

ATHELETES KEEP DROPPING AFTER GETTING JABBED

BUT 'THEY' KEEP TELLING YOU:

NOTHING TO SEE HERE!

NOTE: I have tried to make sure that none of the stories in this collection are duplicates, but I am allowing for the possibility that I may have missed cross-over referencing.

FURTHERMORE: Many of the articles I have posted here have video links imbedded in them that did not copy over to this page. You might want to reference the original sources for further investigation.

[ONE AMERICA NEWS](#)

Video report on the following:

[Hundreds of professional athletes collapsing on field, dying from mysterious heart complications](#)

[Sunfellow On COVID-19](#)

VERY moving video tribute to the 1,000 athletes who have died between March 2021 and June 2022

[1,000 Athletes - Collapsing, Dying, Heart Problems, Blood Clots - March 2021 To June 2022](#)

[CDC OFFICIAL WEB SITE](#)

(They will not allow you to copy and paste, so...)

[Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccination Among Adolescents and Young Adults](#)

[Myocarditis and Pericarditis After mRNA COVI-19 Vaccination](#)

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Abstract

Importance: Vaccination against COVID-19 provides clear public health benefits, but vaccination also carries potential risks. The risks and outcomes of myocarditis after COVID-19 vaccination are unclear.

Objective: To describe reports of myocarditis and the reporting rates after mRNA-based COVID-19 vaccination in the US.

Design, setting, and participants: Descriptive study of reports of myocarditis to the Vaccine Adverse Event Reporting System (VAERS) that occurred after mRNA-based COVID-19 vaccine administration between December 2020 and August 2021 in 192 405 448 individuals older than 12 years of age in the US; data were processed by VAERS as of September 30, 2021.

Exposures: Vaccination with BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna).

Main outcomes and measures: Reports of myocarditis to VAERS were adjudicated and summarized for all age groups. Crude reporting rates were calculated across age and sex strata. Expected rates of myocarditis by age and sex were calculated using 2017-2019 claims data. For persons younger than 30 years of age, medical record reviews and clinician interviews were conducted to describe clinical presentation, diagnostic test results, treatment, and early outcomes.

Results: Among 192 405 448 persons receiving a total of 354 100 845 mRNA-based COVID-19 vaccines during the study period, there were 1991 reports of myocarditis to VAERS and 1626 of these reports met the case definition of myocarditis. Of those with myocarditis, the median age was 21 years (IQR, 16-31 years) and the median time to symptom onset was 2 days (IQR, 1-3 days). Males comprised 82% of the myocarditis cases for whom sex was reported. The crude reporting rates for cases of myocarditis within 7 days after COVID-19 vaccination exceeded the expected rates of myocarditis across multiple age and sex strata. The rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively). There

were 826 cases of myocarditis among those younger than 30 years of age who had detailed clinical information available; of these cases, 792 of 809 (98%) had elevated troponin levels, 569 of 794 (72%) had abnormal electrocardiogram results, and 223 of 312 (72%) had abnormal cardiac magnetic resonance imaging results. Approximately 96% of persons (784/813) were hospitalized and 87% (577/661) of these had resolution of presenting symptoms by hospital discharge. The most common treatment was nonsteroidal anti-inflammatory drugs (589/676; 87%).

Conclusions and relevance: Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

Conflict of interest statement

Conflict of Interest Disclosures: Dr Creech reported receiving grants from the National Institutes of Health for the Moderna and Janssen clinical trials and receiving personal fees from Astellas and Horizon. Dr Edwards reported receiving grants from the National Institutes of Health; receiving personal fees from BioNet, IBM, X-4 Pharma, Seqirus, Roche, Pfizer, Merck, Moderna, and Sanofi; and receiving compensation for being the associate editor of Clinical Infectious Diseases. Dr Soslow reported receiving personal fees from Esperare. Dr Schlaudecker reported receiving grants from Pfizer and receiving personal fees from Sanofi Pasteur. Drs Barnett, Ruberg, and Smith reported receiving grants from Pfizer. Dr Lopes reported receiving personal fees from Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, GlaxoSmithKline, Medtronic, Merck, Pfizer, Portola, and Sanofi and receiving grants from Bristol Myers Squibb, GlaxoSmithKline, Medtronic, Pfizer, and Sanofi. No other disclosures were reported.

Cardiometabolic Health Congress

Myocarditis Rates Up in Vaccinated Male Adolescents

June 16, 2021

The U.S. Centers for Disease Control and Prevention (CDC) and other health agencies are investigating a potential link between the COVID-19 vaccine and myocarditis. The condition has been reported at higher-than-usual rates in 12- to 39-year-old males within one week of receiving the second dose of the Pfizer or Moderna mRNA vaccine.

The U.S. Vaccine Adverse Event Reporting System (VAERS) vaccine safety monitoring system has reported an uptick in the number of patients experiencing heart inflammation, or myocarditis, after receiving mRNA COVID-19 vaccines. As of May 31, 2021, there were 475 reports of myocarditis among the recently vaccinated, primarily young men age 16 to 24, according to VAERS data. Of the 475 cases, 226 met the CDC's definition of a "working case" and will be investigated further through patient medical records.

Israel's Health Ministry has also reported a suspected link to the condition in young men who have received the Pfizer vaccine. Israel has been administering the COVID-19 vaccine to people 16 years and older since January 2021 and has seen 200 cases of myocarditis in males between 16 and 30 years old in that time.

In June 2021 the American Academy of Pediatrics (AAP) journal *Pediatrics* published a case review of seven male patients ages 14 to 19 who developed symptomatic myocarditis within a week of receiving the second dose of Pfizer's mRNA COVID-19 vaccine. Some patients were hospitalized but most had fully recovered by publication. The authors of the review advise further investigation to determine if the relationship is causal, considering the population of young adult and adolescent males in which these cases have been reported mirrors the demographic typically affected by myocarditis (unrelated to vaccination status).

What is myocarditis?

The muscular layer of the heart wall (myocardium) is responsible for pumping blood through the heart and out to the rest of the body. Myocarditis occurs when that muscle becomes inflamed, causing abnormal heartbeat (palpitations or arrhythmias), difficulty breathing or chest pain. The inflammation also makes it harder for the heart to effectively pump blood which can result in blood clots, heart attack, stroke or death.

According to the Myocarditis Foundation, the inflammation responsible for the condition is usually caused by the body's natural immune response to an infection from a virus, bacteria, parasite or fungus, with viral infection being the most common cause. Myocarditis affects

thousands of otherwise healthy individuals each year in the U.S. and is believed to be responsible for up to 20% of sudden deaths in young people.

Diagnosis and treatment

The clinical evaluation of a patient with suspected myocarditis involves imaging tests (MRI, chest X-ray, echocardiogram or electrocardiogram) and blood tests (troponin level, C-reactive protein or erythrocyte sedimentation rate). Most cases resolve on their own with rest and no other

intervention. More serious cases may require drugs to correct abnormal heart rhythm or prevent clots.

Rarely, very serious cases of myocarditis require invasive measures such as ventricular assist device, intra-aortic balloon pump, or for a patient to be placed on an extracorporeal membrane oxygenation (ECMO) machine to take over the work of the heart while waiting for another treatment, such as heart transplant.

Provider recommendations

The CDC advises primary physicians seek a cardiology consult for evaluation, diagnosis and management for any recently vaccinated person presenting with chest pain, elevated serum troponin, abnormal ECG or MRI. The AAP stresses that myocarditis cases post-vaccination are rare, overwhelmingly mild, and have resolved with little or no intervention.

The AAP further states that pediatricians should be mindful that the benefits of vaccination far outweigh the potential risks and continue to recommend vaccination to all patients 12 years and older, as recent data suggests that adolescents represent a growing proportion of new COVID-19 cases and contribute significantly to household transmission.

