

Study Finds Athlete Deaths Are 1,700% Higher Than Expected Since COVID-19 Vaccination Began

By [The Expose](#)

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Theme: [Science and Medicine](#)

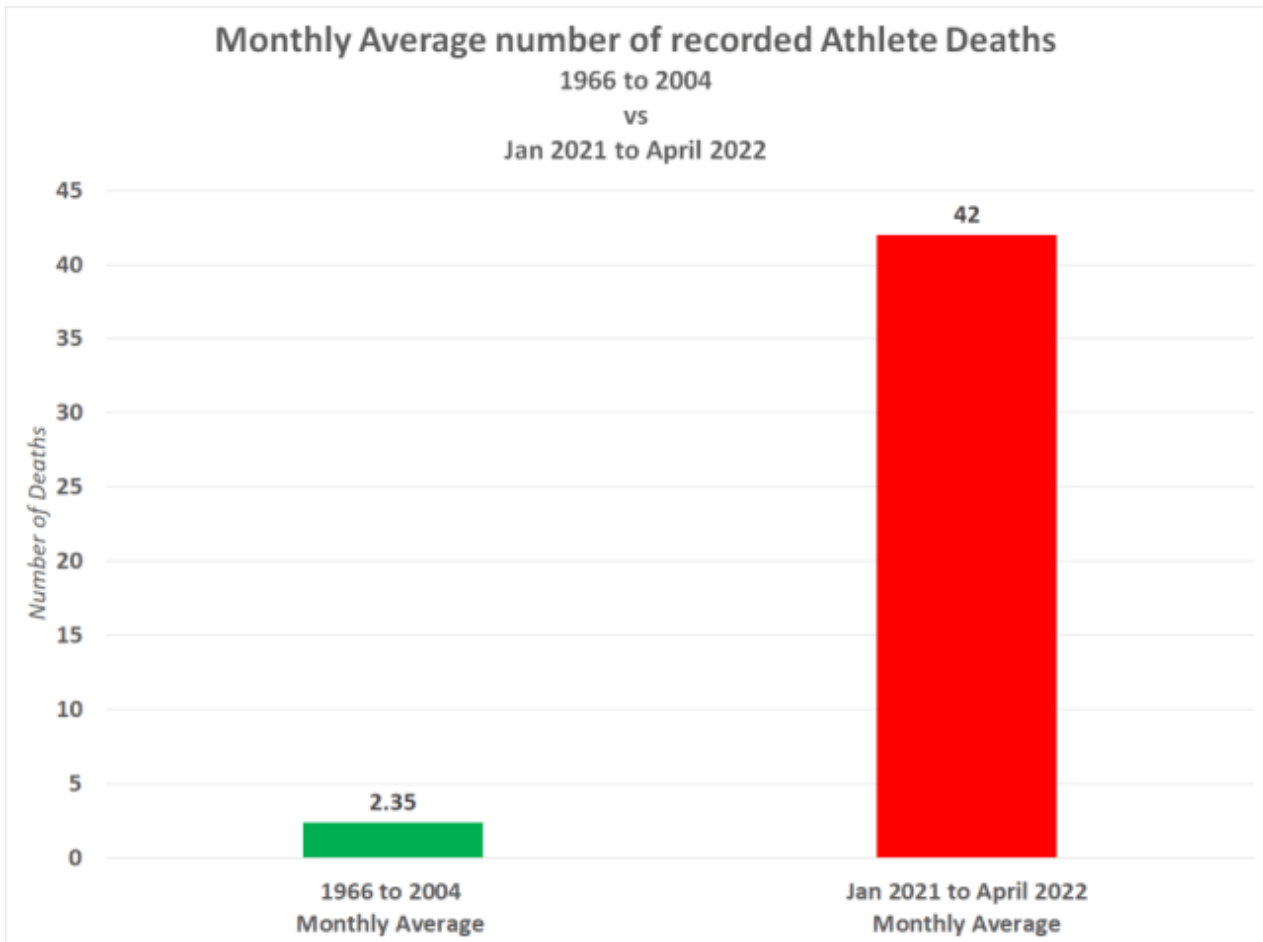
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An investigation of official statistics has found that the number of athletes who have died since the beginning of 2021 has risen exponentially compared to the yearly number of deaths of athletes officially recorded between 1966 and 2004.

