

The “Silent Cardiac Killer” Fraud: At Least 20 Young People Age 14-35 Drop Dead Each Week. One in 300 Now Carry an “Undetected Heart Condition”

How they are planning to cover up COVID-19 vaccine cardiac deaths

By [Dr. William Makis](#)

Theme: [Science and Medicine](#)

Global Research, January 10, 2024

[COVID Intel](#)

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[Channel 4 News presented by Cathy Newman on Nov. 12, 2023](#): *Clarissa Nicholls’ mother talks about the sudden death of her 20 year old daughter.*

12 Nov 2023

Sudden cardiac death affecting 12 young people every week – what is this ‘silent killer’?



Cathy Newman
Presenter

It's been described as a "silent killer" of young, seemingly fit people.

The charity Cardiac Risk in the Young estimates that every week, at least 12 people aged between 14 and 35 suffer sudden cardiac death – and 1 in 300 may carry the condition.

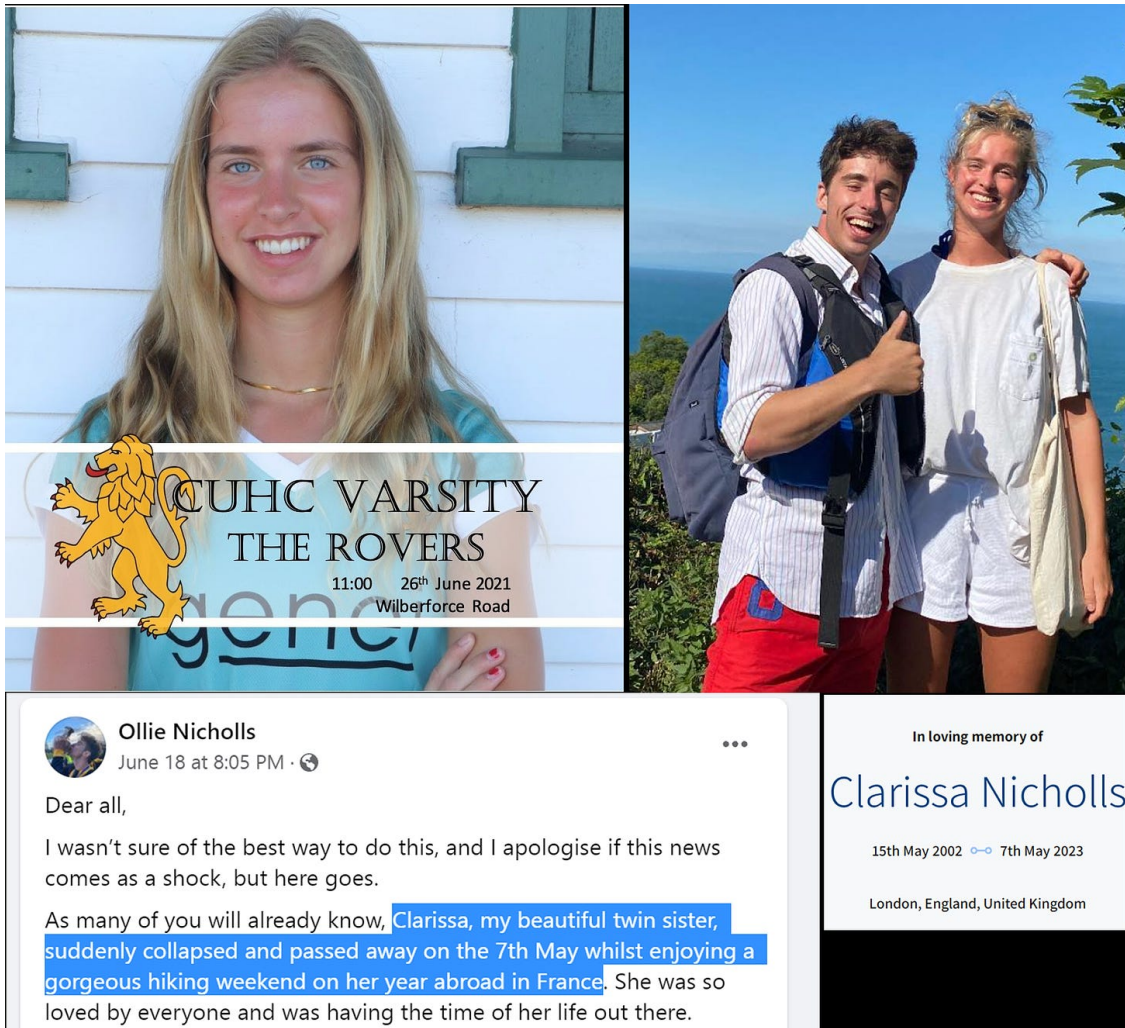
A leading pathologist has told this programme they believe those figures are an under-estimate.