Reporting suspected adverse reactions to vaccines

Safety experts are always looking for any potential side effects related to a new vaccine. In order to provide confidence and transparency to the public, providers and patients are urged to “report clinically important adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.” The best way to report a suspected reaction to a vaccine is by using the VAERS online form – the CDC is monitoring this data closely and timely submission will inform any new or updated guidance.

The statistical significance

About 6.5 million doses of the Pfizer vaccine have been administered to adolescents in the U.S. as of May 28, 2021. The 226 cases of myocarditis confirmed by the CDC means the percentage of vaccinated people experiencing this complication is less than .004%. More than 90% of these were mild cases and no deaths have been reported. To put those statistics into perspective, more

than 4 million COVID-19 cases have been diagnosed in children under 18, resulting in over 15,000 hospitalizations and between 300 and 600 deaths in the U.S.

Next steps to determine safety

The CDC advises physicians to be aware of myocarditis symptoms in their patients post-vaccination, particularly in younger males. It noted that all reports of the condition followed Pfizer or Moderna (mRNA) vaccines, but not the Johnson & Johnson (adenovirus) vaccine.

The CDC's Advisory Committee on Immunization Practices has scheduled an emergency meeting for June 18, 2021, to assess the potential risks of myocarditis after mRNA vaccine. The agenda includes a risk-benefit discussion and an overview of the VAERS data on adolescents and young adults to inform their recommendations.

The European Medicines Agency's Pharmacovigilance Risk Assessment Committee is also investigating reports of myocarditis, requesting data from both Pfizer and Moderna, and expected to finalize its review in July 2021.

For their part, Moderna and Pfizer have both issued statements confirming they'll work with public health and regulatory agencies to investigate the claims, but that no causal association between myocarditis and either company's vaccine has been established.

Takeaway

The severity of the COVID-19 pandemic necessitated swift development, production and administration of an effective vaccine. The scientific and public health communities agreed that the benefits of fast-tracking vaccine candidates outweighed the risks of rare adverse events, which are possible with any biological treatment. With roughly 30,000 to 45,000 participants in each of the three approved manufacturer vaccine trials, the samples were robust enough to instill confidence but not large enough to detect unfavorable outcomes so rare they occur in less than one in 100,000 doses. Given the small incidence and typically mild presentation of myocarditis cases in some vaccinated individuals, the CDC and AAP continue to recommend that all eligible individuals be vaccinated.

Bottom line

The small risk of myocarditis, if shown to be causally linked to the COVID-19 vaccine, must be considered in the larger scope of the 33 million diagnosed cases and 597,000 COVID-19 deaths in the U.S.

Sources: <https://www.aappublications.org/news/2021/06/10/covid-vaccine-myocarditis-rates-061021> https://www.medpagetoday.com/special-reports/exclusives/93040?xid=nl_covidupdate_2021-06-11&eun=g1788357d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=DailyUpda

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REPUBLICAN BROADCAST NETWORK

Chilling Video of 75 Athletes Who Collapsed from Heart Failure. Hundreds of Athletes Are Dead.

January 2, 2022

Hundreds of mostly young athletes had major medical issues in 2021 after receiving one or more COVID vaccines. Many people were told not to tell anyone about their adverse reactions, the media is not reporting the injuries and deaths, and social media is censoring the news. Meanwhile, soccer players and other athletes are collapsing on the fields from cardiac arrest during broadcast games. GoodSciencing.com has compiled a growing list of almost 400 athletes who they maintain experienced cardiac arrest or other serious issues after taking Covid vaccines, including 231 athletes who have died. Four young soccer players from four different countries have all died from heart attacks within one week in December. The fatalities include Croatian footballer Marin Cacic, 23, Oman international player Mukhaled Al-Raqadi, 29, Egyptian goalkeeper Ahmed Amin, 24, and Algerian football player Sofiane Loukar, 28.

Video shows mainstream media reports of 75 athletes who inexplicably collapsed from heart failure.

Excerpt from GoodSciencing.com:

It is definitely not normal for so many mainly young athletes to suffer from cardiac arrests or to die while playing their sport, but this year it is happening. Many of these heart issues and deaths come shortly after they got a COVID vaccine. While it is possible this can happen to people who did not get a COVID vaccine, the sheer numbers clearly point to the only obvious cause.

The so-called health professionals running the COVID vaccine programs around the world keep repeating that *“the COVID vaccine is a normal vaccine and it is safe and effective.”*

So in response to their pronouncement, here is a non-exhaustive and continuously growing list of mainly young athletes who had major medical issues in 2021 after receiving one or more COVID vaccines. Initially, many of these were not reported. We know that many people were told not to tell anyone about their adverse reactions and the media was not reporting them. They started happening and ramping up after the first COVID vaccinations. The mainstream media still are not reporting most, but sports news cannot ignore the fact that soccer players and other stars collapse in the middle of a game due to a sudden cardiac arrest. Many of those die – more than 50%.

We also note that many posts in Facebook, Instagram, twitter, forums and news stories are being removed. So now we are receiving some messages saying there is no proof of the event or of vaccination status. That is partly because this information is being hidden.

More people are writing to tell us that in many cases, we didn't mention a person's vaccination status. There is a good reason for that. None of the clubs want to reveal this information. None of their sponsors want to reveal it. The players have been told not to reveal it. Most of their relatives will not mention it. None of the media are asking this question. So what should we do? Stop this now? No, we will collect as much information as we can, while it is still available, because eventually, more information will come out, and we will be here to put it together. Will it mean anything? We don't know. What we do know is that there is a concerted world-wide effort to make this information go away, so that tells us it must be collected, investigated and saved.

We really appreciate the athletes named in this list who have confirmed what happened to them so the truth can be known. They care about their fellow athletes, even if the clubs, their sponsors, the media and the politicians care more about money.

LIST:

January 2021

1. 03/01/21, Portugal Dead

Alex Apolinario (24), Brazilian Alverca FC soccer player collapsing on pitch with cardiac arrest during match. Died four days later [News Story](#)

2. 09/01/21. USA

Jordan Glenn, Wisconsin basketball player. Collapsed in a break at the start of the half. CPR with a defibrillator, transferred to hospital by Ambulance. Update: In April, had open heart surgery and now has a defibrillator inserted near his abdomen. [News Story](#)

3. 22/01/21, USA Dead

Hank Aaron (86), former Pro Baseballer received his COVID vaccine on January 5th, 2021 to demonstrate the safety of the vaccine and encourage other black Americans to do the same. Died two weeks later in his sleep – listed as natural causes. [News Story](#)

4. 30/01/21 Indianapolis USA Dead

Wayne Radford (64), NBA star and former Indianapolis team star, died at his home in Indianapolis. [News Story](#)

5. 30/01/21, France

Garissone Innocent (20), Caen Team football goalkeeper. collapsed and blacked out in a game against Chambly. Tachycardia attack, unable to speak or breathe. [News Story](#) [News Story2](#)

[Read full article here...](#)

HHF.ORG

[FL Surgeon General, Joseph Ladapo, M.D. PhD, issues Myocarditis warning for mRNA vaccines.](#)

Warning taken down by Twitter, then restored. He's interviewed here by Steve Bannon. A must watch!

January 25, 2022

“84% increased Risk of cardiac-related death in young adult males. This is an under estimate per Dr. Robert Malone.”



Joseph A. Ladapo, MD, PhD 

@FLSurgeonGen

Today, we released an analysis on COVID-19 mRNA vaccines the public needs to be aware of. This analysis showed an increased risk of cardiac-related death among men 18-39. FL will not be silent on the truth.

