

Media Release

Kids heartbreak: continuous bad news on myocarditis.



Whilst the nation awaits the inevitable findings of the vaccine-induced death in the case of young Dunedin man Rory Nairn, New Zealand Doctors Speaking Out with Science (NZDSOS) is more than curious about what recommendations the coroner will make to the government.

This is especially so, in light of very narrow terms of reference set at the inquest, as the Coroner seemed only interested in what the Government may have known up to the time of Rory's death in November 2021.

Of course, it may be a significant amount of time before New Zealand receives the findings., in the meantime, more important and damning research has come to light and we can only hope the Coroner gets a move on to stop this from happening again.

A spokesperson for New Zealand Doctors Speaking Out with Science says, Myocarditis "has happened before and has kept happening since Rory died, it will keep happening until people start telling the truth and stop censoring the messengers.

"Already there has been very serious research linking the jabs to cardiac inflammation which emerged early in the worldwide campaign. We have written extensively on this to all concerned - but recent trials add to the weight of evidence," said the spokesperson.

Cardiologist, Dr Anish Koka has written on this [evidence](#) pointing to the trial in which of seven out of 301 boys from Thailand developed myocarditis or pericarditis following their second jab, with only **three being symptomatic.**

This equates to 23,100 cases per million of teen boys who had received the second Pfizer dose. This is more than the 78 per million (0.0078%) quoted by the Centre for Disease Control (CDC) and parroted by the Immunisation Advisory Committee (IMAC) and Medsafe.

What's worrying, but not mentioned, is this would imply a serious issue for girls too, who are known to have about 10% the risk of vaccine-related heart damage than boys and young men.

Dr Koka references other important studies from Hong Kong, France and Denmark, and bravely admits he vaccinated patients early on when the (drug companies) data appeared to support it. He has since changed his mind and suffered the usual 'red badge of courage' censorship from the likes of Twitter and mainstream media.

"Whether myocarditis is symptomatic or not, it is a serious insult to the developing heart muscle," said the NZDSOS spokesperson. "It is not a trivial matter, the death rate at five years after myocarditis is quoted from 20-to-50%, nor is it true that myocarditis/pericarditis after the actual covid infection is worse or more common than after vaccination, certainly not based on the figures above. Natural infection involves a much lower spike protein load."

Dr Koka does not discuss the high rate (8%) of cardiac symptoms experienced by the boys, including tachycardia (fast pulse), high blood pressure, breathlessness and chest pain.

This aspect of the Thai study, and others, is covered by children's cardiologist Dr Kirk Milhoan, in a recent [lecture](#). "It's not ethical to give a vaccine to a child and give them myocarditis if they may not have gotten myocarditis from a natural infection or if they have already been infected," Milhoan told the audience on August 26, referring to the Hippocratic Oath: 'First, do no harm'.

"The question is, why would we be putting children at risk if their risk from COVID is very low?"

Dr Byram Bridle, viral immunologist and vaccine developer, who gave expert evidence in the NZDSOS High Court challenge against mandates, recorded an [updated talk](#) on exactly this question.

"NZDSOS have been asking this over and over too. We hope the Coroners will join us, and the government will answer," said the spokesperson.

Given the increasing evidence of harm to children, NZDSOS calls on Medsafe to immediately halt all vaccines for those under the age of 18 as Denmark has done and as the UK for those under the age of 12.