Brown University's Silence on Post-Vaccine Myocarditis

BY ANDREW BOSTOM JULY 9, 2022 VACCINES 10 MINUTE READ

A well-designed observational study of the entire French population, just published on June 25 in *Nature*, has again definitively confirmed (here; here; here; here) observations first noted during February, 2021: covid-19 mRNA vaccination confers an excess risk for serious inflammation (here; here) of the heart—both its muscle ("myocarditis"), and suspending covering ("pericarditis")—particularly in men under 30 years of age.

Two weeks earlier, June 9, Rhode Island Hospital investigators published the (magnetic resonance) imaging findings from 14 cases of young Rhode Island men (median age 19; mean age 21 ± 6 years old), hospitalized for myopericarditis after covid-19 mRNA vaccination, between January and September, 2021, in the journal *Radiology: Cardiothoracic Imaging*.

I received an email from the report's first author confirming that typical of these presentations, all 14 of the young men were free of comorbidity. The anonymous individual whose plight is the focus of this Brown University exposé was almost certainly included amongst those cases.

The following information was volunteered to me, as an unsolicited confessional, during a recent tangential conversation with a Rhode Island caregiver:

(Informant): "It (coverage of the inpatient service) was very sporadic, at The um Miriam (Hospital), and even in that short exposure I saw three cases, or knew of at least three cases, of probable (covid-19) vaccine-related myocarditis"...

(Informant): "There was another kid, a Brown University student who was volunteering at the (Miriam) Hospital"...

(Dr. Bostom): "And he got vaccinated to do that, right?"

(Informant): "He got vaccinated, and shortly after had a very high troponin (blood test marker of heart muscle injury). It was an old scale troponin. It was like 45, and that would be 4,500..."

(Dr. Bostom): "4,500, exactly, yeah."

(Informant): "What's that?"

(Dr. Bostom): "Yeah 4.500. That's what they're reporting; that's what they're reporting ***now*** *(i.e., for post-covid-19 vaccine-induced myocarditis troponin elevations)."*

(Informant): "His was high."

(Dr. Bostom): "Did he have to be hospitalized at least for monitoring?"

(Informant): "He got hospitalized my last night on call. I remember his parents were extremely concerned. I had administrators calling me from down south where his parents lived."

(Dr. Bostom): "This was a Brown student?"

(Informant): "Yeah a Brown student."

My informant, in an email after our conversation, further claimed their coverage of the Miriam Hospital inpatient service "was around March, 2021." ***None*** of the data the informant provided, it must be emphasized, disclosed any of the 18 "information identifiers," that when conjoined to health information, "become PHI (personal health information)."

Two deidentified public datasets, which I had been studying for months before my conversation with the informant, provided strong, independent evidence corroborating my informant's claims.

The Centers For Disease Control and Prevention (CDC) Vaccine Adverse Event Reporting System (VAERS) contains a case report of a 20-year-old hospitalized in Rhode Island during March, 2021 for post-Pfizer Covid-19 mRNA vaccine-induced myopericarditis. The VAERS report records a 20-year-old male initially vaccinated with Pfizer's Covid-19 mRNA vaccine on 2/26/21, received his second dose 3/18/21, developed chest pain on 3/20/21, and was hospitalized through the Emergency Department beginning on 3/22/21, for 3 days.

Electrocardiogram, imaging studies, and troponin elevation (a marker of heart muscle injury), were all consistent with acute myopericarditis. He was SARS-CoV-2 negative on PCR (polymerase chain reaction) testing, and also SARS-CoV-2 nucleocapsid antibody negative, both consistent with no current or recent SARS-CoV-2 infection.

The rest of his work-up for other viral etiologies of myopericarditis was negative. (A link to the full VAERS pdf report for VAERS ID 1347752-1 can be downloaded here. Corroborative data from a deidentified Rhode Island Department of Health 2021 discharge dataset on all hospitalizations in the state revealed that a 20-year-old white male from **Florida** ("down south," per informant), with no baseline comorbidity other than mild asthma, was hospitalized at **The Miriam Hospital** with a primary diagnosis of (myo)pericarditis during **March, 2021** for a 3-day length of stay. He apparently experienced a serious heart rhythm disturbance, ventricular tachycardia, during his hospitalization.