Guidance: bit.ly/3CIKF5f

Press Release:



State Surgeon General Dr. Joseph A. Ladapo Issues New mRNA C...

content.govdelivery.com

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Key Points

Question What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?

Findings In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively).

Meaning Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. Abstract

Importance Vaccination against COVID-19 provides clear public health benefits, but vaccination also carries potential risks. The risks and outcomes of myocarditis after COVID-19 vaccination are unclear.

Objective To describe reports of myocarditis and the reporting rates after mRNA-based COVID-19 vaccination in the US.

Design, Setting, and Participants Descriptive study of reports of myocarditis to the Vaccine Adverse Event Reporting System (VAERS) that occurred after mRNA-based COVID-19 vaccine administration between December 2020 and August 2021 in 192 405 448 individuals older than 12 years of age in the US; data were processed by VAERS as of September 30, 2021.

Exposures Vaccination with BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna).

Main Outcomes and Measures Reports of myocarditis to VAERS were adjudicated and summarized for all age groups. Crude reporting rates were calculated across age and sex strata. Expected rates of myocarditis by age and sex were calculated using 2017-2019 claims data. For persons younger than 30 years of age, medical record reviews and clinician interviews were conducted to describe clinical presentation, diagnostic test results, treatment, and early outcomes.

Results Among 192 405 448 persons receiving a total of 354 100 845 mRNA-based COVID-19 vaccines during the study period, there were 1991 reports of myocarditis to VAERS and 1626 of these reports met the case definition of myocarditis. Of those with myocarditis, the median age was 21 years (IQR, 16-31 years) and the median time to symptom onset was 2 days (IQR, 1-3 days). Males comprised 82% of the myocarditis cases for whom sex was reported. The crude reporting rates for cases of myocarditis within 7 days after COVID-19 vaccination exceeded the expected rates of myocarditis across multiple age and sex strata. The rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively). There were 826 cases of myocarditis among those younger than 30 years of age who had detailed clinical information available; of these cases, 792 of 809 (98%) had elevated troponin levels, 569 of 794 (72%) had abnormal electrocardiogram results, and 223 of 312 (72%) had abnormal cardiac magnetic resonance imaging results. Approximately 96% of persons (784/813) were hospitalized and 87% (577/661) of these had resolution of presenting symptoms by hospital discharge. The most common treatment was nonsteroidal anti-inflammatory drugs (589/676; 87%).

Conclusions and Relevance Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

THE LIBERTY BEACON

Why Are Athletes Collapsing on the Field?

[February 18, 2022](#) [This article was posted by TLB Staff](#)

Story at-a-glance

- U.K. football legend and sports commentator, Matt Le Tissier, has been speaking out about the large number of athletes who have collapsed or died on the field, and has lost his job as a result
- Le Tissier says he has never seen anything like it in the 17 years he played football; he is calling for an investigation into the events and says ignoring it is a “massive dereliction of duty” by the officials
- Fact-checkers and government officials are trying to negate or discredit information that supports the theory that mRNA injections are behind the sudden onslaught of injury and death, and they are studiously ignoring investigating the allegations
- The Vaccine Adverse Events Reporting System (VAERS) reflects injuries to athletes in the general population, but it’s possible that the reports are nowhere near current

Why Are Professional Athletes Collapsing on the Field?

[Analysis by Dr. Joseph Mercola](#)

With every passing day, the list of people suffering tragic consequences from the COVID mRNA shots grows longer. Data¹ show 23,149 people have died after a COVID jab as of January 28, 2022. There also are 13,575 reports of people with Bell’s palsy, 41,163 who are permanently disabled, 31,185 with myocarditis, 11,765 who have had heart attacks and 3,903 women who have lost their babies after getting the shots.

Many of these people and their stories have remained hidden from public view. YouTube, Instagram, Facebook and other social media platforms have censored the personal stories and videos of individuals documenting their injuries and permanent disabilities, so those who only read mainstream media are unaware of the overwhelming damage being done in the name of science.

However, there is a population of people whose injuries and death have been made public. In the past six months, a slew of professional and amateur athletes have collapsed and died on the field. Yet, mainstream media appear to take this in stride, acting as if what is happening is completely normal.

But, as described by Matt Le Tissier in the first seconds of the video above, this is far from normal. Le Tissier was a soccer legend² (a sport called football in the U.K.). His prowess on the field earned him the nickname “Le God”³ before leaving the sport to become a sports commentator, most recently with Sky Sports.

As he describes in the interview, he lost that job for speaking out and bringing attention to the large number of unexplained sudden cardiac deaths happening to professional and amateur athletes around the world.

Athletes Are Dying on the Field in Large Numbers

Red Voice Media asks in a headline, “400 Athletes Collapsing & Dying Just in the Last 6 Months?”⁴ then mentions “small stories coming out about perfectly healthy athletes mysteriously dying.” During the interview, Le Tissier is asked about his thoughts on the surge of cardiac events in the sporting world, to which he responds:⁵

“I’ve never seen anything like it. I played for 17 years. I don’t think I saw one person in 17 years have to come off the football pitch with breathing difficulties, clutching their heart, heart problems ...

The last year, it’s just been unbelievable how many people, not just footballers but sports people in general, tennis players, cricketers, basketball players, just how many are just keeling over. And at some point, surely you have to say this isn’t right, this needs to be investigated.”

Le Tissier acknowledges there may be other factors that have caused this massive rise in cardiac events in athletes. He mentions that the athletes may have had COVID, and this could be a consequence of the illness, or it could be the vaccine. But the point he makes is that it should be investigated and it’s not.

This may cause you to wonder why health experts are not placing blame on the infection, but are in fact ignoring the issue completely. It begs the question: Do they already know the answer?

Le Tissier goes on to talk about player safety and how the sport protects the players from playing too long or too many games, yet they are watching players collapse on the field and apparently are content acting as if this is normal. He calls it a “massive dereliction of duty” that no one in a position of power is calling for an investigation.⁶

“It’s absolutely disgusting that they can sit there and do nothing about the increase in the amount of sports people who are collapsing on the field of play. And it’s not just what I’ve noticed this season as well. Again, in my career, I don’t remember a single game being halted because of an emergency in the crowd, a medical emergency in the crowd ...

I would like somebody to look into that and go well, hang on a minute, can we go back for the last 15 or 20 years and ... have a look and see how many times it happened 10 years ago and then

how many times it happened in the last year. I've been watching a lot of sports and a lot of reports on football, and I've never seen anything like it, the amount of games that have been interrupted because of emergencies in the crowd."

The interviewer pointed out that correlation does not necessarily mean causation, to which Le Tissier agreed, but stressed that an investigation is required to find out if it does. "To my naked eye, this is happening a lot more than it has in the past. I can't be the only one who is seeing this."⁷

Who Are These Athletes?

While an overwhelming number of professional and amateur athletes have collapsed on the field, they are not just numbers. They all have a high probability of having one thing in common — they took the COVID shot. This four-minute video features a compilation of athletes who "suddenly" collapsed within a six-month period.

Kyle Warner is one of those athletes.⁸ He's 29 years old and at the peak of his career as a professional mountain bike racer. After getting a second dose of Pfizer's mRNA jab in June 2021, he suffered a reaction so severe that by October he was still spending many of his days in bed.

In an effort to get the word out that COVID-19 shots are not always as safe as you have been led to believe, Warner shared his experience with retired nurse educator John Campbell in November 2021. Warner, in his 20s and in peak physical condition, was still severely harmed by the shot.

"I believe where there is risk, there needs to be choice," he says.⁹ But right now, people are being misled. "People are being coerced into making a decision based on lack of information versus being convinced of a decision based on total information transparency."¹⁰

Warner's story is not unlike many others': As Campbell learned in this interview, many doctors are unwilling to acknowledge that the COVID-19 shots might be related to patients' injury complaints. While health officials have begun to acknowledge that myocarditis may be related to the injections, they continue to ignore other adverse events.

