

What Is The Story Behind Sudden Death Syndromes?



A Midwestern Doctor

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When you study the history of medicine, you will frequently observe that the nature of disease completely changes depending on the era and these forgotten sides of medicine can be found within many different sources and medical systems. As far as I know, Chinese medicine provides the most detailed picture of how human health has changed over the centuries, with medical texts that have been written over a span of thousands of years—while still remaining in use—and the Chinese have been relatively consistent in the use of their diagnostic framework.

Unfortunately, the history of those changes is almost always forgotten and people in each era instead tend to assume disease has always been the way it is presently (with the exception of modern medicine loudly proclaiming its banishment of many infectious diseases).

The history of these changes is critical to understand because often if you can recognize when a problematic disease emerged, doing so makes it possible to obtain an otherwise unobtainable perspective that allows one to identify the root cause of the disease (often an environmental toxin), and develop an effective treatment protocol for addressing it. Unfortunately, in most cases, this perspective does not enter the practice of medicine because the causes of a pervasive illness in society is often something people in power have a strong financial stake in keeping in use, or because so much money is made from treating the disease that there are strong financial pressures to have it remain “unsolvable.”

Typically, these changes are only recognized by physicians who were already in practice long before the changes happened so they had the context to fully appreciate the change that occurred and many fascinating lessons can be obtained by reading the writings of these early doctors who did not have many of the modern restrictions on what they could chronicle and publish. One of the first articles published on this substack for

example was a summary of the clinical changes observed within the human population following the introduction of the smallpox vaccine.

The Forgotten Side of Medicine

Early Clinical Observations on the Effects of Smallpox Vaccination

There are many incredible pieces of medical knowledge which have been lost to the dustbins of history. Often times, it is only possible to understand the changes that occurred within the health of the human species through a detailed review of what happened after each change they were exposed to. From my own study of the smallpox vaccination, I believ...

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I conducted a detailed exploration of that rather niche topic because I believe it marked one of the fundamental turning points in the characteristic of disease (only a few other things such as [the widespread adoption on mercury within medicine](#) belong on that list), and because a potential monkey pox epidemic may require us to relearn many lessons from over a century ago.

When COVID first started in 2019, I contacted a close friend (who is a distinguished physician) and told him I was relatively certain this was going to turn into a catastrophe and that the media was deliberately covering it up. He in turn told me he believed the virus was going to change the world in the same way HIV did and things would never be the same again (his interpretation at the time was exceedingly rare; I only know of one other doctor who felt the same, and she practiced far away in South Africa).

For some reason, events thrust me into the middle of this debacle from the start, and as I have watched everything transpire, I have begun to feel like I am one of the many

doctors I read about in the past who will witness a cataclysmic change in the nature of disease and have the context to appreciate exactly what changed and what caused it to happen. Conversely, I can only begin to imagine what the practice of medicine will be like for future doctors who have not yet begun their clinical rotations by the time the spike protein vaccines were on the market and hence will be led to believe the diseases they are seeing now represent how things always have been.

Diagnosing Disease

What is the immensely frustrating thing about modern medicine is that it has to established itself as an unfalsifiable system (the relationship between this foundational concept and “pseudoscience” was discussed [here](#)). Thus, regardless of what transpires, modern medicine is almost never at fault and remains the end all, be all, medical truth everything else must measure up to and prove itself under (this is what many institutional religions do).

In medicine, a wide range of diagnoses exist with impressive sounding names that falsely imply an understanding of the disease to the public which in fact is not present as the “disease” is simply classified by its presenting symptoms. In many cases, this is difficult to recognize because a significant portion of medical terminology is in Latin, and as a result a simple symptom-based diagnosis (such as some unknown factor causing inflammation of the skin) can instead sound very impressive when it is termed “dermatitis.”

One area where this illusion of knowledge is easier to recognize are for the “syndromes,” diseases whose symptoms are listed in English and then followed by “syndrome.” Whenever you dig into syndromes, you will often discover there is a clearly identifiable cause for the syndrome, but since the cause is a politically touchy subject, rather than describing the disease as a consequence of that cause, it is simply labeled as a nebulous “syndrome” (sometimes this also occurs with other ambiguously named diseases such as a “disorder”).

The syndromes and disorders are particularly frustrating because as described in the previous section they often suddenly emerge out of nowhere, have a clear cause they can

be attributed to at the time, and despite this, the medical field is never able to determine what triggered their sudden emergence.

Instead, in each case, a lot of money was spent to research the disorder, and a variety of factors are identified that are suspected to be linked to the disease, without the actual cause ever being identified. Managing the disease thus becomes an industry in of itself, and before long, the disease was just treated as something that has always been.

I started trying to make a list of all of the modern diseases follow this pattern, before realizing that there are so many, there is no practical way I can list all of them. Instead, I will try to describe the general categories you run into.

- Cause is immediately obvious and aggressively covered up, allowing cause and disease to continually worsen over time: Prior to the COVID vaccines, the best example of this was vaccines causing Autism. Autism has gone from an exceedingly rare disorder to a very common one and in most cases directly follows vaccination. Historical trends in increased vaccination also directly parallel the incidences of autism (with the moment the autism epidemic took off immediately following when Fauci brokered [a 1986 deal](#) to give vaccine manufacturers critical legal immunity from financially unsustainable vaccine injuries, which was not surprisingly then followed by a flood of unsafe vaccines entering the market). Research in this area is prohibited and whenever a study emerges linking vaccines to autism it is [either altered](#) or the author is prosecuted (ie. [Andrew Wakefield](#) or [Paul Thomas](#)).

- Cause is less obvious and hence easier obscure to obscure through countless studies that instead links an endless number of risk factors to the condition and creates a massive industry that gradually develops moderately effective treatments for the condition. Heart disease and diabetes are probably the best example in this regard. Other devastating conditions that somewhat fit within this paradigm (ie. Alzheimer's disease) never advance to having a moderately effective treatment (as while they can be addressed, no profitable treatment approaches exist), while many other slightly less devastating diseases end simply become partially disabling syndromes that nothing is ever done about.