So much so that the monthly average number of deaths between January 2021 and April 2022 is 1,700% higher than the monthly average between 1966 and 2004, and the current trend for 2022 so far shows this could increase to 4,120% if the increased number of deaths continues, with the number of deaths in March 2022 alone 3 times higher than the previous annual average.



According to a [scientific study](#) conducted by the 'Division of Pediatric Cardiology, University Hospital of Lausanne, Lausanne, Switzerland which was published in 2006, between the years 1966 and 2004 there were 1,101 sudden deaths among athletes under the age of 35.

Sudden cardiac death in athletes: the Lausanne Recommendations

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Abstract

Objectives: This study reports on sudden cardiac death (SCD) in sport in the literature and aims at achieving a generally acceptable preparticipation screening protocol (PPSP) endorsed by the consensus meeting of the International Olympic Committee (IOC).

Background: The sudden death of athletes under 35 years engaged in competitive sports is a well-known occurrence; the incidence is higher in athletes (approximately 2/100,000 per year) than in non-athletes (2.5 : 1), and the cause is cardiovascular in over 90%.

Methods: A systematic review of the literature identified causes of SCD, sex, age, underlying cardiac disease and the type of sport and PPSP in use. Methods necessary to detect pre-existing cardiac abnormalities are discussed to formulate a PPSP for the Medical Commission of the IOC.

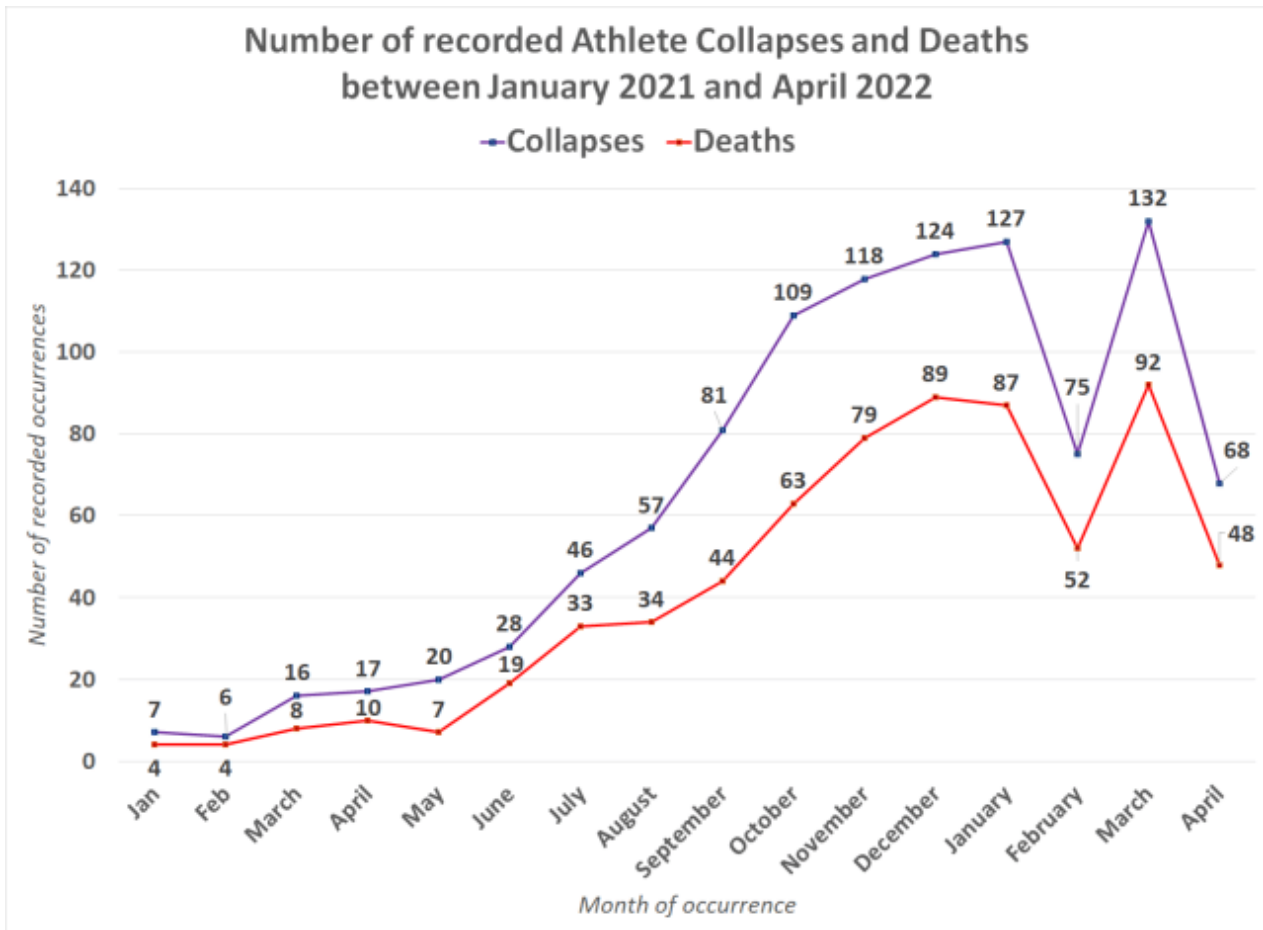
Results: SCD occurred in 1101 (1966-2004) reported cases in athletes under 35 years, 50% had congenital anatomical heart disease and cardiomyopathies and 10% had early-onset atherosclerotic heart disease. Forty percent occurred in athletes under 18 years, 33% under 16 years; the female/male