Vaccine Injured Unlikely to Get Help

Fact-checkers are quick to negate the possibility that an overwhelming number of deaths and injuries in professional and amateur athletes is not related to the COVID shots,¹¹ but embalmers are telling¹² a different story.

Funeral director Richard Hirschman has been a professional, board-certified embalmer since 2004 and currently travels to several funeral homes to embalm bodies. He appeared on the "Dr. Jane Ruby" show to share some shocking findings he's been seeing in his work the past few months.¹³

In mid-2021, he began noticing some individuals who died of heart attacks and strokes had strange clots in their veins and arteries. He showed images of fibrous-looking clots he'd pulled out of the patients' bodies, some of which are the length of a person's leg, and explained that normal clots usually fall apart when handled. These fibrous clots — which he said he's seeing more and more of — maintain their integrity and can be manipulated without disintegrating.

Unfortunately, whether they die or not, when it comes to getting help for someone who believes they're injured by the COVID shots, it's unlikely that they get it without intensive efforts. One reason is because, while people are increasingly calling for support for the vaccine-injured, the only way to get recompense is through the obscure Countermeasures Injury Compensation Program (CICP).¹⁴

To give a little background, injury claims for regular vaccines go through the National Vaccine Injury Compensation Program (NVICP).

Initially set up as a “no-fault” system to resolve injury claims, this U.S. law ultimately protects drug companies with a complete liability shield, and if you win through this vaccine “court,” payouts come from a special fund set up just for that purpose, sparing vaccine makers, their insurance companies and vaccine providers from costly payouts for vaccine injuries and deaths.¹⁵

However, if you believe you've been injured by a COVID shot, and you want compensation for it, you have to go through a different vaccine “court” run by what Fortune describes as an “obscure office within the U.S. Health and Human Services Department.” And, this system not only protects manufacturers and health care providers from liability, but has hoops to jump through and limits to it that make compensation much more difficult than going through the NVICP.

The bottom line is, even if you can prove you were injured by a COVID shot, you can't sue the drug company and the compensation you receive from the program is capped at \$50,000 for lost wages and \$370,376 for wrongful death.¹⁶

Officials Try to Discredit VAERS

The law that protects Big Pharma from regular vaccine injury claims is the 1986 National Childhood Vaccine Injury Act.¹⁷ The CICP claim process for COVID shots is conducted under the Public Readiness and Emergency Preparedness (PREP) Act, passed in 2005,¹⁸ which authorizes the government to take countermeasures against a public health emergency. The latest declaration under this Act was issued March 17, 2020, that provided:¹⁹

“... liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (Covered Countermeasures), except for claims involving “willful misconduct” as defined in the PREP Act.”

In other words, unless willful misconduct can be proven, any person covered by the act also has indemnity against claims from citizens. This is not limited to manufacturers and Big Pharma, but can also include government officials. The thing is, both claims systems are actually at the tail end of the process and don't reflect all the possible injuries that might be occurring.

So how can you tell how many actual injuries may be occurring with a certain vaccine? That's where another system kicks in: the National Vaccine Adverse Event Reporting System (VAERS).²⁰ As I'll explain later, anyone can make a report to VAERS, and it's this key component that critics use to claim that VAERS can contain errors and even false claims.

While the system has a mechanism to help weed out false reports, top government officials, such as NIAID director Dr. Anthony Fauci and CDC director Dr. Rochelle Walensky, have attempted to discredit it. Most notably, this occurred during a Senate hearing when both individuals implied that if a person had been vaccinated and was then killed in a car accident, it's possible it could be recorded in VAERS as a vaccine injury.²¹

It is important to note that the VAERS system is co-administered by the CDC and the FDA.²² However, as David Martin, whose self-described work involves ethical engagement and stewardship of community and commons-based value interests,²³ points out in an interview excerpt posted on Twitter:^{24,25}

"The fact is, that as much as the CDC and the FDA try to hide behind what they reportedly say is an error in the VAERS database, the Vaccine Adverse Event Reporting System, what they don't seem to realize is that by saying that there are errors they are violating the 1986 Act ...

If you go back and read that [the ACT] what you'll find is that manufacturers of vaccines are required to keep VAERS accurate. That's actually a statutory requirement. So, if they are telling you that it is not accurate, they are admitting to violating the law."

By law, VAERS²⁶ is a mandatory reporting system for health care professionals. The system is not set up to analyze causation, but may be used as raw data for detecting unexpected adverse events that may indicate a safety signal.

In total, the system must be maintained by health care professionals and drug manufacturers as a statutory requirement for maintaining indemnity against vaccine injury. Martin points out:²⁷

"And that's the quid pro quo in getting the immunity. If VAERS is wrong, then the immunity is pierced because it's the manufacturer's legal responsibility to make sure VAERS is accurate."

VAERS Is Overwhelmed With Reports

Anyone can make a report to VAERS — both patients and health professionals can use this system to report health concerns they suspect may be connected to any vaccine, including the COVID

shots. But since the system is passive, whether the reports get filed depends entirely on each individual living up to that responsibility.

The reports must contain all hospital records and any other relevant medical information. Unfortunately, as Brittany Galvin, a young woman who says she was injured by a COVID shot, succinctly notes in a video,²⁸ the system is not efficient, and the data may be woefully out of date. This has a significant impact on monitoring the effects of the COVID inoculation program since it's possible what you see on any given day in the VAERS database isn't anywhere near current.

Galvin has created several videos talking about the journey she's been on trying to report her adverse events to VAERS. In a video posted in January 2022,²⁹ she recorded her phone conversation with an investigator from VAERS to discuss why her report filed in late May 2021 had not yet been counted in the system.

In one conversation she learned that the process takes many steps through different departments. The first stop for the VAERS reports is in a department with only 50 employees.³⁰ Once the package of information is completed by this department, it is sent to a team of nurses who read and review every page.

If the staff have any concerns or if they feel they need more information, the package will be sent back to the first department for further information gathering.³¹ Galvin expressed her concern that there were hundreds of thousands of people like her and just 50 VAERS employees trying to process these reports.³²

"Meanwhile the whole government is trying to force everyone to get this thing. Lying to the people telling them that "no one has gotten GBS from it" but here I sit barely able to walk and my case isn't going to be 'technically' reported because the CDC hasn't investigated yet because the hospitals are dragging their feet ... it's like a revolving crazy door and all of us humans on this planet and in this country are being lied to, and it's unfair."

At the end of the conversation with the investigator, Galvin learned that while her report was filed in May 2021, it wasn't assigned to someone at VAERS until September or November 2021.³³ It could be many months before the CDC receives the report of her vaccine injuries that can be published.³⁴

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THE DEFENDER

769 Athletes Collapsed This Year During Competition. What's Going On?

One America News Network reported that from March 2021 to March 2022, more than 769 athletes collapsed during a game. The average age of the athletes who suffered cardiac arrest is just 23 years old.

By [Dr. Joseph Mercola](#) 4.20.2022

Story at a glance:

- More than 769 athletes have collapsed on the field during a game from March 2021 to March 2022.
- The shocking statistic was revealed by One America News Network (OAN), which also found the average age of the athletes who suffered cardiac arrest is just 23 years old.
- An updated report by Good Sciening, a team of investigators, news editors, journalists and “truth seekers,” has detailed 890 cardiac arrests and other serious issues among athletes, including 579 deaths, following COVID-19 shots.
- With cases like these becoming impossible to ignore, even a mainstream media sports channel in Australia speculated that the health issues could be linked to COVID-19 shots, and one of the hosts acknowledged that multiple players have suffered from heart issues and Bell’s palsy following COVID-19 booster shots.