- Cause is covertly addressed: The polio epidemics were largely due to [lead arsenate and then DDT pesticides being sprayed on crops](#). These were phased out at the same time the vaccines were rolled out leading to a mythology being built around a problematic vaccine that removed all blame from the pesticide manufactures (it should be noted that the decline of Polio was also due to a deliberate reclassification of the disease and at the present day the remaining cause of the disease is polio vaccine induced polio).
- Cause is publicly addressed (this one is rare): Mothers dying from severe infections (sepsis) following pregnancy due to physicians dissecting dead bodies and then failing to wash their hands before delivering the babies. This was solved by a hard-fought battle that [over decades](#) forced the medical field to disinfect their hands and resulted in the physician who advocated for the mothers being committed to an asylum where he was fatally beaten (he severely offended his colleagues by suggesting their hands could be unclean or harming patients).

When reviewing the syndromes in the next section, it is extremely important to remember that diseases caused by exposure to a toxin tend to distribute along a bell curve (with most patient's symptoms regressing to the mean), so for each severe injury you see, there are often also many more subtle injuries that are harder to link to the causative agent. This principle was why I was so concerned regarding the large number of fatal adverse responses to COVID vaccination I came across at the start of the roll out, I expected something akin to the [10% increase in disability within the population that followed the COVID vaccination campaign](#), and why I suspect significantly more problems will emerge in the future.

“Syndromes”

The focus of this series will be on the sudden death syndromes. In this section I will share some thoughts on other common syndromes that provide helpful context for those fatal syndromes. The point of this section is not so much to know the specific details of each syndrome, but rather to observe the common patterns which often generalize to the sudden death syndromes. It is extremely important to recognize how often an environmental toxin or pharmaceutical product is often the underlying cause of each syndrome.

The syndrome you have most likely heard of is SARS, which stands for severe acute respiratory syndrome. Recently, I also discussed a syndrome that appears to have an association with COVID-19 vaccination, [Ramsay Hunt syndrome](#), a highly unusual complication of shingles, after it came into vogue following [Justin Bieber's recent experience](#). I covered this topic because this syndrome sheds light on a very common but rarely recognized consequence of vaccine injury.

As far as I know, the most commonly known syndrome is [premenstrual syndrome](#), which arises from changes in circulating hormone levels that follow the menstrual cycle (the emotional changes that occur from PMS are thought to be due to withdrawals triggered by declining hormonal levels). What is less appreciated is that a similar condition, [irritable male syndrome](#), occurs in mammals with cyclical testosterone levels (due to them only breeding in one part of the year), and some argue, IMS occurs in certain human males. The thing that never ceases to amaze me about these hormonal syndromes is that despite PMS being widely recognized within the culture, there is almost no appreciation for the extreme psychiatric effects that result from altering hormonal levels with approaches such as birth control pills (**which are continually pushed on teenage girls**) or hormone blocking pharmaceuticals (such as those used to prevent puberty in cases of gender dysphoria).

For the rest of this article, I will discuss a few of the syndromes I believe are the most relevant to understanding the unfortunate mistakes we continually repeat.

Neurological Syndromes:

Note: Functional Neurological Disorder is one of the most common labels for COVID-19 vaccination injuries to the nervous system. It will not be discussed since there is not space to cover all the pertinent neurological disorders linked to vaccination (for example Attention Deficit Disorder is a very common consequence of childhood vaccinations), however for those interested, FND is reviewed [here](#), as it is one of the most common ways neurologists gaslight vaccine injured patients.

[Asperger syndrome](#) – This is an example of a less severe and harder to detect version of autism arising from the same toxicological exposure (which in line with the bell curve

distribution of physiologic responses to toxins described above is [much more common than Autism](#)). Other immediately apparent neurological syndromes that begin in childhood **Tourette's Syndrome** also represent less severe versions of vaccine induced brain injury.

[Guillain-Barre syndrome](#) is “very rare” neurological condition of paralysis that starts in the feet, moves upwards in the body until it reaches the lungs, and in 7.5% of cases results in death. The cause is unknown, but it is thought to be autoimmune in nature and is known to be linked to certain infections and vaccinations. Given that I [have met numerous people who knew someone who developed Guillain-Barre from a COVID vaccine or an Influenza vaccine](#), including one COVID vaccine injury where I knew the individual directly (in contrast to zero cases of post infectious Guillain-Barre) I am somewhat skeptical of the mainstream position that a COVID-19 infection or an influenza infection is much more likely to cause Guillain-Barre than either vaccine for the disease.

Sadly, most health authorities hold a differing viewpoint and instead argue the pre-existing risk of Guillain-Barre means you actually should take either vaccine to protect yourself from the condition. As you may remember, an identical argument was used regarding myocarditis and vaccination, even though it has now been shown the vaccine risk of myocarditis is much higher than the COVID-19 risk of myocarditis.

Musculoskeletal Syndromes:

[Failed back syndrome](#) – There are a variety of easy to correct causes of back pain that are almost never recognized within the conventional medical model, even though back pain is one of the most common reasons patients visit their doctors. Back surgeries, particularly spinal fusions, are an immensely profitable way to treat low back pain (that are heavily incentivized by health insurance programs), but frequently leave the patient much worse off than they were before, at which point very little can be done to help them as the effects of the surgery are for all practical purposes irreversible. “Failed back syndrome,” is the cute euphemism that has been coined for this sad situation.

[Thoracic outlet syndrome](#) – This is also a common condition that creates a variety of debilitating complications for individuals. It is often not recognized, and when

recognized, often treated surgically (through the removal of the top rib), an approach I do not believe is appropriate in most cases as this syndrome can be addressed through non-surgical approaches and a variety of problems can arise from removing the first rib.