[Source](#)

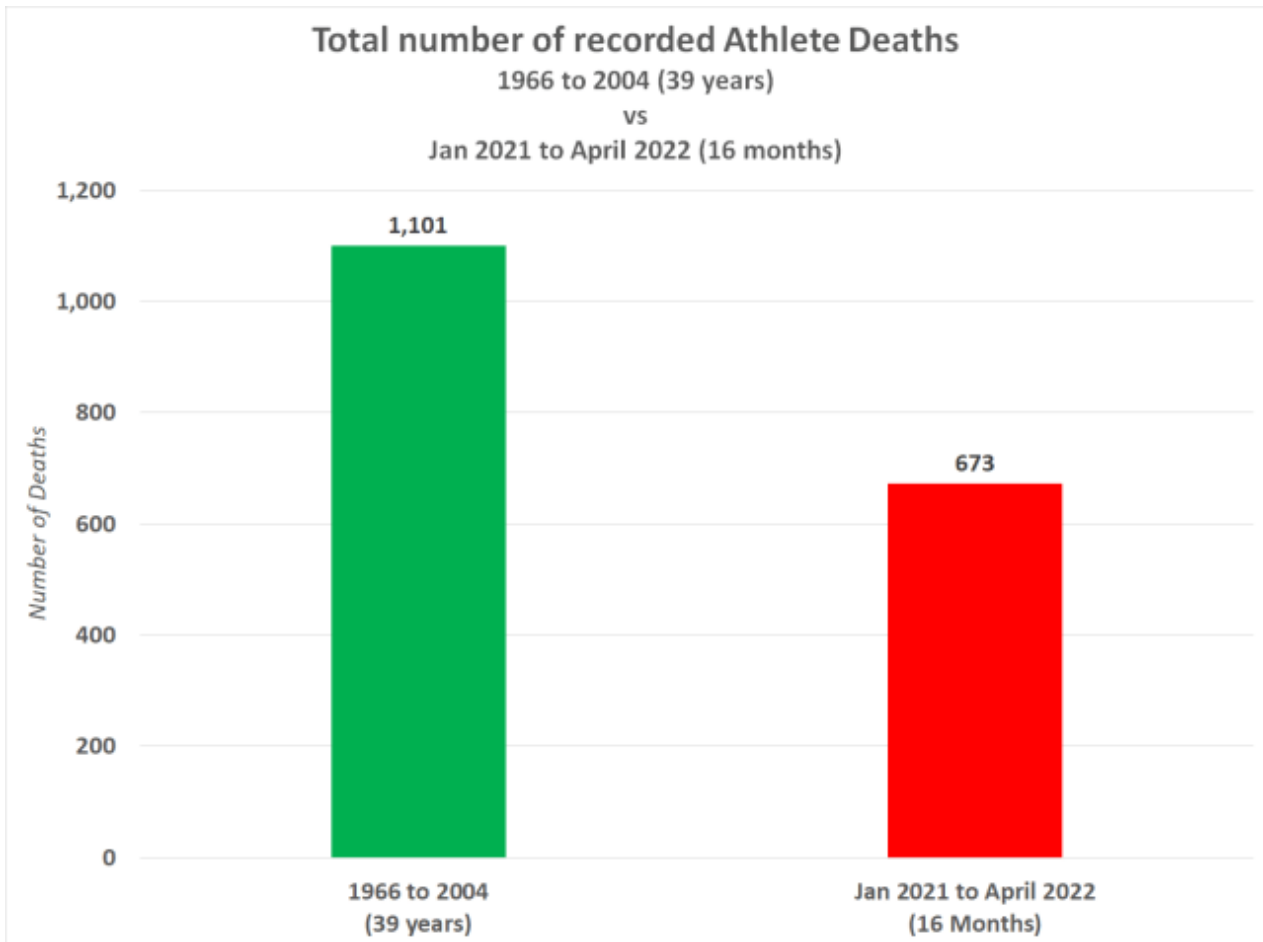
Now, thanks to the [GoodSciencing.com](#) team, we have a **comprehensive list of athletes who have collapsed and/or died since January 2021**, a month after the first Covid-19 injection was administered to the general public.

Because it is such a long list, we are not including it in this article so that full list can be accessed in full [here](#).

The following chart shows the **number of recorded athlete collapses and deaths between January 2021 and April 2022**, courtesy of the linked list above –