More than [769 athletes have collapsed](#) on the field during a game from March 2021 to March 2022. The shocking statistic was revealed by One America News Network (OAN), which also found the average age of the [athletes](#) who suffered cardiac arrest is just 23 years old.

The unprecedented surge in [cardiac arrest](#) and other heart issues among elite athletes coincides with the rollout of [COVID-19 jabs](#).

The [Miami Open](#) made headlines in early April after 15 players — all of whom had reportedly received COVID-19 injections — dropped out.

Among them were favorites Paula Badosa and Jannik Sinner. Badosa left the court in tears after becoming unwell, and [Sinner’s opponent](#) said he saw him “bend over” on the court, noting “it was very strange.”

Even the [fans were confused](#), with one stating, “What is going on?”

As [Pearson Sharp of OAN](#) explained, “These are just two of more than 769 athletes who have collapsed during a game, on the field, over the last year.” He continued:

“How many 23-year-old athletes were collapsing and suffering heart attacks before this year? Do you know any 23-year-old people who had heart attacks before now? And these are just the ones we know about. How many have gone unreported? Nearly 800 athletes — young, fit people in the prime of life — falling down on the field. In fact, 500% more soccer players in the EU are dropping dead from heart attacks than just one year ago.

“Coincidence? When the Pfizer vaccine is known to cause heart inflammation? No. In fact, many doctors treating these players list their injuries and deaths as being directly caused by the vaccine ... This is not a coincidence.”

VAERS may not show the whole picture

As of April 1, the [Vaccine Adverse Event Reporting System](#) (VAERS), which is where adverse events caused by COVID-19 jabs in the U.S. are supposed to be collected, lists 26,693 deaths along with 147,677 hospitalizations in association with the COVID-19 shot.

There are also 13,677 heart attacks and 38,024 cases of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue sac surrounding the heart).

[Myocarditis and pericarditis](#) cause symptoms such as chest pain, shortness of breath and a fluttering or pounding heart.

Cases have occurred most often after mRNA COVID-19 injections (Pfizer-BioNTech or Moderna), particularly in male adolescents and young adults, according to the CDC. Further, myocarditis occurs more often after the second injection, usually within a week.

Past investigations have shown [only between 1% and 10% of adverse reactions](#) are ever reported to VAERS, which is a passive, voluntary reporting system, so the actual number could be much higher.

[Kyle Warner is one athlete](#) who filed a VAERS report about his own health injuries following the COVID-19 jab. It took him 45 minutes to complete — a length of time that many doctors can't or won't devote when it comes to reporting adverse vaccine reactions seen among their patients.

Warner, who is 29 years old, was at the peak of his career as a professional mountain bike racer when, in June 2021, he got his second dose of Pfizer's COVID-19 shot. He suffered a reaction so severe that, months later, he was still spending days in bed, easily overwhelmed by too much mental or physical exertion.

“I believe where there is risk, there [needs to be choice](#),” he said. Instead, “People are being coerced into making a decision based on lack of information versus being convinced of a decision based on total information transparency.”

Despite the rising number of adverse effects being reported in VAERS, top government officials, such as NIAID director Dr. Anthony Fauci and CDC director Dr. Rochelle Walensky, have attempted to discredit it.

Most notably, this occurred during a [Senate hearing](#) when both individuals implied that if a person had received the jab and was then killed in a car accident, it’s possible it could be recorded in VAERS as a vaccine injury.

However, while anyone can make a report to VAERS — a component that critics use to claim that VAERS can contain errors and even false claims — due to the lengthy and complicated submittal process, adverse events are notoriously under — not over — reported.

Shocking stories of athletes harmed by COVID-19 jabs

[Warner developed pericarditis](#), postural orthostatic tachycardia syndrome or POTS and reactive arthritis following his second dose of Pfizer’s COVID-19 shot. Again, he’s a young, world-class athlete whose life has been sidelined by the shots.

Unfortunately, many doctors are unwilling to acknowledge that the COVID-19 shots might be related to patients’ injury complaints, and many who have been injured find their stories have remained hidden from public view, with YouTube, Instagram, Facebook and other social media platforms censoring their personal stories and videos.

Some, however, have made it through to mainstream media, including:

- [Florian Dagoury](#), a world record holder in static breath-hold freediving. After receiving his second dose of Pfizer’s COVID-19 injection, he experienced increased heart rate and a reduction in his breath-holding capacity. A cardiologist diagnosed him with myocarditis and pericarditis. As a result of the shots, Dagoury’s career may be over.
- [Jeremy Chardy](#), a 34-year-old professional tennis player ranked 73rd in the world, suspended his season due to a severe adverse reaction to the COVID-19 shot, which left him unable to engage in intense activity.
- [Veteran triathlete Antoine Méchin](#), 32, is facing the potential end to his career after receiving Moderna COVID-19 injections. After his second dose, he began to experience shortness of breath and low-back pain, which turned out to be a pulmonary embolism.

The symptoms, which included breathing problems and arm pain, started after the first dose, but doctors brushed off his shortness of breath as related to stress and fatigue. About a month after his second dose, shortness of breath and body pain returned. Only after testing at a sports clinic was the pulmonary embolism revealed.

Unprecedented cases of athletes collapsing and dying

U.K. football legend and sports commentator [Matt Le Tissier](#), featured in the video above, is among those who have been speaking out about the large number of athletes who have collapsed or died on the field — and he lost his job as a commentator because of it.

In an interview with Red Voice Media, Le Tissier is asked about his thoughts on the surge of cardiac events in the sporting world, to which he responded:

“I’ve never seen anything like it. I played for 17 years. I don’t think I saw one person in 17 years have to come off the football pitch with breathing difficulties, clutching their heart, heart problems ...

“The last year, it’s just been unbelievable how many people, not just footballers but sports people in general, tennis players, cricketers, basketball players, just how many are just keeling over. And at some point, surely you have to say this isn’t right, this needs to be investigated.”

By December 2021, [300 reports of athletes collapsing](#), and some dying, had already been collected, including high-profile European Soccer star Adama Traore, who clutched his chest and collapsed on the field.

An updated report by Good Sciencing, a team of investigators, news editors, journalists and “truth seekers,” has detailed 890 cardiac arrests and other serious issues among athletes, including [579 deaths](#), following COVID-19 shots.

[It's Time to Follow the Science. Join our Campaign!](#)

They’re maintaining a “nonexhaustive and continuously growing list of mainly young athletes who had [major medical issues](#) in 2021/2022 after receiving one or more COVID vaccines” and note:

“It is definitely not normal for so many mainly young athletes to suffer from cardiac arrests or to die while playing their sport, but this year it is happening. Many of these heart issues and deaths come shortly after they got a COVID vaccine. While it is possible this can happen to people who did not get a COVID vaccine, the sheer numbers clearly point to the only obvious cause.

“... Initially, many of these were not reported. We know that many people were told not to tell anyone about their adverse reactions and the media was not reporting them. They started happening and ramping up after the first COVID vaccinations.

“The mainstream media still are not reporting most, but sports news cannot ignore the fact that soccer players and other stars collapse in the middle of a game due to a sudden cardiac arrest. Many of those die — more than 50%.

“We also note that many posts in Facebook, Instagram, Twitter, forums and news stories are being removed. So now we are receiving some messages saying there is no proof of the event or of vaccination status. That is partly because this information is being hidden.”

Gary Dempsey, a professional soccer player with a nearly two-decade career, also tweeted just how unusual the recent wave of [cardiac events among athletes](#) is:

“Was a professional for nearly 20 years. From 1996. Played nearly 500 games. Club and international level. Never ever was there 1 cardiac arrest. Either in the crowd or a player. It’s actually quite scary.”

