

Why Are Professional Athletes Collapsing on the Field?

By [Dr. Joseph Mercola](#)

Global Research, February 18, 2022

[Mercola](#)

Region: [USA](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

To receive Global Research’s Daily Newsletter (selected articles), [click here](#).

Visit and follow us on Instagram at [@globalresearch_crg](#).

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

*

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?



[Click here to watch the video.](#)

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 VICP 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 coadministered 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

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @globalresearch_crg. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

¹ [Open VAERS, COVID-19 Data](#)

² [YouTube, July 17, 2019](#)

³ [The Desert Review, February 7, 2022](#)

⁴ [Red Voice Media, January 14, 2022](#)

⁵ [Rumble, February 1, 2022, Minute 23:30 – 24:35](#)

⁶ [Rumble, February 1, 2022, Minute 25:25 & 26:38](#)

⁷ [Rumble, February 1, 2022, Minute 27:25](#)

⁸ [YouTube, Dr. John Campbell, Kyle's Vaccine Complication October 21, 2021](#)

⁹ [YouTube, Dr. John Campbell, Kyle's Vaccine Complication October 21, 2021, 1:01](#)

¹⁰ [YouTube, Dr. John Campbell, Kyle's Vaccine Complication October 21, 2021, 41:51](#)

¹¹ [Reuters, November 29, 2021](#)

¹² [Rumble, January 26, 2022](#)

¹³ [Rumble, January 26, 2022, 00:48](#)

¹⁴ [Fortune, May 3, 2021](#)

¹⁵ [Health Resources & Services Administration January 2020](#)

¹⁶ [Congressional Research Service, October 20, 2021](#)

¹⁷ [Public Law 99-660](#)

¹⁸ [Health and Human Services, Public Readiness and Emergency Preparedness Act](#)

- ¹⁹ [Federal Register, March 17, 2020](#)
- ²⁰ [Vaccine Adverse Event Reporting System](#)
- ²¹ [YouTube, January 11, 2022, Min 2:49:30](#)
- ^{22, 26} [VAERS, About](#)
- ²³ [About David Martin](#)
- ²⁴ [Twitter, January 5, 2022, Min 00:27](#)
- ²⁵ [Public Law 99-660 Title XXI, Subtitle 1, Sec. 2102\(a\)\(3\)](#)
- ²⁷ [Twitter, January 5, 2022, Min 1:40](#)
- ²⁸ [BitChute, December 18, 2021](#)
- ²⁹ [Odysee, January 20, 2022](#)
- ³⁰ [Odysee, January 20, 2022, Min 6:40 & 7:50](#)
- ³¹ [Odysee, January 20, 2022, Min 12:50](#)
- ^{32, 34} [Odysee, January 20, 2022, Minute 19:30](#)
- ³³ [Odysee, January 20, 2022, Minute 20:45](#)

Featured image is from Children's Health Defense

The original source of this article is [Mercola](#)
Copyright © [Dr. Joseph Mercola](#), [Mercola](#), 2022

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: **[Dr. Joseph Mercola](#)**

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in

print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca