems, please see my [interview with Stephanie Seneff Ph.D. and Judy Mikovits, Ph.D.](#)

Swine Flu Vaccine Pulled After Far Fewer Deaths

In 1976, then CDC director Dr. David Sencer wrote a memo to the administration saying, “The administration can tolerate unnecessary health expenditures better than unnecessary deaths and illness.”³⁹ Later, a presidential aide recalled that, “There was no way to go back on Sencer’s memo. If we tried to do that, it would leak. That memo’s a gun to our head.”⁴⁰

From there, the president announced support of a mass immunization program for a pandemic that never materialized. As the president assured the public they may experience “a few sore arms,” the press reported three senior citizens had died of a heart attack shortly after getting the swine flu vaccine.⁴¹

Interestingly, the vaccines were given at the same Pittsburgh clinic and all three died shortly after receiving their jab, and yet the investigation determined the heart attacks were coincidental and there was no connection between the deaths and the vaccine.

Later, Sencer pointed out in an interview with the World Health Organization that if the pandemic had happened, the rare cases of Guillain-Barre, serious adverse events and deaths would have been a “blip on the screen.”⁴²

The blip on the screen that Sencer referred to from the \$137 million program was the more than 500 people who developed Guillain-Barre after receiving the vaccine and 25 who died in the 10 weeks the swine flu vaccine was given before it was pulled for the mounting number of adverse events.⁴³ As you'll see below, these numbers are far less than are being reported from the COVID shot.

VAERS Poorly Prepared for Onslaught of Reports

During the interview, Malone pointed out that in the most current version of the Emergency Use Authorization (EUA) that governs the administration of COVID-19 shots, he discovered the FDA had opted not to require stringent post-vaccination data collection and evaluation.

Without data capture, there is no way to evaluate the safety of the products being released to the public. Additionally, the only current means of capturing data is the VAERS. Yet, as was discussed in the interview, there is evidence that data is being manipulated since reports that were filed are now missing.

As of the writing of this article, data on the VAERS is dated June 25, 2021, which is a far cry from current, especially considering the rate at which adverse events are being recorded and reported. As you see the jump in reported events below from June 18 to June 25, a mere seven days, consider the fact that these numbers are likely not an accurate representation of reality.

I recently [interviewed Dr. Vladimir Zelenko](#), who has treated COVID patients quite successfully, and we discussed the very distinct possibility that everyone who receives the COVID jab may die from complications in the next two to three years. He personally knows of 28 COVID jab deaths that were [not accepted by VAERS](#). Zelenko suspects the number of deaths may already exceed 100,000.

Yet, even if the numbers on the VAERS are somewhat close to accurate, they are frightening and overwhelming. The [jump in the number of reported deaths and injuries over seven days](#) makes you wonder how much death and destruction health authorities

are willing to endure to ensure an agenda is followed that vaccinates each and every person in the U.S.?

Reported Injury	June 18, 2021	June 25, 2021
Death	6,136	6,985
Hospitalized	21,806	23,257
Urgent Care Visit	51,575	54,606
Life threatening reactions	6,450	6,899
Heart attack	2,483	2,757
Myocarditis or pericarditis	1,644	1,930
Low platelet count	1,776	1,908
Miscarriage	720	775
Severe allergic reactions	17,408	18,270
Disabled	5,194	5,852
Tinnitus (ringing in the ear)	4,447	4,869

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