Heart issues and Bell’s palsy ‘through the roof’

This is from a main stream sports channel in Australia pic.twitter.com/HJHWAIEpRg

— Luke Rudkowski (@Lukewearechange) [April 11, 2022](#)

The video above is from a mainstream sports channel in Australia, detailing another [professional athlete, Ollie Wines](#), who is out of the game due to nausea, dizziness and heart palpitations.

With cases like this becoming impossible to ignore, the [“Sunday Footy Show”](#) panel speculated that the health issues could be linked to COVID-19 shots, and one of the hosts acknowledged that multiple players have suffered from heart issues and Bell’s palsy following COVID-19 booster shots. “Wards filled with people suffering the same issues,” he said.

Former professional [footballer Matthew Lloyd](#), who was recently diagnosed with Bell’s palsy, stated, “Heart issues and Bell’s palsy have gone through the roof since the boosters and COVID issues.”

During phase 3 clinical trials of mRNA COVID-19 shots, more cases of facial paralysis occurred in the vaccine groups (seven out of 35,654) compared to the placebo group (one out of 35,611), leading the U.S. Food and Drug Administration to recommend monitoring vaccine recipients for [facial paralysis](#).

Lloyd also said that he’s heard of many cases of heart issues similar to Wines’. “We had [sports journalist] Michelangelo Rucci on ... and he said that there’s a ward filled with people with similar symptoms to [Ollie Wines — nausea, heart issues](#) — so there has to be something more to it.”

It’s well known that toxic spike proteins can circulate in your body after infection or COVID-19 injection, causing damage to cells, tissues and organs.

As your heart beats faster during intense athletic activity, the spike proteins are able to circulate faster throughout your body, pointing to a potential reason why so many athletes are collapsing on the field.

It's important that these stories are heard, so if you or a loved one has been injured by a COVID-19 injection, please share your story with us and encourage others you know who have a story to share theirs as well.

Originally published by [Mercola](#).

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

THE EPOCH TIMES

More Than 270 Deaths in US Athletes After Vaccination: Peer-Reviewed Letter

[Marina Zhang](#) Jan 4 2023

Over 270 athletes and former athletes in the United States have died from cardiac arrests or other serious issues after taking [COVID-19](#) vaccines, according to data from a recent peer-reviewed [letter to the editor](#).

Authored by structural biologist Panagis Polykretis, and board-certified internist and cardiologist Dr. Peter McCullough, the letter's [cited data](#) found that from 2021 to 2022, at least 1,616 cardiac arrests or other major medical issues have been globally documented in vaccinated athletes, with 1,114 of those being fatal.

The global data also showed that between 2021 to 2022, former and current American athletes made up 279 of the mortalities.

Athletes have a lower chance of cardiac arrest and sudden cardiac death as compared to nonathletes. [A 2016 U.S. study calculated](#) that nonathletes, compared to athletes, have a 29 times higher chance of sudden cardiac death.

One of the reasons is because "athletes are screened out for the common causes of sudden death on the playing field," McCullough told The Epoch Times.

Players [are screened for hypertrophic cardiomyopathy](#), which makes up almost 50 percent of sudden cardiac deaths in athletes, as well as other less common [heart abnormalities](#).

The intensive screening is what makes competitive-level sports safer than everyday sporting activities, McCullough argued.

Sudden Cardiac Deaths in Athletes Increased After Vaccination

McCullough [pointed to a European study](#) that tracked sudden cardiac deaths in European athletes over 38 years from 1966 to 2004. The study reported 1,101 sudden cardiac deaths over the interval, which Polykretis estimated would be around 29 deaths per year.

This recent paper from Dr. Polykretis and myself gets the sharp rise in athlete deaths into PUBMED. Since vaccination, "1598 athletes suffered cardiac arrest, 1101 of which with deadly

outcome. Over a prior 38-years (1966-2004), 1101 athletes < age of 35 died (~29/yr). <https://t.co/IGWFctLx2L> [pic.twitter.com/SCieZTsoNZ](https://t.co/IGWFctLx2L)

— Peter A. McCullough, MD, MPH™ (@P_McCulloughMD) [January 3, 2023](#)

In the United States, [it is estimated](#) that 100 to 150 athletes die every year from sudden death.

The data cited in the letter, however, showed that in 2022 alone, [over 190 deaths](#) from cardiac arrests or other factors have been reported in current and former athletes.

This does not include the deaths of athletes with unknown vaccine statuses and those whose names did not make it into the media.

McCullough said looking at the data, “there’s no doubt,” that sudden cardiac deaths have increased following vaccinations.

However, since most of the sudden cardiac deaths in the media are of professional competitive players, McCullough added that collecting data from athletes in colleges, high schools, and other international leagues would give a more comprehensive picture.

He pointed to studies that have shown high myocarditis increases following COVID-19 vaccinations.

Prior to the pandemic, [a 2017 study in Finland](#) found that myocarditis rates were 19.5 per million for children 15 years of age and younger. [Another 2012 Japanese study](#) on pediatric admissions reported even lower rates of 2.6 cases per million in children aged 1 month to 17.

In the data released by the Centers for Disease Control (CDC) and Prevention in June 2021 ([pdf](#)), researchers expected myocarditis rates in vaccinated 12- to 17-year-old males to be 63 cases per million. By the following year, researchers at the CDC noted that myocarditis numbers in young males were exceeding the background rates ([pdf](#)).

A study by researchers from Kaiser Permanente ([pdf](#)), published in August 2022, estimated myocarditis would be 186 cases out of a million, after a second dose of vaccine in 12- to 17-year-old children. In males, this number was raised to 377 cases out of a million.

However, in prospective studies, one Thai study found that 2.3 percent of children who received two shots of mRNA doses had a heart injury. Another study evaluated 777 health care workers who were boosted and [2.8 percent](#) reported a heart injury.

This means that if the results are extrapolated, around 25,000 people per million could suffer from heart injuries after two or three doses of COVID-19 vaccinations, according to McCullough.

“I’m very concerned,” said McCullough, “This is a public health problem. I think it is incumbent upon individuals to disclose the vaccine status.”

“We see the report of public figures or athletes one after another, dying suddenly, with no explanation. It’s incumbent upon the families, the medical staff, the doctors, and the reporters to disclose the vaccine status. They are investigational vaccines, and they are linked to death in peer-reviewed studies.”

[A German autopsy study](#) evaluated 25 people who died unexpectedly within 20 days of being vaccinated. Four of the individuals were found with myocarditis without any other disease signal that may have caused the unexpected death.

The authors concluded that their autopsy studies indicated that deaths were due to cardiac failure, and that myocarditis could be “a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination.”

It should also be noted that myocarditis events [have also been reported in unvaccinated COVID-19 patients in 2020](#), and studies have shown that the virus can cause heart damage. But [it is debatable if the heart injuries](#) patients experience are caused by myocarditis or some other reasons.

A [study published in April 2022](#) found that increases in myocarditis and pericarditis are statistically insignificant among unvaccinated individuals after COVID infection. The researchers evaluated around 197,000 unvaccinated patients, and there were 9 and 11 cases of myocarditis and pericarditis, respectively.

[A French study](#) that tracked cardiac arrests in athletes pre-pandemic from 2005 to 2018 also found that the rate of cardiac arrests in sports has remained constant, while survivability of these events has increased due to help from bystanders.

Correction: This article has been updated to clarify the source of the data is a peer-reviewed letter. The Epoch Times regrets the error.

[Marina Zhang](#)

Marina Zhang is a health writer for The Epoch Times, based in New York. She mainly covers stories on COVID-19 and the healthcare system and has a bachelors in biomedicine from The University of Melbourne. Contact her at marina.zhang@epochtimes.com.

