

# 16 Years Old Dropped Dead During Football Scrimmage. He Had His Second Pfizer mRNA Jab Six Days Prior to Dropping Dead

By [Dr. William Makis](#)

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## **Chester County Coroner: Philadelphia teen died of cardiovascular disease while playing football**



WEST CHESTER — A Philadelphia teen who collapsed during a water break while playing in a scrimmage in Coatesville in July died of hypertensive cardiovascular disease, the Chester County Coroner's office ruled this week.

[Ivan James Hicks Jr. 16, of Philadelphia, died suddenly on July 13, 2021,](#) while at a 7-on-7 football activity in Coatesville. Immediate efforts by those present at the scene and subsequently by emergency services personnel were unsuccessful in resuscitating Hicks. Contributing factors were cardiomegaly with fibrous scar and remodeling, obesity, and probable exposure to excessive environmental heat.

Hicks was a student at West Catholic Preparatory High School. The scrimmage was with players from Coatesville Area High School.

Hicks stood 6-feet, 4-inches and weighed 300 pounds. The temperature in Coatesville during the scrimmage was in the high 80s.

Specialized cardiac pathology was performed by the Jesse E. Edwards Registry of Cardiovascular Disease, an international center for cardiovascular research, education, and training. Their report concluded that while there were features of hypertrophic cardiomyopathy, a condition frequently associated with sudden death in young athletes; the diagnosis could not be definitively made or ruled out in this case.

July 13, 2021 - Cause Of Death Released For West Catholic Prep Student Who Died On Football Field

## Catholic Prep Student Who Died On Football Field

The cause of death for a **West Catholic Prep High School student who died during an outdoor scrimmage in July** has been released, authorities said.



Ivan J. Hicks, Jr, 16, of Philadelphia, died of hypertensive cardiovascular disease, the Chester County Coroner's Office ruled Monday.

The incoming junior also tested positive at the time of his death for SARS-CoV-2, the virus that causes COVID-19.

He had received his second Pfizer-BioNTech COVID-19 vaccine on July 7, six days before collapsing on the Coatesville Area High School football field on July 13, officials said.

Officials noted that no COVID-19 respiratory disease was found, and cardiac examination showed no inflammation or myocarditis.

"The role, if any, that COVID-19 played in this death is therefore unknown, but in the opinion of the pathologists and the coroner it was not a contributing factor," the coroner's office said.

Contributing factors were cardiomegaly with fibrous scar and remodeling, obesity, and probable exposure to excessive environmental heat.

Immediate efforts by parents at the scene and subsequently by emergency services personnel were unsuccessful in resuscitating Hicks, authorities said.

The teen was pronounced dead at Brandywine Hospital.

After an examination by a specialist in cardiac pathology, they concluded that "while there were features of hypertrophic cardiomyopathy, a condition frequently associated with sudden death in young athletes, the diagnosis could not be definitively made or ruled out in this case."

"This tragic unexpected death of a young athlete was intensively investigated," Chester County Coroner Dr. Christina VandePol said.

"Testing included autopsy, toxicology, specialized cardiac pathology and neuropathology, and genetic testing. Key findings were an enlarged heart and a thickened heart muscle that showed scarring."

"Although the findings did not meet the criteria for hypertrophic cardiomyopathy, they are associated with sudden cardiac death. Toxicology was negative. Genetic testing for 168 variants associated with cardiomyopathy and arrhythmias was also negative. Finally, the hot, humid weather conditions may have played a role, but we found no evidence of dehydration," she added.

"He had received his second Pfizer-BioNTech COVID-19 vaccine on July 7, six days before collapsing on the Coatesville Area High School football field on July 13, officials said."

"Officials noted that no COVID-19 respiratory disease was found, and cardiac examination showed no inflammation or myocarditis."

"while there were features of hypertrophic cardiomyopathy, a condition frequently associated with sudden death in young athletes, the diagnosis could not be definitively made or ruled out in this case"

"Testing included autopsy, toxicology, specialized cardiac pathology, neuropathology and genetic testing. Key features were an enlarged heart and a thickened heart muscle that showed scarring...toxicology was negative....genetic testing was negative"

### My Take...

Hundreds of teenagers have collapsed and died while playing sports, starting in 2021, after the COVID-19 mRNA Vaccines rolled out.

It's extremely rare that we get details in mainstream media on the COVID-19 Vaccine status of such sudden deaths.

16 year old Ivan Hicks received his 2nd Pfizer COVID-19 mRNA Vaccine 6 days before he dropped dead on the field during a football scrimmage on July 13, 2021.

The autopsy was inconclusive.

Unfortunately, the pathologist did not stain his heart for the spike protein, the one test that probably would have given a definitive answer.

