

Increasing Heart Attacks in Young Athletes

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Data from 2000 to 2016 revealed rising numbers of people aged 50 years and younger were having heart attacks. Many of those younger than 40 had a lower rate of hypertension than their older counterparts, but their long-term outcomes were similar
- › Outside of the medical literature, a 2023 National Geographic article appears to equate the rising number of athlete deaths from cardiac arrest to the increasing number of young adults with heart attacks resulting from a lack of oxygen supply to the heart muscle
- › Cardiologist Dr. Peter McCullough notes that a surge of adrenaline can trigger cardiac death in those with myocarditis. One natural surge happens between 3 a.m. and 6 a.m., which corresponds with many cases of people who have died in their sleep, and the other happens during athletic activity
- › During an interview in January 2023, just days after Damar Hamlin went into cardiac arrest on the football field, McCullough discussed the rising number of elite and well-conditioned athletes who have experienced cardiac arrest during practices or games
- › Although the Big Ten schools began a rigorous testing program for myocarditis before the COVID shot, they dropped the program and didn't reinstate it despite regulatory agencies publicly stating the shot, which all programs mandated for athletes, caused myocarditis in young men, and guidelines before COVID forbade players with myocarditis to play

Data¹ have revealed that more people are having heart attacks, and that more of those people are younger than 50 years. This is notable as this trend appears to have started well before COVID-19.

Your heart is about the size of your fist and beats roughly 100,000 times every day. This little muscle pumps about eight pints of blood through your circulatory system. The heart has three layers: The endocardium is a thin layer that lines the four chambers; the pericardium is a thin layer that surrounds the heart; the myocardium is the muscle in the middle that pumps blood.

Your heart also has a unique electrical system, the function of which is to stimulate the heart to beat. Each of these factors and more must work together so that oxygen and nutrients are delivered to your body. When things don't work right, it's called heart disease, which is the leading cause of death in men and women.

Increasing Heart Attacks in Young Adults Began Before COVID

In the 2019 study,² researchers evaluated 2,097 consecutive patients who were 50 years old or younger and admitted with a Type 1 myocardial infarction (heart attack). The data revealed that 20.5% of the patients were 40 years old or younger. When data from those patients were compared with older counterparts, they had similar risk profiles with two exceptions. The younger individuals had a higher rate of substance use but a lower rate of hypertension.

The patients were followed up for a median of 11.2 years and the researchers concluded that despite being approximately 10 years younger with a lower prevalence of hypertension, the “very young myocardial infarction patients had similar one-year and long-term outcomes when compared with those aged 41 to 50 years at the time of their index infarction.”³

In other words, despite the advantage of age, their long-term outcomes were the same as those who were 10 years older. A 2023⁴ opinion piece in JAMA also identified a growing number of adults 40 years and younger with premature heart attacks. The data

show that the numbers of heart attacks in this age group have been increasing by 2% every year. The commenters believe the rising prevalence is related to cardiovascular risk factors, such as obesity and hypertension.

The authors caution that the data reveal an “urgent need to refocus cardiovascular disease prevention efforts on young adults.” This trend is also being reported outside of medical literature. A 2023 article⁵ in National Geographic notes there is a rising number of young adults with cardiovascular disease leading to heart attacks.

In a confusing juxtaposition of facts, the National Geographic article appears to equate the rising number of athlete deaths from cardiac arrest to the increasing number of young adults with heart attacks. The article mentions the cardiac arrest that 18-year-old Bronny James, son of NBA star LeBron James, experienced during basketball practice at the University of Southern California.

The writer then states that cardiac arrest is different, but that it can be caused by several conditions, such as “cardiomyopathy (thickened heart muscle), heart failure, arrhythmias (irregular heartbeat) and, yes, heart attacks.” While technically correct that a heart attack can trigger cardiac arrest, during which the heart stops beating, it is very rare for highly trained athletes to have health conditions that trigger a heart attack and then cardiac arrest.

The article then lists some of the biggest risk factors for heart disease at a younger age, including “high blood pressure, diabetes, high cholesterol and obesity, all of which can clog and damage the arteries and blood vessels that carry oxygen-rich blood to the heart.”⁶ Finally, there are two paragraphs about COVID-19 and heart health, concluding, “However, it’s still not clear why younger adults appear to be more vulnerable to COVID’s cardiovascular complications.”

Rising Athlete Deaths Linked to Abnormal Electrical Events

No mention is made in the National Geographic article of the thousands who have had heart attacks or myocarditis from the COVID shot.⁷ In June 2021,⁸ the FDA

acknowledged that Pfizer and Moderna COVID-19 shots increase the risk for myocarditis and pericarditis.

According to the Vaccine Adverse Event Reporting System (VAERS),⁹ as of July 28, 2023, there were 27,343 cases of myocarditis or pericarditis, 20,505 heart attacks and 35,726 deaths, all connected with the COVID shots.

One year after the shot was released, a January 2022 JAMA study¹⁰ of 192,405,448 persons, concluded "... 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."

Then, in May 2023,¹¹ a Yale University press release called the 27,000-plus cases of myocarditis reported to VAERS "rare" events. During an interview with Peter Sweden,¹² cardiologist Dr. Peter McCullough describes the relationship between myocarditis and abnormal electrical events in the heart that lead to cardiac arrest.