Additional indirect public evidence confirms the unique early timing of the Brown student's vaccination, and vaccine injury. Rhode Island did not make covid-19 vaccines available to the general public for 16+ year-olds until 4/19/21, with only a "limited supply."

Brown's first campus covid-19 vaccine clinic/drive was on May 17, 2021. According to the VAERS report, the ostensible Brown student, a 20-year old-male, got his first vaccine dose on Feb. 26, 2021—almost 2-months ***before*** the vaccine became widely available in his age group in Rhode Island. This timing is consistent with the informant's statement, "*a Brown University student [who] was volunteering at the (Miriam) Hospital,"* entitling the student to receive the vaccine before it was generally accessible to persons his age.

Brown University, through its Department of Public Safety, routinely transmits anonymized safety alerts to the student community regarding such banalities as minor assault, robbery, hate crime, arson, and even suspicious packages. There is no evidence, in contrast, that the University ever issued a comparable anonymized "health safety alert"—notably to its vulnerable healthy 18 to 24 year-old male population—about the March, 2021 case of fulminant, post-covid-19 vaccine myopericarditis experienced by a healthy 20-year-old male Brown student.

Absent any apparent campus discussion of this serious, and potentially lethal (here; here; here; here) vaccine injury, Brown University, some 2 months later, in mid-May, 2021, launched an aggressive, mandatory covid-19 vaccination campaign. Russell Carey, a Brown Planning and Policy administrator, crowed about the University having vaccinated "77.2%" of its students already by the first week of July, 2021.

Moreover, 15 months after the March, 2021 student vaccine injury, Brown's Carey, its de facto covid-19 rule enforcement "czar," and Brown University President, Dr. Christina Paxson, still refused to acknowledge the episode, let alone comment on its obvious risk/benefit-based ramifications for the University's mandatory covid-19 vaccination policy.

During June, 2022, Mr. Carey, and President Paxson, were emailed descriptive information, and accompanying queries, about the student vaccine injury case. I corresponded with Mr. Carey. A friend and concerned parent of a Brown student (the parent is also a Brown University alumnus), wrote to Dr. Paxson.

My emails to Mr. Carey summarized the key corroborative evidence detailed previously about the Brown student covid vaccine-injury myopericarditis case. I then simply asked Mr. Carey to acknowledge that indeed the Brown student had been hospitalized for myopericarditis in March, 2021, shortly after his second mRNA covid-19 vaccine dose. I posed these additional questions:

> *"From the beginning of the covid-19 pandemic in February/March 2020, through the time of this student's putative hospitalization, in March, 2021, how many Brown undergraduate students were hospitalized, if any, for a confirmed covid-19 pneumonia/lower respiratory tract infection?*

> *At any time since the covid-19 vaccine mandate was first announced at Brown in April, 2021, through its broad implementation starting the summer/fall of 2021, and the April, 2022 announcement the mandate would extend to the incoming class of 2022-23, were Brown undergraduates, or incoming 2022-23 freshman, ever apprised about the March, 2021 vaccine-induced myocarditis case, juxtaposed to the number of undergraduate students (again, if any) hospitalized for covid-19 pneumonia/lower respiratory tract infection, as part of an appropriate risk/benefit-based discussion of informed consent?"*

Mr. Carey declined to reply. The emails can be viewed in their entirety **here**. I would add for context that the State University of New York (SUNY) covid-19 dashboard transparently displays their aggregated covid-19-related hospitalization data since the beginning of the pandemic. That tally for SUNY's ~326,000 undergraduate students is zero. Brown's total population of undergraduates is ~6800.

The parent's email to Dr. Paxson covered much of the same evidentiary ground as my letter to Mr. Carey, in even greater detail. It also included plaintive, direct personal appeals to Dr. Paxson's reason and ethos. To protect the parent's privacy, and her desired relationship with Dr. Paxson, I have not shared the parent's email, or Dr. Paxson's response. Dr. Paxson's response was extremely succinct, non-sequitur, and indifferent.