[Pronator teres syndrome](#) – One of the interesting discoveries I have made over the years from working with patients who have **carpal tunnel syndrome** is that the cause is often either thoracic outlet syndrome or pronator teres syndrome. Despite this, both of these causes are rarely recognized and I often encounter patients who previously had carpal tunnel surgeries (which did not work) immediately have their carpal tunnel resolve once either of these syndromes were addressed. Pronator teres syndrome is thought to be very rare compared to carpal tunnel syndrome, but my own experience does not match this consensus.

Circulatory Syndromes:

[Postural orthostatic tachycardia syndrome](#): This condition can significantly limit one's mobility due to one having difficulty bringing blood to the head when standing up, which in turn often triggers a very high heart rate. While the cause of this condition is “unknown” (and [as my recently COVID vaccine injured friend in the military discovered with great disappointment](#), cardiologists rarely can help you with POTS), and there are many conditions that can trigger it, POTS commonly occurs after the HPV vaccine and appears to be associated with the COVID vaccine (in both cases there is a proposed mechanism of injury that explains why POTS follows these vaccines).

[Raynaud syndrome](#) is another somewhat common disabling condition (that results from contractions of peripheral arteries) and in most cases the trigger for the syndrome is unknown (but once again is thought to be linked to psychiatric conditions) and there aren't any reliable conventional treatments for the disease. There are however a few excellent integrative treatments I have come across for the condition that are very helpful for understanding what causes it. I have come across multiple reports of Raynaud syndrome onset after COVID-19 vaccination which I believe result from the hematologic changes often associated with spike protein producing vaccines.

Recognized Iatrogenic Syndromes:

[Stevens-Johnson syndrome](#) – A variety of medications on the market (such as certain antibiotics) can provoke a reaction that causes the skin to separate from the body (certain infections can occasionally do it as well). This is a truly miserable disease that is encapsulated by the innocuous euphemism, SJS.

Oddly enough, [the same investigative journalist](#), Brian Deer, who successfully smeared Andrew Wakefield for his seminal study on autism also conducted [a fascinating investigative report on Bactrim](#), one of the most common treatments for urinary tract infections. Although I strongly disagree with Deer's journalistic conduct towards Wakefield, the value of his later report on Bactrim illustrates the importance of judging stories on the basis of their evidence rather than your personal feelings towards the author.

Bactrim is a combination of two antibiotics, sulfamethoxazole and trimethoprim where it is argued that these antibiotics work synergistically. However, when I looked into the mechanisms for each, this argument did not make sense to me, and at the time I was in medical school, none of the professors (including those in the pharmacology school) could explain why this combination was synergistic.

From Deer, I learned that trimethoprim is a far superior antibiotic to sulfamethoxazole, but it was developed by a much smaller US-based pharmaceutical company that did not have the influence the international giant that owned sulfamethoxazole, Roche, had. A deal was then brokered for the two antibiotics to be sold as a “synergistic” combination, with Roche getting access to selling the superior antibiotic in return for it pushing the antibiotic combination through its vast marketing and lobbying apparatus (hence their synergy was commercial rather than medical in nature, which speaks to how many unquestioned beliefs within medicine actually emerged as a result of pharmaceutical marketing campaigns).

Unfortunately, there were a variety of harmful side effects associated with sulfamethoxazole, including many cases of SJS that Deer documented. However, very few know of this, and even though the patents have long since expired for both drugs, it is still very difficult to get trimethoprim that is not combined with sulfamethoxazole.

A parallel story exists for isotretinoin (accutane), a highly lucrative but dangerous drug Roche criminally pushed onto the market (**Bremmers book**). Although its patent expired long ago (Roche hence no longer markets it to doctors or fights for it in court) and decades of severe harms from it have accumulated, this often completely unnecessary medication it still is widely used. From having spoken to a few activists that have been severely injured by accutane, I have also learned that many of the nonsensical marketing slogans Roche created decades ago to promote accutane still remain as unquestionable gospels within dermatology. In short, it is very difficult to correct the course with a well established pharmaceutical, and as far as I know, Roche for instance has only been forced to pull [one drug](#) from the market.

[Serotonin syndrome](#) – In a previous [series](#), I attempted to illustrate some of the issues associated with antidepressants (which I believe should have **never been allowed to make it to market**). Serotonin syndrome results from an overdose of those medications and once again follows the bell curve of physiologic responses to pharmaceutical toxicity.

To quote [a review article](#) on the condition:

“The actual incidence of serotonin syndrome is unknown. The number of actual cases is likely much greater than the actual reported cases. **Serotonin syndrome is often not diagnosed secondary to mild symptoms that are attributed to being a general side effect of treatment, unawareness of the syndrome, varying diagnostic criteria, or misdiagnosis.** The number of reported cases of serotonin syndrome has increased, probably secondary to the widespread use of these drugs and to the increasing awareness of this syndrome. Serotonin syndrome has been documented in all age groups.”

Common Syndromes:

[Metabolic syndrome](#) – Is the current term to describe the exponentially growing diseases of diabetes, obesity, and heart disease within the population (and arguably the most widespread and impactful syndrome affecting modern society), which as described in the previous section nothing has really been done to address the root causes of.

[Fibromyalgia syndrome](#) – Fibromyalgia is often used as a catch all label for a variety of disabling conditions caused by medical injuries and undiagnosed illnesses such as mold toxicity or Lyme disease. Many conventional doctors will insist Fibromyalgia is a made-up condition or treat it with anti-depressants (which often causes significantly more issues) and will always have a certain number of Fibromyalgia they frequently receive insurance payments to see but wish they didn't actually see because they cannot do much for these patients. Integrative medicine providers have much more success treating Fibromyalgia, but the results depend largely on the skill of the practitioner and the specific circumstances causing fibromyalgia for the patient.

[Mast cell activation syndrome](#) – Like fibromyalgia, mass cell activation syndrome is a common cause of chronic complex illness that is rarely recognized or appropriately treated through conventional medicine. One of the interesting things I have discovered from reading through large numbers of adverse reactions to the COVID-19 vaccinations is that a significant portion of the disability they are experiencing appears to be a consequence of the vaccines triggering the development of mass cell activation syndrome.

[Irritable bowel syndrome](#) – Unlike the above diseases, the existence of irritable bowel syndrome is generally recognized, but in most cases the actual causes of this condition is not recognized leading to it typically being treated with partially effective drugs and being viewed as an emotional condition.

Highly Politicized Syndromes:

[Sick building syndrome](#) – This condition was initially denied to exist, and then changed to sick building syndrome once it became difficult to deny that clusters of individuals were becoming quite sick by being in certain buildings (which were often their place of employment). At this point, no cause has been established (although psychological factors are often cited as an explanation). In many cases, sick building syndrome is clearly a direct result of mold contamination in buildings that does not resolve until the individual leaves the building and a mold treatment protocol is initiated. However, from a conventional perspective, as the Wikipedia summary shows, there is “insufficient” evidence for the mold hypothesis, and this hypothesis is dismissed as invalid because

dehumidifying a building will remove mold from it (which like many other claims debunkers use, is in fact a false statement that hence does not disprove the mold hypothesis).

Many doctors I have spoken to who specialize in this area believe the health consequences of moldy buildings will never be permitted into mainstream discussion because of how much financial liability would exist if mold remediation were to be required (this issue is largely a consequence of commonly used cheaper building materials we use being an ideal growth medium for toxic molds).

Somewhat of a related parallel exists with the [9/11 disease](#) (which has not advanced far enough politically to be labeled as a syndrome). Many first responders to 9/11 were told the air was clean when in fact it was full of toxic debris from the twin towers and which resulted in many there developing a wide range of chronically disabling conditions. The government (at both a federal and state level) of course has tried to cover up to avoid being liable for the resulting health care costs (documents proving this [are still being unearthed twenty years later](#)).

[Gulf War syndrome](#) – 250,000 of the 697,000 U.S. veterans who served in the 1991 Gulf War subsequently developed this permanently disabling condition. For years, the military tried to paint it as a form of PTSD (despite the Gulf War being possibly the least stressful war in history), and still has not provided an explanation for its cause. When you look at the potential causes and the available causes, it was almost certainly caused by a highly corrupt Anthrax vaccination campaign for the war. Because that vaccination program had so many eerie parallels to the COVID vaccination program, I concluded it was likely to have been a beta-test for what has happened now and [compiled a detailed article on the subject](#) (although I have so far only been able to discuss one of the three hypotheses to explain why the anthrax vaccines were so dangerous).

Sudden Death Syndromes

As stated earlier in this article, vaccinations can cause sudden death, but typically, this side effect is rare, and the majority of injuries will be less overt. For this reason, it is

correct to say that sudden deaths are equivalent to the tip of an iceberg, and far more issues can be found beneath the surface. In the same way recognizing how syndromes are commonly addressed by modern medicine is instructive for understanding sudden death syndromes, the history of sudden infant death syndrome (which will be discussed in the final part of this series) is incredibly instructive for understanding fatal events that occur following vaccination.

My first “exposure” to people suddenly dying was from reports of spontaneous human combustion, which for some reason after the 1990s stopped being something discussed in the rumor mills of our culture. After entering medicine, and prior to COVID-19, I knew of a few cases of friends who had died in their sleep (one I attributed to a pharmaceutical, the rest to old age), and I knew of one instance where a patient noticed her husband died suddenly in his sleep while she lay next to him (this was this was shared to me as it was the cause of PTSD that still persisted).

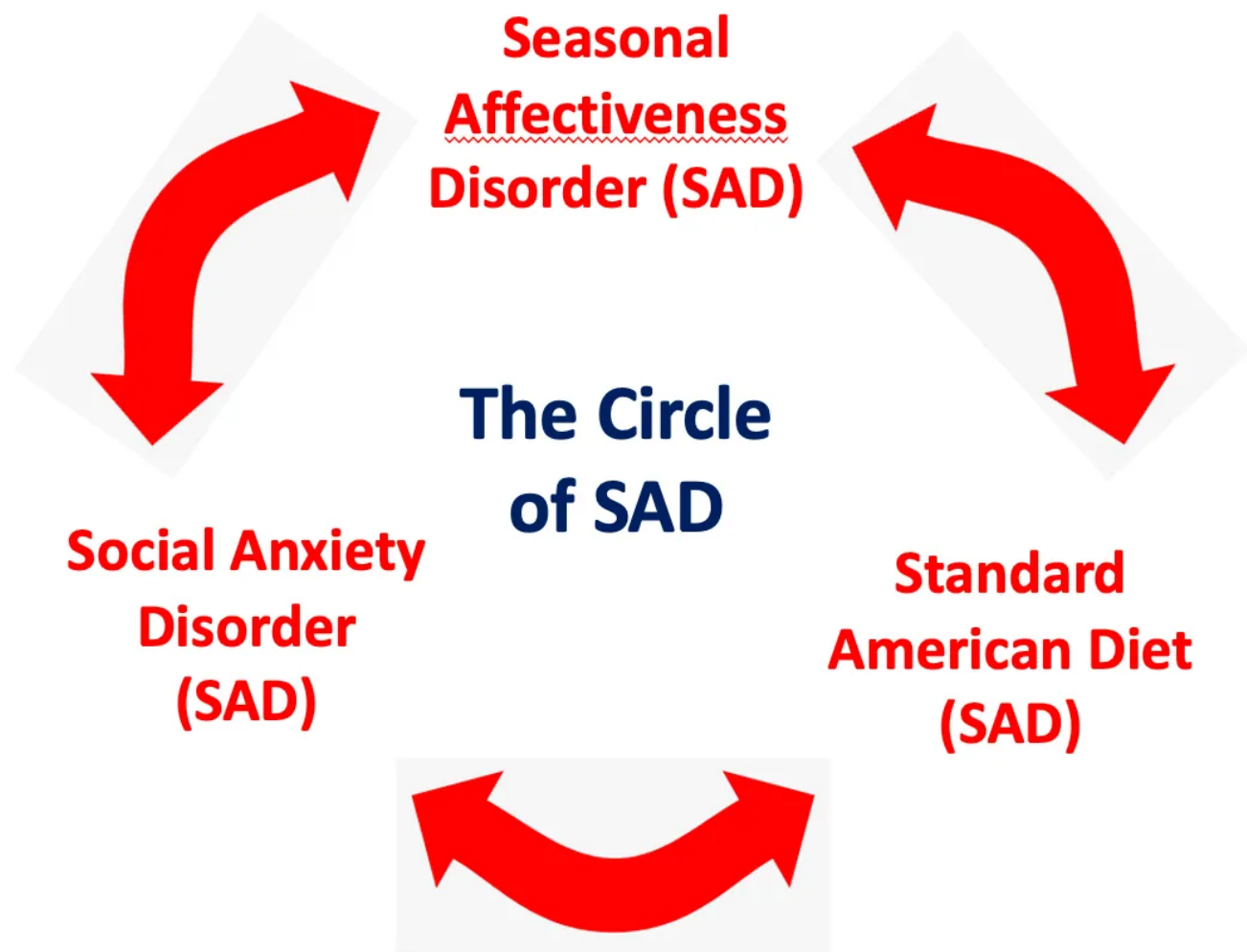
In late 2019 and January 2020, when COVID-19 was still only being reported in the corners of the Internet, video footage emerged first from China and then later from Iran of individuals suddenly collapsing on the ground where they appeared to be dead (although there was no definitive proof they had died). Outside of cases where this followed a toxic gas exposure, I had never seen something like this occur, and like many others it made me very worried about COVID-19. When COVID-19 subsequently arrived in the Western countries (such as Italy, and later within the United States), I and many others noticed these instances of sudden death stopped occurring and the instances we had previously seen of them seemed to disappear from the internet.