"Here's the relationship: the COVID-19 vaccines cause myocarditis, the FDA and all the regulatory agencies agree. Now as a cardiologist, I can tell you if somebody has myocarditis, we can't let them play sports because the surge of adrenaline will trigger a cardiac arrest.

Our guidelines before COVID said don't let somebody with myocarditis play sports. So now athletes have taken the vaccine, they're developing myocarditis, they're playing sports and for some unfortunate ones, it triggers a cardiac death. This is a straightforward relationship. This is not controversial."

McCullough also notes that there are two times when there is a natural surge of adrenaline or epinephrine.¹³ One of those is between 3 a.m. and 6 a.m. in the morning, which corresponds with the many cases of people who have died in their sleep from sudden cardiac death. The second normal surge is during athletic activity.

Accountability and Transparency Have Been Lost

McCullough was interviewed by Children's Health Defense TV¹⁴ in January 2023, just after Damar Hamlin, a football player for the Buffalo Bills, experienced a cardiac arrest on the field. At the start of the interview, he discusses a recent paper¹⁵ in which he and his colleague found a significant increase in cardiac arrests after the release of the COVID shot.

“Recently I published with Dr. [Panagis] Polykretis from Europe, that before COVID-19 vaccine the average number of cardiac arrests in all of the European soccer and football leagues, which is way more players than the NFL, the average number of cardiac arrests were 29 per year, that’s before the vaccines.

The vaccines were ushered in in 2021 and since that time the tally now for cardiac arrest on the field with professional sports players in Europe is 1598; 1101 of them have been fatal cases.”

McCullough goes on to discuss myocarditis with interviewer Aimee McBride. He notes that in more than half the cases, there is no initial presentation and there are no symptoms, although scarring is visible on MRI. The scar that forms on the heart is the setup for an abnormal electrical rhythm that can lead to sudden adult death syndrome. In his initial analysis of the playback,¹⁶ McCullough rules out several conditions, among them commotio cordis.

Commotio cordis is a condition that can trigger cardiac arrest when the breastbone (sternum) is struck in just the right place. As McCullough describes, football gear protects the breastbone and while this condition is seen 20 to 30 times a year in baseball players, it has not been seen in NFL players, likely because of the protective gear they wear.

McCullough and McBride expressed hope that the case of Damar Hamlin would open the floodgates and create a situation in which the “silence and gaslighting” about the safety of the vaccine would come to an end because Hamlin’s event was publicized on national television, or “the world stage,” as McBride put it. In the past, an athlete’s vaccine history was silenced, but since the NFL mandated the shot, it was hoped this event would be enough to trigger an investigation.

Unfortunately, their hope was in vain as Hamlin announced in April 2023,¹⁷ that his condition was caused by commotio cordis, with no mention of his vaccination status being made in the media, despite the NFL statistics that at least 80% of the athletes took the shot by July 2021, and that some teams had greater than 90% of the players taking the shot.¹⁸

In a recent article on Substack,¹⁹ McCullough notes two studies, one that conclusively shows the myocarditis induced by the COVID-19 shot can be fatal, and another that found in young people with MRI-confirmed heart damage, there was 58% residual abnormality to the heart after one year – which suggests that the damage is forming a scar on the heart muscle and may be permanent at a year.

Interestingly, of the 40 adolescents (mostly boys) evaluated, 73% had no cardiac symptoms. Without an evaluation, parents would not have known the child had heart damage.

VAERS Likely Doesn't Show the Whole Picture

McCullough notes²⁰ a 1992 study that demonstrated a coronavirus infection could cause myocarditis in animals. When COVID-19 first appeared in 2020, approximately 30% of the Big Ten athletes got sick. The Big Ten programs instituted testing programs that included EKGs, echocardiograms, MRIs and blood work checking for cardiac troponin. After finding just six players with myocarditis out of the thousands tested, the testing program was abandoned.

Yet, once the vaccine was released and myocarditis became a real problem, the screening programs were not reinstated.

According to McCullough, none of the NFL and college football organizations are using advanced biomarkers to detect athletes with myocarditis, even after mandating that all athletes receive the vaccine and despite knowing the FDA and other regulatory agencies have acknowledged that myocarditis is a very real side effect. McCullough calls this a giant misstep of testing.

The VAERS system is supposed to identify vaccines that trigger an abnormal number of side effects, or lots of shots that cause problems. However, as McCullough notes, you must enter detailed information into VAERS with all the necessary information to file a report, including the vaccine lot number.²¹ He believes this is a significant reason for underreporting in VAERS, since without the vaccine card associated with that patient, you can't begin the report.

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-reported, not over-reported.

Sources and References

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- ⁸ [CNN, June 26, 2021](#)
- ¹⁰ [JAMA, 2022;327\(4\)](#)
- ¹¹ [Yale News, May 5, 2023](#)
- ¹² [Peter Sweden, April 1, 2023](#)
- ¹³ [CHD.TV, January 4, 2023, Min 20:30](#)
- ¹⁴ [CHD.TV, January 4, 2023, Min 8:50 & 10:50 & 17:30 \(in order\)](#)
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