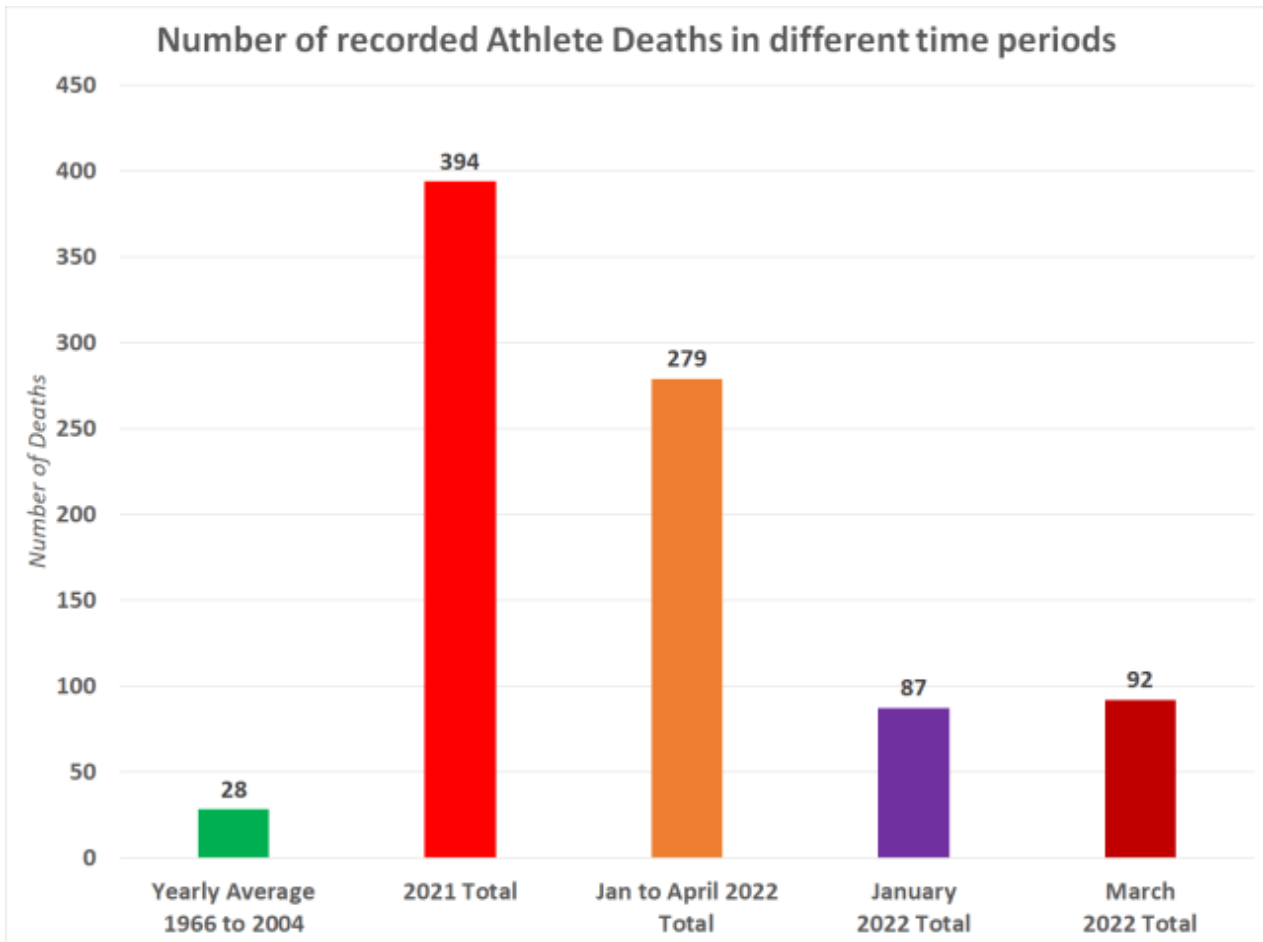


As you can see there has certainly been a rise from January 2021 onwards, the question is whether this was ordinary and to be expected?



In all, between Jan 21 and April 22 a total number of 673 athletes are known to have died. This number could, however, be much higher. So that's 428 less than the number to have died between 1966 and 2004. The difference here though is that the **1,101 deaths occurred over 39 years, whereas 673 recent deaths have occurred over 16 months.**

The following chart shows the number of recorded athlete deaths in different time periods -