This led many of us to wonder if these instances of sudden death from COVID-19 were real or propaganda from the Chinese government designed to create.

In short, prior to COVID-19, the thought of seeing Sudden Adult Death Syndrome (SADS) had never even crossed my mind, and the only context I had to it was a different world play I had come up with.

This picture for reference both serves to illustrate the irony of conditions that make

you sad being abbreviated as SAD, and the fact the each contributes to the others (in other words, SAD causes SAD causes SAD etc).



Sudden Adult Death Syndrome

Shortly after the vaccines entered the market, I had a patient who was a (pro-vaccine) nurse tell a few days ago that she suddenly noticed her husband had no pulse, and that she had to perform CPR on him until paramedics got there. At the time I didn't draw a connection to the vaccine and assumed her case was similar to the patient with PTSD I had seen long before. Not long after, I began to have people contacting me to ask if the vaccine could cause heart attacks or strokes and once the magnitude of the problem dawned on me, [I started logging them](#) (approximately 50 people I directly knew of died following vaccination in the first year of the campaign).

Before long, reports began emerging of a variety semi-celebrities dying not long after vaccination, a large increase in news reports of individuals “[dying suddenly](#)” and an unprecedented rate of heart attacks or deaths in young athletes on the field. Although there were a variety of critical safety signals that were missed, the fact that these deaths were dismissed, and the vaccination program was allowed to proceed indicated to me that governments around the world were fully aware of the dangers of vaccines and consider them to be acceptable collateral damage for the goal they were working towards.

Throughout my life, I have witnessed many different campaigns be conducted for the purpose of convincing the public to do something harmful so that people in power can benefit at the public’s expense. This background allowed me to recognize that somethings completely different from a typical propaganda campaign was happening with the entire COVID vaccine campaign and let me to suspect something very bad could happen with the vaccines. Despite this, I am still shocked by the wave of deaths I (and many of my you) began observing and the large increases in the death rate found throughout population level datasets.

At this point in time, I have come across cases of the following circumstances of sudden death occurring in vaccinated individuals:

- Individuals dying in their sleep.
 - This often happens to healthy young adults (who almost never die in their sleep) following vaccination (in many cases 1-2 days afterwards). Some of these cases are likely due to pulmonary embolisms. I [directly know of](#) numerous individuals this happened to.
- Competitive athletes (who are almost always required to vaccinate) experiencing chest pain or having (frequently fatal) heart attacks on the field (Steve Kirsch has compiled a shocking list of these incidents [here](#)).
 - The only parallel I know of to this is a congenital disease called [hypertrophic cardiomegaly](#), which causes sudden death in a small number of athletes (I have also seen cases where the vaccines appear to cause similar pathologic changes to the heart). A major purpose of sports physicals is to identify athletes with signs suggestive of this condition (although recently, detailed heart assessments have started to become a

standard part of some sports physicals for vaccinated athletes).

-Although heart attacks are the most likely to show up in young athletes (as they push their hearts the hardest), there was also an interesting case study I came across. It makes a compelling case something similar happens at a rate far exceeding what can occur by chance to another group of completely vaccinated young adults who I believe also undergo significant cardiac stress (during internship call shifts you have dangerous levels of sleep which are highly detrimental to cardiovascular health):

Vaccine-Induced Myocarditis in Two Intern Doctors in the Same Night Shift

Published online by Cambridge University Press: **19
July 2022**

Mustafa Emin Canakci ,
Omer Erdem Sevik, Gokhan Dereli,
Kadir Ugur Mert and Nurdan Acar

- Individuals who are swimming suddenly passing out or entering cardiac arrest and then drowning [unless saved by another person](#).

-There has also been an increase in the [rate of sudden drownings](#).

- People who are awake suddenly passing out and collapsing on the floor in cardiac arrest.

-This category has been particularly concerning to me because my only previous reference point to this occurring was those videos from China and Iran of the early days of COVID-19.

-In some cases a witness observes this happening (for example in a large survey of vaccine injuries [I reviewed recently](#), one respondent noted his wife saw their middle aged vaccinated friend walk up the stairs to his bedroom, heard a thud immediately

afterwards, came up, found him dead and was told he suffered a fatal heart attack). In some cases, videos are available for these incidents (although more can be found for athletes as these events are more likely to be filmed):

This [fatal event](#) happened to a Saudi businessmen in the middle of a speech:

Sorry

This video does not exist.