SPEAKING ABOUT NEWS

More Than 270 Deaths in US Athletes After Vaccination: Peer-Reviewed Letter

January 6, 2023

Over 270 athletes and former athletes in the United States have died from cardiac arrests or other serious issues after taking [COVID-19](#) vaccines, according to data from a recent peer-reviewed [letter to the editor](#).

Authored by structural biologist Panagis Polykretis, and board-certified internist and cardiologist Dr. Peter McCullough, the letter's [cited data](#) found that from 2021 to 2022, at least 1,616 cardiac arrests or other major medical issues have been globally documented in vaccinated athletes, with 1,114 of those being fatal.

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BROWNSTONE INSTITUTE

Consequences for Children: Data So Far

By [Justin Hart](#) January 7, 2023

COVID-19 pandemic policies and zeitgeist have seriously messed with kids.

Lockdowns and other restrictions brought on by the pandemic have really taken a toll on teenagers, causing disruptions to education and socialization that have led to increased anxiety and worsening mental health. The pandemic has also caused a global increase in child labor, and an estimated 228,000 children in South Asia have died due to supply chain snafus. These realities have further exacerbated existing inequalities and caused developmental delays in babies in these countries.

To combat the pandemic, masks and isolation were implemented in many places, including schools. The Head Start program (**which just this week will allow all kids to go maskless**) published concerns almost a year ago about the effects of COVID-19 rules on their students. There have also been reports of increased infant abuse and child sex abuse during the pandemic, likely due to stress and isolation. The lockdowns and other restrictions have also caused spikes in diabetes and obesity in children, and the cancellation of sports has had a major impact on kids.

- Abusive head trauma in infants nearly doubled in the Paris metropolitan area during the second year of the COVID-19 pandemic, with cases increasing from 1.4 cases per month in 2020 to 2.7 cases per month in 2021 (adjusted incidence rate ratio [aIRR] 1.92, 95% CI 1.23-2.99, P=0.02)
- Mortality rates from abusive head trauma in infants jumped nearly 10-fold in 2021 (odds ratio 9.39, 95% CI 1.88-47.00)
- The median age of infants with abusive head trauma in the study was 4 months, and 65% were male. Of the 99 cases studied, 87% had bridging vein thrombosis, 75% had retinal hemorrhages, 32% had fractures, 26% had status epilepticus, and 20% had skin injuries.
- 39 billion missed school meals by January 2021.

Millions of estimated life-years lost among students in the USA alone.

Dr. Scott Atlas [recently wrote an excellent piece in the *New Criterion*](#): “All honest leaders, all individuals with integrity, should acknowledge that people were directly damaged and even died from the censorship of truth.”

Here are just *some* of the stats that Scott highlights in his piece:

- A review from 2006 indicated that lockdowns are both ineffective and harmful

- Lockdowns should not be seriously considered due to their negative effects
- The closure of in-person schools and the use of experimental drugs in schoolchildren has had negative consequences for children in the US
- Children have a low risk of serious illness or death from COVID-19
- Most transmission of COVID-19 to children comes from adults
- There is no evidence that opened schools pose a significant risk to children, communities, or teachers
- The median IFR for children under 19 was 0.0003% during the pre-vaccination period (until the end of 2020)
- No excess deaths among children and adolescents were observed in countries with reliable death registration data during the pandemic
- The number of fatalities among children under 5 from all causes was 25-50 times higher during lockdowns compared to the five previous years
- The overall number of child fatalities from all causes was 4-10 times higher during lockdowns compared to the five previous years
- Lockdowns resulted in a 10-20% increase in new cases of severe child abuse and a 50-80% increase in fatalities from child abuse
- Lockdowns caused a 30-50% increase in cases of malnutrition and a 50-100% increase in fatalities from malnutrition
- Lockdowns resulted in a 40-60% increase in new cases of mental illness in children and adolescents and a 100-200% increase in suicides by young people
- Lockdowns caused a 50-80% decrease in vaccination rates for children, leading to outbreaks of preventable diseases
- Lockdowns resulted in a 50-80% decrease in diagnosis and treatment of chronic diseases in children, leading to significant morbidity and potential long-term harm
- Lockdowns had a negative impact on children's education and development, with long-term consequences for their prospects and well-being.

In the face of pandemic fears, some countries began administering vaccines to children. However, the UK health authorities have long stated that the vaccine has underperformed in children, and the country has started making damage payments as a result. Germany, on the other hand, is not advising the vaccine for most children at all.

Some of the bravest authors came together to look at vaccines. Their study assessed the risk and benefit of COVID-19 vaccine booster mandates for young adults aged 18-29 at universities. The researchers found that to prevent one COVID-19 hospitalization in a 6-month period, it would be necessary for 31,207 to 42,836 young adults to receive a third mRNA vaccine. The study also found that booster mandates for young adults are expected to result in a net harm, with at least 18.5 serious adverse events anticipated for each COVID-19 hospitalization prevented.

These serious adverse events may include booster-associated myopericarditis in males, which typically requires hospitalization, and grade ≥ 3 reactogenicity interfering with daily activities. The researchers concluded that booster mandates for young adults at universities are unethical because they do not consider updated risk-benefit assessments for this age group, may result in

a net harm to healthy young adults, are not proportionate to the anticipated benefits, violate the reciprocity principle, and may have wider negative societal impacts.

One in 500 kids under the age of five were hospitalized after receiving the vaccine. To prevent one COVID-19 hospitalization over a 6-month period, it is estimated that 31,207-42,836 young adults aged 18-29 years must receive a third mRNA vaccine.

- There will be at least 18.5 serious adverse events from mRNA vaccines per COVID-19 hospitalization prevented, including 1.5-4.6 booster-associated myopericarditis cases in males (typically requiring hospitalization).
- There will be 1,430-4,626 cases of grade ≥ 3 reactogenicity (interference with daily activities, but typically not requiring hospitalization) per COVID-19 hospitalization prevented.
- The prevalence of prior SARS-CoV-2 infection is high.
- Current vaccines do not significantly reduce transmission.
- The age at peak risk for myopericarditis is 16-17 years.

Next, the mental health issues are legion:

- 44.2% of high school students in a nationwide survey of 7,705 students described persistent feelings of sadness or hopelessness that prevented them from participating in normal activities.
- 9% of students in the same survey reported attempting suicide.
- 55.1% of teenage respondents in the same survey said they suffered emotional abuse from a parent or another adult in their house in the preceding year.
- 11.3% of teenage respondents in the same survey said they suffered physical abuse.

There are many people who need to be held accountable.

Here are some relevant studies and reports to get more info (via our friend The Robber Baron!):

- [Covid is low risk for Immunocompromised kids](#)
- [Long COVID in children is rare](#)
- [Lockdowns are devastating to teens](#)
- [Covid rules devastated teenagers](#)
- [Covid disruptions increased global child labor](#)
- [Covid disruptions killed 228,000 kids in S. Asia](#)
- [Covid rules exacerbated inequalities](#)
- [Covid rules increased anxiety in kids](#)
- [Restrictions led to developmental delays in babies](#)
- [Lockdowns caused child dev. Crisis](#)
- [Health director says vax underperformed in kids](#)
- [UK begins vax damage payments](#)
- [Lockdowns deeply hurt kids](#)

- [Covid rules may cause millions more child marriages](#)
- [Lockdowns caused more child labor](#)
- [Restrictions decimated children's mental health](#)
- [Restrictions severely limited kids physical activity](#)
- [Masks & isolation hurt child development](#)
- [Head Start upset about Covid rules](#)
- [Kids likelier to have "long-covid" if parents have it](#)
- [Lockdowns caused spikes in infant abuse](#)
- [Kids in Head Start are still being masked](#)
- [Child abuse spiked during lockdowns](#)
- [Lockdowns caused diabetes spike in kids](#) [Lockdowns caused obesity spike in kids](#)

Reposted from the author's [Substack](#)

BROWNSTONE INSTITUTE

Where's the Woodward and Bernstein of the Covid Scandals?