The mother of one young woman who died is campaigning for grassroots sports clubs to give young athletes – who are potentially most at risk – mandatory heart screening by specialists.

This story was produced by Claire Sinka.

I reported this sudden death in June 2023 on Twitter:

[May 7, 2023](#) – London, UK – 20 yo Clarissa Nicholls was studying languages at Cambridge University. She went for a trip to France in May 2023. She collapsed & died suddenly from cardiac arrest on May 7, 2023 while hiking in France. It's virtually a certainty that she was COVID-19 Vaccinated.



They told the mother Clarissa had Arrhythmogenic Cardiomyopathy. She believed them.

However, they lied to her. This is a new fraud that they are now pushing in the UK, Australia as well as the United States (except Canada where doctors insist none of this is happening).

In this Channel 4 Report, they claim at least 1 in 300 young people have this condition. That is also a lie.

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[Jan. 4, 2024 \(First Coast News\)](#) - University of Washington Center for Sports Cardiology Director Dr.Jonathan Drezner (he/him) - "Any child can be potentially at risk". "He says about 1 in 300 young people have the heart condition that can lead to sudden cardiac arrest".



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

In this propaganda piece, they are combining two tragic deaths from 2009 and 2016, and trying to link those deaths to the new post COVID-19 Vaccine phenomenon of young people "Dying suddenly."

The lie: "1 in 300 young people have this condition."

They're trying to find an excuse to start cardiac screening in young people 12-22.

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From 1 in 5000, according to Boston Children's Hospital, to 1 in 300.

According to [Boston Children's Hospital](#):



Arrhythmogenic Cardiomyopathy

What is arrhythmogenic cardiomyopathy?

Arrhythmogenic cardiomyopathy is a genetic [cardiomyopathy](#) thought to affect 1 in 5,000 people, where the heart muscle (myocardium) is replaced by both scar (fibrosis) and fat. This can affect predominantly the right ventricle, the left ventricle, or both ventricles. The replacement of normal heart muscle by fibrosis has two major effects. First, it affects normal transmission of the electrical signals through the heart, leading to heart rhythm disorders ([arrhythmias](#)), which can be potentially life-threatening. Second, it can cause a decrease in cardiac function and increase the risk of heart failure.


There are three types of arrhythmogenic cardiomyopathy:

- arrhythmogenic right ventricular cardiomyopathy (ARVC), the most well-known type of the condition, which affects mainly the right ventricle. This is sometimes referred to as arrhythmogenic right ventricular dysplasia (ARVD).
- left-dominant arrhythmogenic cardiomyopathy, which mainly affect only the left ventricle
- biventricular arrhythmogenic cardiomyopathy, which affects both ventricles

([2017 Corrado et al](#)) Peer reviewed research in 2017 also suggests a consensus among cardiologists of 1 in 5000.

Circulation Research

Arrhythmogenic Cardiomyopathy

Domenico Corrado , Cristina Basso and Daniel P. Judge

Originally published 15 Sep 2017 | <https://doi.org/10.1161/CIRCRESAHA.117.309345> | *Circulation Research*. 2017;121:784–802

Epidemiology


The population frequency of AC has been estimated at 1:1000 to 5000. Investigators in one of these studies estimated its prevalence on the basis of the number of patients diagnosed with AC evaluated >7 years (n=80), normalizing this to the population served by a regional hospital (n=80 000), concluding the rate of 1:1000.⁷ Because the initial manifestation may be sudden cardiac death (SCD), undiagnosed patients probably make up an additional 30% in most populations.⁸ **Yet, the prevailing opinion by most specialists in this area is that the prevalence is closer to 1:5000.** The discordance may be related to frequent misdiagnoses. One report on the rate of misdiagnosis for AC identified that only 24 of 89 (27%) people referred to a tertiary center met the diagnostic criteria established at the time.⁹ AC is known to occur throughout the world. It has historically had a high prevalence in Northeastern Italy, where a systematic investigation of the causes of SCD in the young and a universal preparticipation screening strategy have identified affected individuals more commonly than in other countries. This led many to consider AC a Venetian disease; instead, it certainly occurs throughout the rest of Italy and Europe.^{8,10,11} Large cohorts sharing founder mutations are present in the Netherlands, and tracking of mutant haplotypes identified a distribution extending into North America.¹² AC was first reported from South America as part of a syndrome involving woolly hair and palmoplantar keratoderma (Carvajal),¹³ and other forms of nonsyndromic AC also occur in Asia and Africa.^{14,15} Within the United States, most patients are white although some individuals with Asian and African ancestry also exist in well-characterized cohorts.¹⁶