In other cases, these events are highly compelling not fatal: .

Heather McDonald Faints On Stage | OFFICIAL VIDEO



A similar frequently shared event [occurred for Tanja Erichsen](#), the head of the agency that regulates medicines in Denmark when she passed out during a press conference announcing a pause on Astrazeneca's COVID vaccine, [although she has claimed the event was unrelated](#) as she was not vaccinated.

Confirmation Bias

One of the most challenging things to consider when evaluating complex subjects with incomplete information is not falling victim to confirmation bias. In most cases, if we lack full information on a topic, we will tend to fill in the missing information with pre-existing biases or associations we have to the subject, which results in individuals taking home a completely different interpretation of the same event (for example, many individuals who watched George Floyd's death were convinced he was choked to death by Derek Chauvin's knee, while many others were convinced he suffered a fatal drug induced heart attack).

Scott Adams for example has repeatedly described how people from opposite political orientations will see completely different movies on the same screen. This in turn provides one of the best explanations I have seen for how people during the Trump years could have such radically different perceptions of what was occurring during his presidency.

In analyzing these videos and reports, I have repeatedly questioned if my interpretations of what I am seeing is a product of confirmation bias. For example, one nurse in Tennessee, Tiffany Dover, passed out during an interview on 12/17/20 she conducted shortly after walking away from where she received one of the first vaccines (this was televised as a promotion for vaccination) and stated how great she felt.



Nach der "Spritze" ohnmächtig - Fainting after
vacc

01:09

The hospital immediately claimed she had a pre-existing benign condition (vasovagal syncope) that frequently caused her to faint following sharp pain from something like a needle piercing the skin (which makes her a very odd candidate to have chosen for promoting the vaccine and is not congruent with the syncope episode beginning long after the needle had left her skin or her requiring days at home to recuperate). The hospital then issued a statement that out of concern for harassment, she was not speaking to anyone, except for one interview that was conducted [here](#).

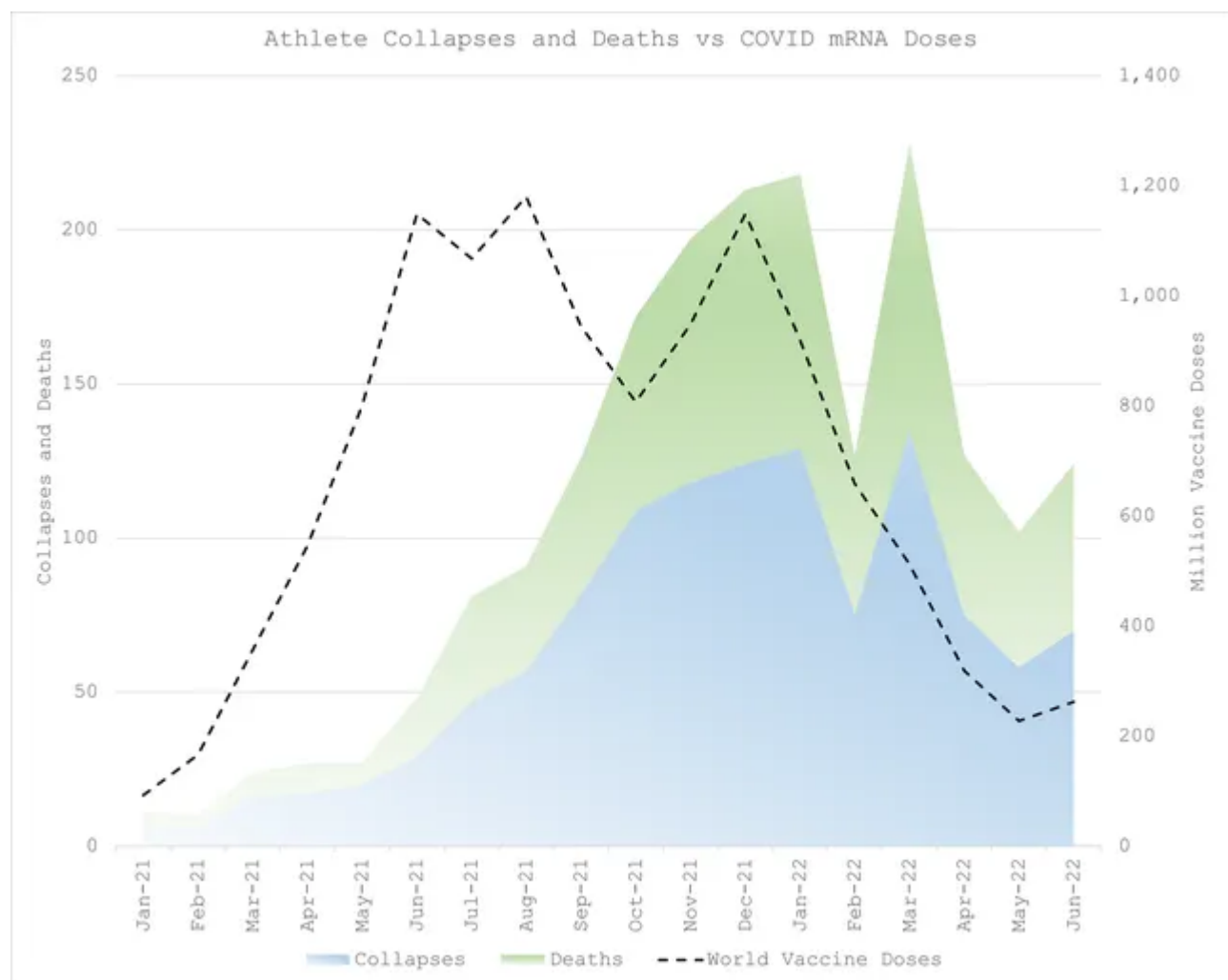
Since that time, although many journalists have attempted to debunk rumors she died, as far as I know, she has disappeared and no other concrete proof has been released she is alive (even in this recent investigation [by NBC](#)), and various forms of circumstantial evidence have emerged suggesting she died and the family was paid off to conceal it. This creates a situation where you and are stuck having to fill in the gaps with your own biases and will then end up with one of two entirely different explanations you can be absolutely certain in. Some believe she either died (and an actor did that interview), some believe she developed a permanent seizure disorder she cannot show in public, and some believe she was trying to protect herself from an internet mob of angry conspiracy theorists.