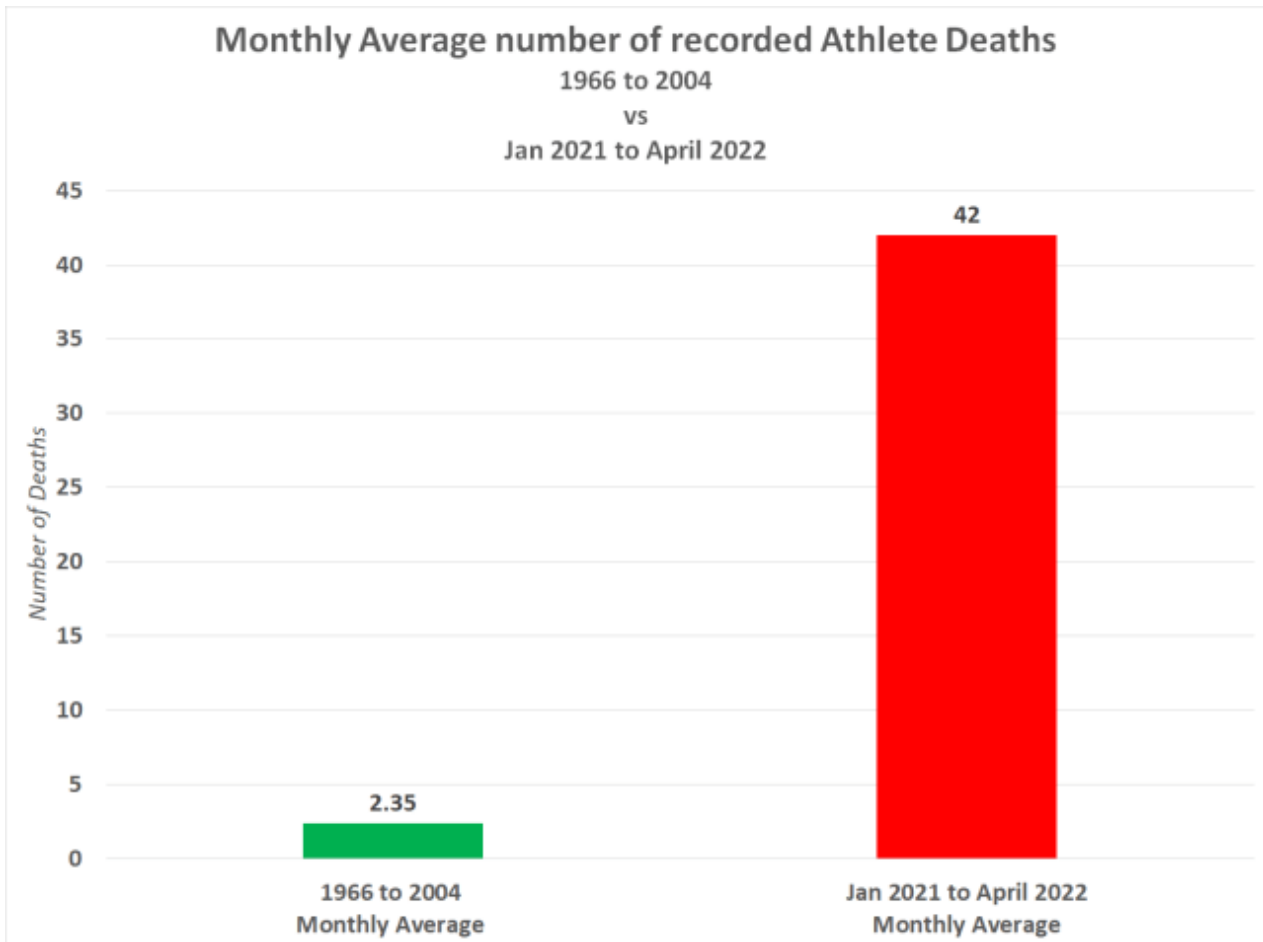


The **yearly average** number of deaths between 1966 and 2004 equates to **28**. **January 2022** saw 3 times as many athlete deaths than this previous annual average, as did **March 2022**. So this is obviously highly indicative of a problem.

The 2021 total equates to 394 deaths, 14x higher than the 1966 to 2004 annual average. The Jan to April 2022 total, a period of 4 months, equates to 279 deaths, 9.96x higher than the annual average between 1966 and 2004.

However, if we divide the 66 to 04 annual average by 3 to make it equivalent to the 4 months worth of deaths so far in 2022, we get 9.3 deaths. So in effect, **2022 so far has seen deaths 10x higher than the expected rate.**

The following chart shows the **monthly average** number of recorded athlete deaths -



So between 1966 and 2004, the monthly average number of deaths equates to **2.35**. But between January 2021 and April 2022, the monthly average equates to **42**. This is an **increase of 1,696%**.

So why have we seen such a dramatic increase?

The answer most likely lies in the introduction of an experimental injection that was alleged to protect against Covid-19 disease but instead caused untold damage to the immune system and cardiovascular problems.

A [study](#) of 566 patients who received either the Pfizer or Moderna vaccines shows that **signs of cardiovascular damage soared following the 2nd shot**. The risk of heart attacks or other severe coronary problems more than doubled months after the vaccines were administered, based on changes in markers of inflammation and cell damage.