By [Bill Rice](#) January 8, 2023

I was just a kid, but I'm old enough to remember Watergate. As I grew older, I learned more specific details about this historic event. Here's my Watergate takeaway, which I think is the accepted "narrative" on this historic event:

Watergate was the **biggest political scandal of the century**. The fallout or *denouement* caused President Nixon to resign from office and sent several "conspirators" to prison.

It also made Woodward and Bernstein the most famous journalists of all time.

Few people had heard of these journalists when they began compiling relevant facts about the original Watergate crime and obligatory cover-up, but this changed over the span of about two years.

Based in part on these two journalists doing their jobs, Congressional officials decided to also do their jobs and before you knew it, most of the sordid story was known to the world.

Woodward and Bernstein, who were already minor celebrities, really cashed in with the publication of their best-selling book *All the President's Men*, which was adapted into an Academy Award-winning movie starring Robert Redford and Dustin Hoffman, two of the biggest stars of our era.

After filling their mantles with every journalism prize, the *Washington Post* scribes parlayed this fame and success into a lifetime of speaking gigs. By "breaking" the Watergate scandal, they also acquired the panache that allowed them to play leading roles in future investigations that resulted in even more best-selling books.

Today, the names of both journalists are literally in the history books, where their journalistic accomplishments will live forever.

Every ambitious journalist who followed wanted to be the next Woodward and Bernstein and break some huge scandal that might elevate them onto a similar professional pedestal.

The employer of Woodward and Bernstein, the *Washington Post*, built most of its reputation on the fact it was the newspaper that did more than any other to expose Watergate.

So ... It pays handsomely – directly and indirectly with benefits that will last a lifetime – to be the journalists or news organization that breaks the “scandal of the century.”

Which leads to THE question: Given all of the above, why doesn't any journalist, editor or publisher want to be the next Woodward and Bernstein when it comes to Covid scandals?

The Covid scandals that could be exposed by an enterprising journalist(s) are vastly larger and more important than those involving Watergate.

To cite one difference ... nobody died in Watergate.

In way of comparison, the disease Covid – as well as all the calamitous responses to Covid – must have killed and injured 10, 20, 50 million (a billion?) people by now. And these casualty figures are still growing.

Nor did Watergate cripple the economy nor lead to rampant inflation.

Nor did it lead to mass censorship and the evisceration of civil liberties.

Also, the Watergate conspiracies and cover-ups included only a small group of Nixon loyalists in the White House, plus a few people who actually did the “dirty tricks.”

It takes no Woodward and Bernstein for the Man on the Street to realize that Covid crimes and cover-ups must have involved practically every agency in government by now.

NIH, NIAID, CDC, FDA, the Pentagon, the FBI, the CIA, the White House, the Department of Homeland Defense, Congress, the Justice Department, the courts , judges, governors, mayors, OSHA, the Departments of Transportation, Commerce, Labor, HHS ... local police departments, all the state and local health agencies, colleges, school boards ... almost all of these agencies went “all in” on the bogus Covid narratives and requisite cover-ups.

Then we have all of the private sector cronies and conspirators.

In Watergate, at least that I am aware of, Big Pharma was not implicated. With Watergate, none of the world's major corporations signed onto the program.

With Covid, as far as I can tell, every big company endorsed the CDC's policy guidebook and did their patriotic best to make sure the conspiracy went off without a hitch.

When you stop and think about it, there's no way a “Woodward and Bernstein” could tell the story of the Covid Scandal. There's simply too many scandals that would have to be exposed. It would take an *army* of Woodward and Bernsteins to break the pieces down into individual, sub-scandal components.

Still, the journalists who provided the public with a few key answers to what really happened and why, journalists who told the world the names of the people who committed the biggest crimes and cover-ups, would surely go down in history as the most important journalists of world history.

That is, Woodward and Bernstein would have to move down to second place.

Which isn't their fault. It's just that, compared to Covid, Watergate seems like a scandal to fix a few parking tickets.

But, still, not ONE mainstream media journalist nor one mainstream media news organization has shown any interest in exposing any parts of the scandal of all time.

How does one explain such a surreal reality?

If saving lives and exposing corrupt (I'd say *evil*) officials doesn't motivate today's journalists, one would think that the All-American values of wanting to become rich and famous would get the adrenalin of a few crackerjack journalists flowing.

But, no.

As it turns out, *nobody* wants to be the next Woodward and Bernstein. Nobody cares about earning that spot in the history books and making their children and grandchildren proud. ("My Dad scored four touchdowns in a high school football game." "... Well, my Dad broke the Covid scandal ...")

Why doesn't *any* journalist want to expose the real truth about the myriad Covid scandals?

The answer to this puzzler seems pretty obvious to me. The watchdog press must be *a part of the conspiracy*. The conspiracy must be that vast. This is the only possible answer I can come up with.

The reason Woodward and Bernstein were able to tell the the world that Nixon's White House was full of crooks is because the *Washington Post* wasn't part of that conspiracy.

In fact, the journalists and their employer were part of a massive group effort involving hundreds of news organizations that were working around the clock, trying to expose the crimes and cover-ups.

When you realize this, you realize that Nixon and his team never had a chance of getting away with it.

But skip forward 50 years to Covid times and we see that the scales of journalism have completely flipped.

The key to the modern-day scandal is ...

Of course everyone will get away with their miscellaneous crimes and misdemeanors because nobody who could expose the crooks is trying to do this.

The lesson here is a big one: If you want to get away with “crimes against humanity,” you better make sure you’ve fully captured the watchdog press. (Even Woodward and Bernstein, who are still alive and cranking out stories, don’t care about no Covid scandals.)

How the Bad Guys were able to capture and control approximately 40,000 mainstream journalists would itself be one heck of a story.

But who’s going to tell *that* story?

Don’t laugh, but I guess it will end up being someone like me.

In the past, I would never have considered that some small-time freelance journalist could break some big, historic scoop. I mean, I can’t even get one government official to return my calls or emails (“Dr. Fauci, Bill Rice, Jr. on the phone ...”)

Nor do I have a partner like Woodward helping me with any digging.

But, I’ll say this: I’m not like today’s other 40,000 mainstream journalists. Becoming rich and famous wouldn’t bother me. If I could save a few lives and help put a few diabolical crooks into prison, this would check my “I did something meaningful with my life” box.

Plus, I’ve had this thought: Nobody else is really on the case. Even today, Woodward and Bernstein – with some research help from some of the *Washington Post’s* army of interns – could expose some of these scandals in three weeks ... if they tried.

But we all know these guys are sitting this scandal out.

Breaking this scandal would make them even richer and more famous, but it would also prove all the conspiracy “kooks” were right all along. The embarrassment and professional stigma would be too great for them to bear. The mean tweets from former colleagues (“Why did you go and do that? You’re not in our club anymore!”) wouldn’t be worth the cost.

As it turns out, for reasons that boggle the mind, the amateurs on Substack have been granted complete monopoly rights to investigate the Story of All Time.

What the heck. If the Big Leaguers don’t want play, I say, “Put me in, Coach ...”

Anyway, if anyone reading this happens to be a potential whistleblower with information that would tell your fellow citizens what really took place with Covid, please contact me via this Substack site.

I also know this. In 2023, Covid's version of Deep Throat would be wasting his breath to call anyone at the *Washington Post*. But every real journalist at Substack would take that call and run with it.

Reposted from the author's [Substack](#)