Excluding cases of someone being deliberately choked in martial arts, I have witnessed a very small number of people faint in my lifetime (either on video or in person), I recognize I lack the context to fully appreciate the subtleties of the syncope

presentations. Nonetheless, in almost each video I have reviewed that was suspected of being vaccine linked, it does appear that blood flow was suddenly disrupted to the brain and that rapidly caused the (sometimes fatal) fainting episode to happen.

This in turn touches upon a broader issue of confirmation bias: are the cases I am hearing about of sudden death or fainting I have never come across before simply a product of confirmation bias on the internet (as videos showing these deaths are much more likely to be shared and arrive on my own feeds) or are they actually becoming more common?

Although many of these increases could be due to confirmation biases at work, since the vaccine campaign started, I am relatively certain there has been an increased rate of death being observed by life insurance companies, increases in the overall mortality rates, and heart conditions in athletes:



The [only study I know of](#) that assessed the baseline rate of suddenly passing out in the general population found that between 0.2% to 1.9% experienced sudden fainting each year (this figure increases with age and ranges from 0.2% to 0.6% within age range of those who I have seen faint following vaccination). Of those cases, the causes were broken down as follows:

TABLE 1. CAUSES OF SYNCOPE ACCORDING TO SEX AND THE PRESENCE OR ABSENCE OF CARDIOVASCULAR DISEASE AT BASE LINE.

| CAUSE | CARDIOVASCULAR DISEASE ABSENT (N=599) | | CARDIOVASCULAR DISEASE PRESENT (N=223) | | TOTAL SAMPLE (N=822) |
|-------------------------------------|---------------------------------------------|------------------|----------------------------------------------|------------------|----------------------------|
| | MEN (N=232) | WOMEN (N=367) | MEN (N=116) | WOMEN (N=107) | |
| | percent of subjects | | | | |
| Cardiac | 6.5 | 3.8 | 26.7 | 16.8 | 9.5 |
| Unknown* | 31.0 | 41.7 | 31.0 | 37.4 | 36.6 |
| Stroke or transient ischemic attack | 1.7 | 2.5 | 9.5 | 9.4 | 4.1 |
| Seizure | 7.3 | 3.3 | 6.9 | 2.8 | 4.9 |
| Vasovagal | 24.1 | 24.5 | 11.2 | 14.0 | 21.2 |
| Orthostatic | 9.5 | 10.9 | 6.9 | 6.5 | 9.4 |
| Medication | 7.3 | 6.5 | 4.3 | 9.4 | 6.8 |
| Other† | 13.0 | 6.8 | 3.5 | 3.7 | 7.5 |

*When a participant did not seek medical attention for syncope and the history, physical examination, and electrocardiographic findings were not consistent with any of the specific causes, the cause was considered to be unknown.

†Cough syncope, micturition syncope, and situational syncope were included in the category of other causes.

The study also found an overall increase in the death rate of those who fainted (an average of a 31% increase), that varied depending on the type. Some like vasovagal for example had no effect on the death rate and cardiac, one of the rarest had a 100% increase in the death rate of males and a 161% increase for females over time. Given that many individuals have died immediately following these fainting episodes, this appears to suggest the fainting episodes we are observing are different than what has previously been observed (that said I am very open to considering a credible refutation of that

hypothesis) and not simply a product of an increased focus on conditions like vasovagal syncope.

What has the response to SADS been?

Note: For many of the points raised in this section, I have also regularly questioned if I am falling victim to my own confirmation bias (ie. I just never noticed these topics being discussed by the medical community before because I had no specific interest in the topic).

I have also pondered if I am observing a biased picture of reality created by the tendency of individuals online to share cases of vaccine linked sudden deaths or medical explanations for sudden death, and the tendency of news organizations to share controversial explanations of sudden death in order to get traffic.

At this point in time, I believe that some of the things cited in this section could be a product of confirmation bias, but I am doubtful many others are and I know that an absolute increase in deaths amongst those at ages where death is highly unlikely has clearly increased since the COVID vaccine campaigns began.

Like many of the syndromes listed earlier in this article, I suspect we are gradually transitioning through the following steps with SADS:

1. Attempts to obscure the phenomena are occurring.
2. Attempts to provide ridiculous alternative explanations of the phenomena are put forward.
3. Attempts to normalize the phenomena as that something that has always been, had no specific trigger or cause and instead arose from a composite of risk factors.
4. The previous are successful and almost no memory exists of the world before the phenomena.