[1998 Dec \(Ahmad et al\)](#) – Localization of a Gene Responsible for Arrhythmogenic Right Ventricular Dysplasia to Chromosome 3p23 (1 in 5000).



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Localization of a Gene Responsible for Arrhythmogenic Right Ventricular Dysplasia to Chromosome 3p23

Ferhaan Ahmad, Duanxiang Li, Akihiko Karibe, Oscar Gonzalez, Terry Tapscott, Rita Hill, Donald Weillbaeher, Peter Blackie, Michael Furey, Martin Gardner, Linda L. Bachinski and Robert Roberts

Originally published 22 Dec 1998 | <https://doi.org/10.1161/01.CIR.98.25.2791> | Circulation. 1998;98:2791–2795

Abstract

Background—Arrhythmogenic right ventricular dysplasia (ARVD), a familial cardiomyopathy occurring with a prevalence of 1 in 5000, is characterized by replacement of myocytes with fatty and fibrous tissue. Clinical manifestations include structural and functional abnormalities of the right ventricle and arrhythmias, leading to a sudden death rate of 2.5% per year. Four loci have been mapped, but no gene has been identified as yet.

Methods and Results—We identified a large family of >200 members with ARVD segregating as an autosomal dominant trait affecting 10 living individuals. The diagnosis of ARVD was based on international diagnostic criteria including history, physical examination, ECG, echocardiogram, right ventricular angiogram, endomyocardial biopsy, and 24-hour ambulatory ECG. Blood was collected for DNA from 149 family members. Analysis of 257 polymorphic microsatellite markers by genetic linkage excluded previously known loci for ARVD and identified a novel locus at 3p23. Analysis of an

According to San Diego healthcare provider “[SHARP](#)”, there is a large group of conditions that comprise “1 in 300 young people has an undetected heart condition that puts them at risk of sudden cardiac arrest”:

The risk of sudden cardiac arrest in young athletes

By The Health News Team | March 23, 2022

Sudden cardiac arrest (SCA) is the No. 1 killer of student athletes and the leading cause of death on school campuses, according to the [Eric Paredes Save A Life Foundation](#), a nonprofit organization established after the death of Eric Paredes, a San Diego high school student athlete who died suddenly from SCA.

Studies show that 1 in 300 young people has an undetected heart condition that puts them at risk of sudden cardiac arrest. The loss of heart function can be wholly unexpected for both the athlete and their loved ones.

According to Dr. Azimi, some of the conditions that could cause SCA include:

- **Hypertrophic cardiomyopathy (HCM)**, which occurs when the muscle in the heart's lower chambers thicken, causing an abnormal heart rhythm.
- **Long QT syndrome (LQTS)**, an arrhythmia (irregular heart rhythm) that causes a fast and chaotic heartbeat.
- **Wolff-Parkinson-White syndrome (WPW)**, which occurs when an extra electrical pathway in the heart creates a detour for blood flow, resulting in the heart pumping quickly.
- **Arrhythmogenic right ventricular dysplasia (ARVD)**, an inherited condition, it occurs if the muscle tissue in the right ventricle dies and is replaced with scar tissue, which disrupts the heart's electrical signals and causes irregular heart rhythms.
- **Coronary artery abnormalities**, which are typically congenital.
- **Other primary arrhythmias**, or irregular heartbeats, such as sinus tachycardia, supraventricular tachycardia, nonspecific arrhythmia, bradycardia and atrial fibrillation ([AFib](#)).
- **Myocarditis**, which is inflammation of the heart muscles caused by viral infections; it was recently linked in very rare cases to receiving a COVID-19 vaccine.
- **Marfan syndrome**, a connective tissue disorder that leads to weakening of the aorta and a sudden tear.