When Brown University's Dean of the School of Public Health, Dr. Ashish Jha, was appointed Biden White House "coronavirus response coordinator," on March 17, 2022, Dr. Paxson gushed that his appointment

> *"brings a top scholar and highly regarded Brown academic leader to White House service... Ashish will bring to President Biden and our nation what he has brought — and will bring back [note: his assignment is temporary] — to Brown: an unrivaled commitment to improving public health...with heart and a* ***commitment to science****."*

Three months afterwards, Brown University's, and Dr. Paxson's much ballyhooed Dr. Jha offered up a public example of blatant anti-scientific propaganda. During a national CBS News television interview from the White House lawn on June 20, 2022, referring to covid-19 vaccination across the entire age spectrum, Jha made the blanket counterfactual claim, *"Thankfully, there have not been* ***any*** *serious side effects of these vaccines."*

The Rhode Island Department of Health (RIDOH) demonstrated its own lack of interest in either recording covid-19 vaccine-injured myopericarditis cases, or monitoring the longer-term recovery of those individuals. In an email exchange with RIDOH's spokesman, I pointed to the recently published report of 14 RI cases of myopericarditis in young men, and the May, 2021 newspaper account of how Connecticut's Department of

Health had already, over a year ago, tabulated 18 such cases in 16 to 34-year-old men, while, the *"number and severity of cases is being tracked...by the state of Connecticut to gain more information."*

The brief, disinterested response to my queries about whether RIDOH had *"1) issued any similar statements, in 2021 or 2022, & 2) is RIDOH in fact compiling and tracking such cases?"*, was, "*As you know, CDC, FDA (Food and Drug Administration), and HHS (Health and Human Services) maintain a reporting and tracking system for vaccine adverse events. The State (RI) does not maintain a separate system. We have not issued any statements on myopericarditis post-COVID-19 vaccination."*

Only limited gold-standard, evidence-based data (here; here) on covid-19 mRNA vaccine risk/benefit (**for all ages, combined**) are available from randomized, placebo-controlled clinical trials. These data reveal no total, or covid-19- mortality benefit. More ominously, they suggest specific vaccine-injury serious adverse events, *"**surpassed** the risk reduction for covid-19 hospitalization relative to the placebo group, in both the Pfizer and Moderna trials."* It is well-nigh axiomatic that the latter unfavorable risk/benefit calculations would be worse in populations with near zero risk for hospitalization due to covid-19, including healthy college students.

A 1977 California Law Review essay noted that informed consent case law, *"emphasizes the right of the individual to be informed about proposed medical procedures, thus promoting the intelligent exercise of personal autonomy."* Despite recognizing some personal autonomy limitations when vaccinations are requisite for school attendance, the essay further argued, *"[B]ecause **the risks and benefits of immunization are often closely balanced, the risks of vaccination will often be material and should be disclosed**. Moreover, the rationale of the modern informed consent cases justifies **disclosure of risks and benefits even where the vaccination is required for school entry**."* The essay concluded with this admonition: *"The patient must be allowed to make the decision and therefore **should not simply be reassured that the vaccine's risks are outweighed by its benefits**."*

Over four decades later, in their zealously shared promotion and enforcement of indiscriminate covid-19 vaccine mandates, both Brown University and the Rhode Island Department of Health have chosen explicitly (see this informed consent template) to ignore these established legal, ethical, and scientific guidelines.

Summary/Conclusion

In March, 2021, two months before enacting its mandatory, aggressive covid-19 vaccination campaign, a healthy 20-year-old male Brown University student was apparently hospitalized for covid-19 vaccine-induced myopericarditis. The University never disclosed this hospitalization, then, till now, ignoring the established ethics of risk/benefit-based informed consent.

Brown University, in tandem with the Rhode Island Department of Health, forms a powerful duopoly of denial controlling state policy, and "acceptable" discourse on covid-19 vaccine injury. Frank, open discussion of the Brown student vaccine-injury myopericarditis case, and the larger issue of serious covid-19 vaccine-injury,

especially among the vast swath of young, healthy Rhode Islanders, invulnerable to severe covid illness, is verboten. The baleful Brown-RIDOH duopoly enforces that silence.

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