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern 

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 \pm 20 above the norm to 82 \pm 75 above the norm post-vac; sFas increased from 22 \pm 15 above the norm to 46 \pm 24 above the norm post-vac; HGF increased from 42 \pm 12 above the norm to 86 \pm 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

[Source](#)

Patients had a 1 in 4 risk for severe problems after the vaccines, compared to 1 in 9 before. Their 5-year heart attack risk went from 11% to 25% thanks to the vaccines (that is a 227% increase).

Dr. Steven Gundry, a Nebraska physician and retired cardiac surgeon, presented the findings at the Scientific Sessions of the American Heart Association's annual conference in Boston On November 12-14. An abstract of his paper was published on November 8 in Circulation, the AHA's scientific journal.

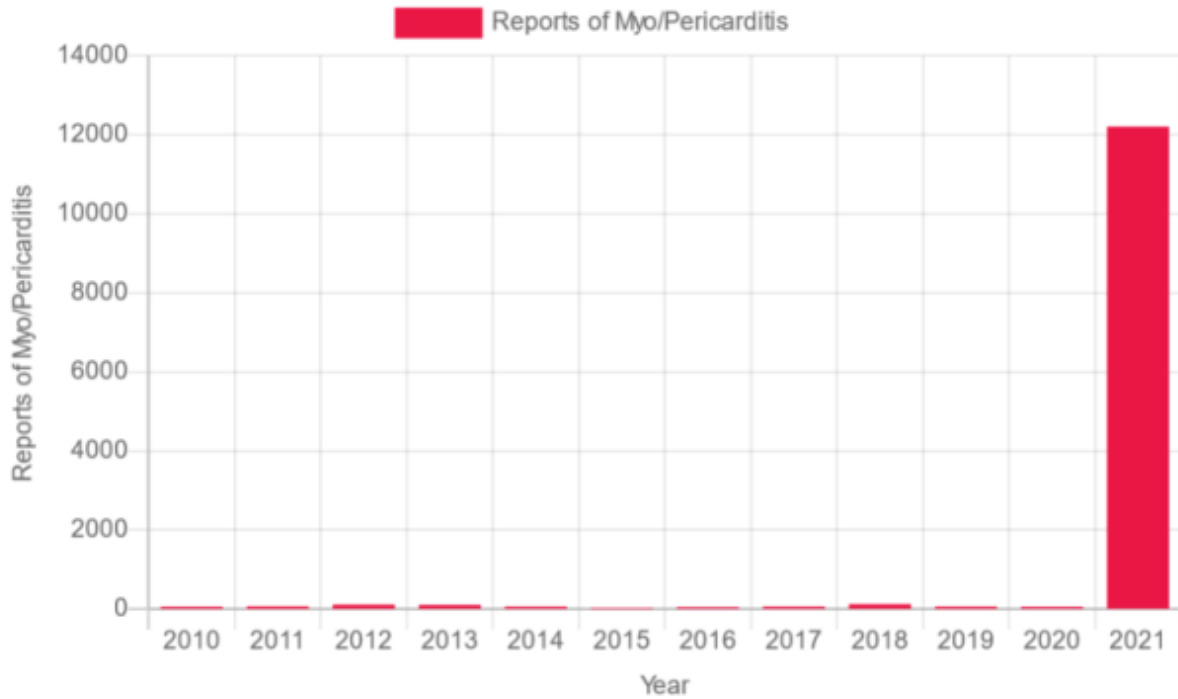
[See this.](#)

But we really don't need to look any further than the **number of cases of myocarditis caused by Covid-19 vaccination**. Myocarditis is a condition that causes inflammation of the heart muscle and reduces the heart's ability to pump blood, and can cause rapid or abnormal heart rhythms.

Eventually, myocarditis weakens the heart so that the rest of the body doesn't get enough blood. Clots can then form in the heart, leading to a stroke or heart attack. Other complications of the condition include sudden cardiac death. There is no mild version of myocarditis, it is extremely serious due to the fact that the **heart muscle is incapable of regenerating**. Therefore, once the damage is done, there is no rewinding the clock.

The following chart shows reports of myocarditis to the U.S. Centers for Disease Control's Vaccine Adverse Event Reporting System (VAERS) by year -

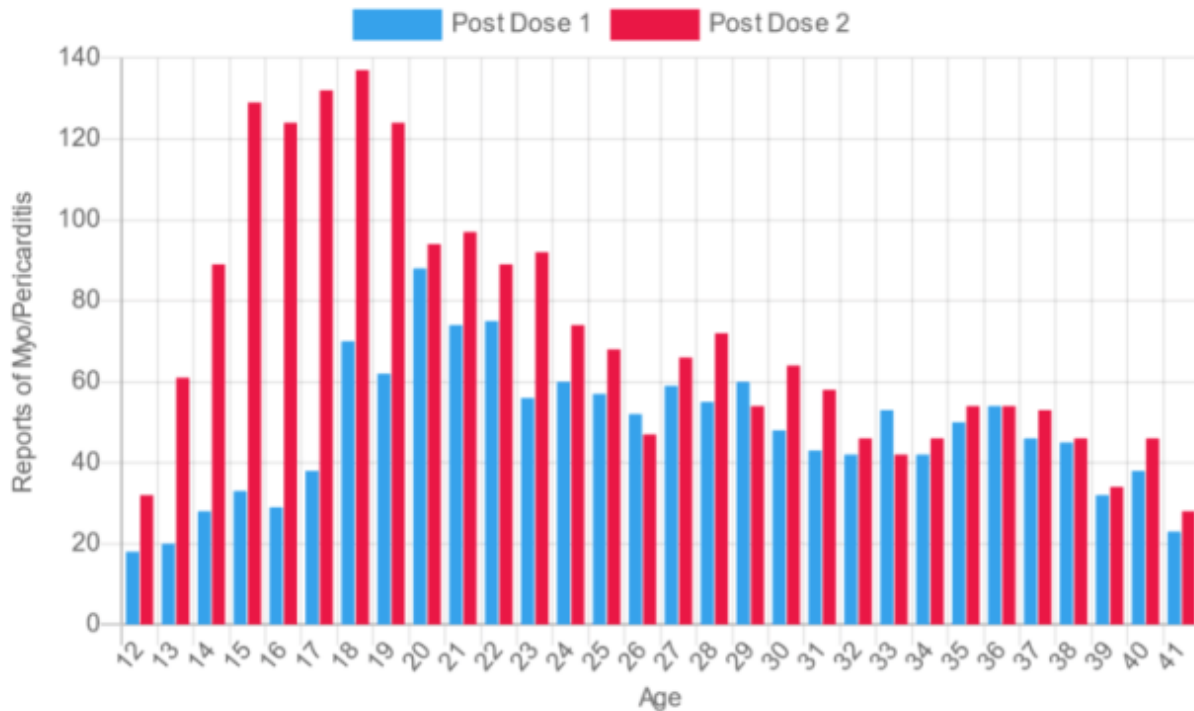
All Myo/Pericarditis Reported to VAERS by Year (all vaccines)



Heart damage is ubiquitous throughout the vaccinated population, and the damage is being diagnosed in multiple ways. **Acute cardiac failure** rates are now 475 times the normal baseline rate in VAERS. **Tachycardia rates** are 7,973 times the baseline rate. **Acute myocardial infarction** is 412 times the baseline rate. The rates of **internal haemorrhage, peripheral artery thrombosis, coronary artery occlusion** are all over 300 times the baseline rate.

Fully vaccinated people are suffering like never before.

All Myo/Pericarditis Reported to VAERS Post COVID Vaccine by Dose



It doesn't take a genius to work out that Covid-19 vaccination is the reason the monthly average number of athlete deaths is now 1,700% higher than the expected rate.

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