"There is also a phenomenon called **commotio cordis**, in which a sudden blunt impact to the chest can cause sudden death," Dr. Azimi says. "This condition was first described in the 18th century in the context of chest trauma among workers but has since been seen in modern-day athletes who play baseball, softball, lacrosse and hockey as well."

Of course the list wouldn't be complete without "commotio cordis", which they blamed for

the sudden cardiac arrest suffered by NFL football player Damar Hamlin on Jan. 3, 2023.

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Canadian doctors insist none of this is real and athletes are not dying.

I now take you over to my McGill colleague [Dr. Christopher Labos](#).

- Dr. Christopher Labos is a cardiologist with a degree in epidemiology. He spends most of his time doing things that he doesn't get paid for, like doing research, teaching, and podcasting. Occasionally, he finds time to practice as a cardiologist so he can pay his rent. He is a freelance contributor for the Montreal Gazette, CJAD, and has also appeared on CBC Radio and CBC Television.

[Athletes, Vaccines and Cardiac Deaths](#) by Dr. Labos:

- "It beggars belief, but I still sometimes hear people claim that waves of young athletes have died suddenly after being vaccinated. It is a pervasive hoax and still repeated by people to express doubts about the safety of the COVID-19 vaccines. Fortunately, we don't have to speculate about whether young athletes are dying or not. We can simply check."
- "More important, the incidence of sudden cardiac death among athletes has gone down over the past 20 years. It has not been increasing and there was no spike in cases after the introduction of the vaccine."

Dr. Labos tells us the British and Americans are lying.

"If someone tries to tell you young people are dropping dead during sport events, you should reply that while this has always been true, the rates are going down, not up. Science is on your side with this one."

Dr. Labos makes no mention of 1 in 300 young people having an "undiagnosed heart condition" that could put them at risk of sudden cardiac death.

Dr. Labos is a nice guy and a smart individual. But you see, in Canada, there is nothing out of the ordinary. Young people, especially athletes are not dying suddenly, they're actually healthier than ever before.

Why "Arrhythmogenic Cardiomyopathy"?

It may have to do with the nature of COVID-19 mRNA Vaccine injury to heart cells.

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

- Germany/Hungary study of Pfizer & Moderna COVID-19 mRNA Vaccine effects on adult rat heart cells
- within 48 hours, Pfizer and Moderna caused abnormalities in adult rat heart cell function but through different mechanisms

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.

My Take...

[Statistics Canada](#) tells us about 1 in 800 Canadians died as “excess deaths” in 2022. The vast majority of these will be COVID-19 Vaccine deaths

(This is some ugly but simple napkin math: 3 years of similar excess deaths (2021, 2022, 2023) would be 3/800, and from our autopsy paper with [Dr.McCullough](#), about 53% of those are cardiac, so 53% of 3/800 is about 1 in 500 Canadians died as excess cardiac deaths over 3 years).

(More ugly math: over 4 years (2021-2024) it would be $4/800 \times 0.53 = 1$ in 400 Canadians will have died as excess cardiac deaths over 4 years by end of 2024 and it gets to 1 in 300 by end of 2025).

Suddenly, mainstream media is telling us 1 in 300 young people have an “undiagnosed heart condition” that predisposes them to sudden cardiac death.

It’s almost as if big pharma did some napkin calculations of their own and made sure to have an explanation to cover all those inconvenient sudden cardiac deaths in young people and athletes, since COVID-19 Vaccines rolled out.

Pfizer & Moderna COVID-19 mRNA Vaccines impair cardiac function and cause cardiomyopathy which increases risk of sudden cardiac events.

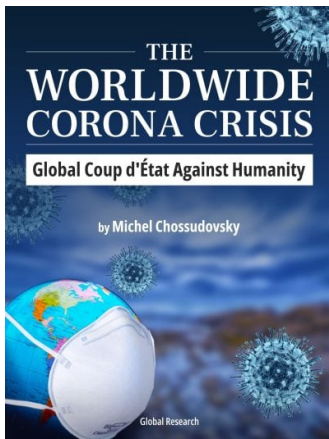
Perhaps it is easier for Clarissa’s mom to believe and accept her daughter died from a cardiomyopathy she was “born with”, rather than a cardiomyopathy and sudden cardiac arrest caused by COVID-19 mRNA Vaccines she was pressured to take by her University and forced to take to be able to do what she loved – travel.

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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.

Featured image [source](#)



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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Price: ~~\$11.50~~ FREE COPY! [Click here \(docsend\) and download.](#)

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