## **Pfizer & Moderna COVID-19 mRNA Vaccines Damage the Heart Within 48 Hours**

[2023 Oct.12 - Schreckenberg et al](#) - Cardiac side effects of RNA-based SARS-CoV-2 vaccines: Hidden cardiotoxic effects of mRNA-1273 and BNT162b2 on ventricular myocyte function and structure

- “After 48 h, expression of the encoded spike protein was detected in ventricular cardiomyocytes for both mRNAs.”
- “At this point in time, mRNA-1273 induced arrhythmic as well as completely irregular contractions associated with irregular as well as localized calcium transients, which provide indications of significant dysfunction of the cardiac ryanodine receptor (RyR2)”
- “In contrast, BNT162b2 increased cardiomyocyte contraction via significantly increased protein kinase A (PKA) activity at the cellular level.”
- “Here, we demonstrated for the first time, that in isolated cardiomyocytes, both mRNA-1273 and BNT162b2 induce specific dysfunctions that correlate pathophysiologically to CARDIOMYOPATHY”
  
- “Both RyR2 impairment (Moderna) and sustained PKA activation (Pfizer) may significantly increase the risk of acute cardiac events.”

**This is a Pfizer COVID-19 mRNA Vaccine sudden death until proven otherwise.**

There doesn't need to be overt myocarditis for these kids to drop dead.

Within 48 hours of the first COVID-19 mRNA Vaccine injection, their heart cells suffer dysfunctions that “increase the risk of acute cardiac events”.

Within 48 hours.

How many kids have died in this manner since start of 2021?

Globally... THOUSANDS.



# Cardiac side effects of RNA-based SARS-CoV-2 vaccines: Hidden cardiotoxic effects of mRNA-1273 and BNT162b2 on ventricular myocyte function and structure

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## Abstract

**Background and Purpose:** To protect against SARS-CoV-2 infection, the first mRNA-based vaccines, Spikevax (mRNA-1273, Moderna) and Comirnaty (BNT162b2, Pfizer/Biontech), were approved in 2020. The structure and assembly of the immunogen—in both cases, the SARS-CoV-2 spike (S) glycoprotein—are determined by a messenger RNA sequence that is translated by endogenous ribosomes. Cardiac side-effects, which for the most part can be classified by their clinical symptoms as myo- and/or pericarditis, can be caused by both mRNA-1273 and BNT162b2.

**Experimental Approach:** As persuasive theories for the underlying pathomechanisms have yet to be developed, this study investigated the effect of mRNA-1273 and BNT162b2 on the function, structure, and viability of isolated adult rat cardiomyocytes over a 72 h period.

**Key Results:** In the first 24 h after application, both mRNA-1273 and BNT162b2 caused neither functional disturbances nor morphological abnormalities. After 48 h, expression of the encoded spike protein was detected in ventricular cardiomyocytes for both mRNAs. At this point in time, mRNA-1273 induced arrhythmic as well as completely irregular contractions associated with irregular as well as localized calcium transients, which provide indications of significant dysfunction of the cardiac ryanodine receptor (RyR2). In contrast, BNT162b2 increased cardiomyocyte contraction via significantly increased protein kinase A (PKA) activity at the cellular level.

**Conclusion and Implications:** Here, we demonstrated for the first time, that in isolated cardiomyocytes, both mRNA-1273 and BNT162b2 induce specific dysfunctions that correlate pathophysiologically to cardiomyopathy. Both RyR2 impairment and sustained PKA activation may significantly increase the risk of acute cardiac events.

## KEYWORDS

BNT162b2, cardiac dysfunction, cardiac side effects, mRNA-1273, protein kinase A (PKA), ryanodine receptor (RyR2), SARS-CoV-2 spike (S) glycoprotein

**Abbreviations:**  $\alpha$ -MHC,  $\alpha$ -myosin heavy chain; dL L<sup>-1</sup> in %, relative cell shortening; F-actin, filamentous actin; ISO, isoprenaline; LNP, lipid nanoparticle; mRNA, messenger RNA; phalloidine-TRITC, phalloidine tetramethylrhodamine B isothiocyanate; PKA, protein kinase A; PM, Powell medium; RyR2, cardiac ryanodine receptor; SR, sarcoplasmic reticulum.

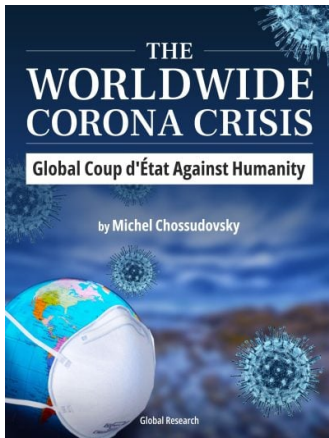
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**Dr. William Makis** is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.



## **The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity**

**by Michel Chossudovsky**

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

*“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”*

### **Reviews**

*This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —**Dr. Mike Yeadon***

*In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. —**Dr. Emanuel Garcia***

*In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —**Peter Koenig***

*Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. —**David Skripac***

*A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global*

*coup d'état under way called "The Great Reset" that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin*

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