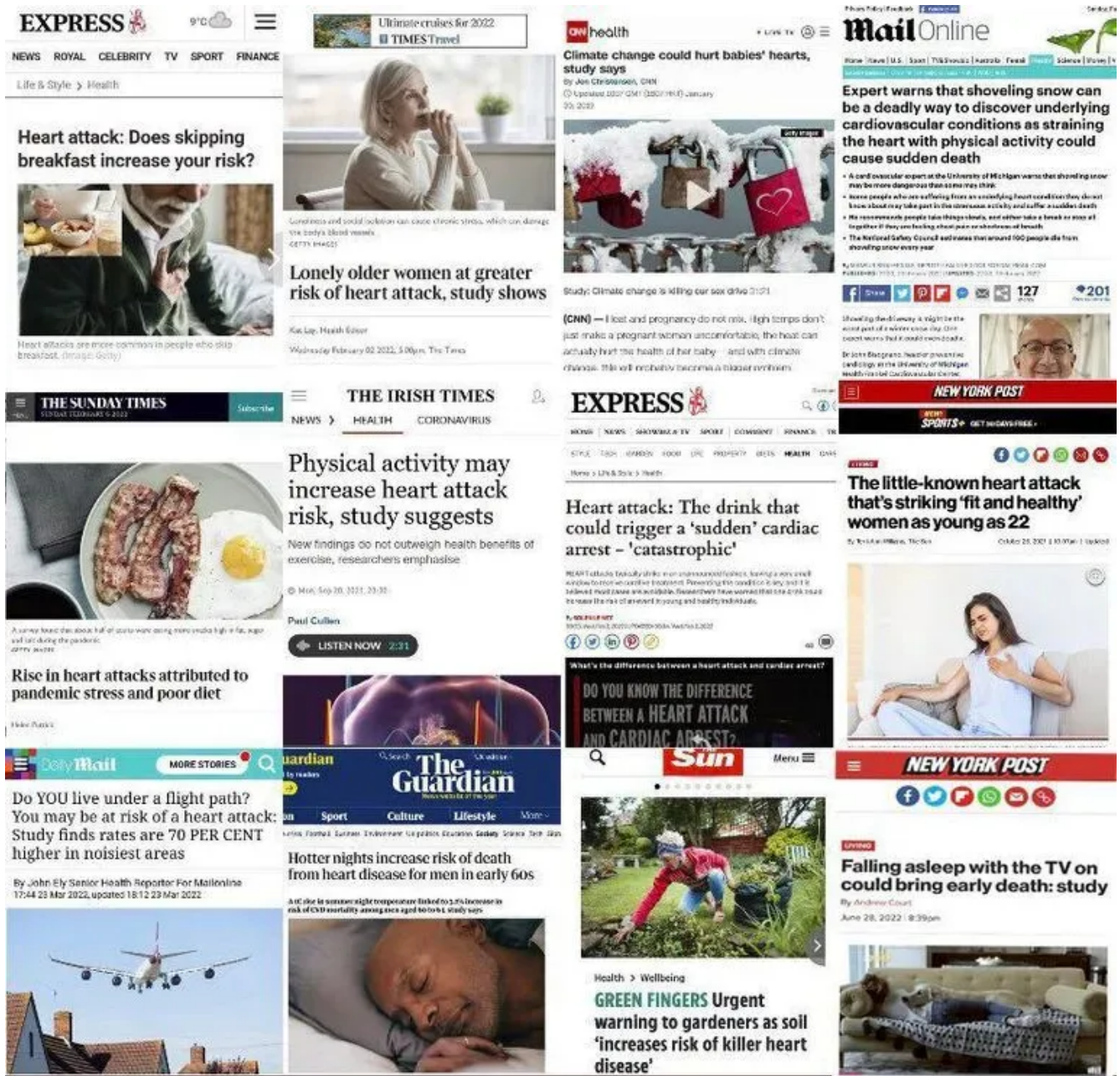
Since SADS started, there have been a flood of individuals in the news who “died suddenly” without any explanation given and in many cases this immediately followed a COVID vaccination (evidenced either by their obituary or social media postings).

Occasionally, this has happened to the child of leader who has been fanatical in pushing the vaccine mandates (a few noteworthy cases were summarized by Steve Kirsch [here](#)).

Sadly, in each case this happened, rather than admit culpability in their child's death, the leader focuses on their personal hardships from the death, attempts to conceal the vaccine link, and attempts are made to silence the “insensitive” attempts to link the event to the vaccine.

At this point in time, when considering step 2, I have seen so many ridiculous attempts to provide explanations for SADS, I am stuck on which ones to share here. Some of these in turn could very well be the product of the confirmation biases listed above (although the only similar example I can recall to any of these was being told by one cardiologist years ago that climate change might cause an increase in heart disease).

However, other than the media wanting to promote these stories for increased traffic (many journalists who have a remarkably poor aptitude for correctly interpreting scientific papers and often produce click bait headlines completely at odds with the content of the referenced scientific study), I am doubtful any explanation besides the vaccines causing an increase in sudden death could account for all of these explanations suddenly emerging in the popular press.



(the above compilation was obtained from [here](#))

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By Sarah Newey, GLOBAL HEALTH SECURITY CORRESPONDENT and Boris Barbalov

15 July 2022 • 4:20pm

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By Sandee LaMotte, CNN, 19 hrs ago

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Healthy young people are dying suddenly and unexpectedly from a mysterious syndrome - as doctors seek answers through a new national register

- People aged under the age of 40 being urged to go and get their hearts checked
- May potentially be at risk of having Sudden Adult Death Syndrome (SADS)
- SADS is an 'umbrella term to describe unexpected deaths in young people'

★ 31-year-old woman who died in her sleep last year may have had SADS

As we review these headlines, I must note that periods of sustained stress or economic hardship have a very strong association with heart disease (arguably it is one of the biggest contributors, Dr. Malcom Kenrick provides an excellent summary in this [series](#)) and for that reason, I do believe some of the heart attacks we are seeing arose as [a direct result of the completely inappropriate lockdowns](#). However, while there may be some validity to that explanation, most of the other ones are absurd.

Now that we are moving into step 3, the term sudden adult death syndrome is beginning to emerge in the press, it appears that more and more warnings of highly unusual events like pediatric strokes are emerging (although it must be noted some of the warnings that have been popularized preceded COVID-19).



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As we have not yet reached step 4, I am hopeful things can change in the public perception on this issue so that it does not come to pass. To share one example of what can happen if this issue is not addressed, consider the phenomena of crooked smiles [that was discussed](#) while reviewing Justin Bieber's recent vaccine injury. Prior to the age of mass vaccination, almost all faces were symmetrical. Since the era of mass vaccination, crooked faces are the norm we see all around us.

In second half of this series, we will discuss explanations for how the COVID vaccines are causing sudden death to occur. To do so we will first review the history of the original death syndrome, sudden infant death syndrome because there is so much to learn there. If you have time to review the discussion on crooked faces within the previously mentioned [article](#), this provides valuable information to understand the sudden death syndromes.