

Negative Evidence: COVID-19 Vaccines and Sudden Deaths

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Introduction

This sixth installment of our series on negative evidence for adverse effects of COVID-19 vaccines concerns sudden death, a calamity even worse than the effects previously discussed: vaccine antibody-dependent enhancement (VADE),¹ infertility,² disorders of hemostasis,³ cancer,⁴ and other harms suggested by the autopsies of the vaccinated individuals.⁵ This is surely an unacceptable risk for a “prophylactic” modality.

The “Died Suddenly” moniker popularized by the controversial 2022 documentary became both a sincere distress signal flag displayed by many deeply concerned vaccine skeptics and a contemptuous scarlet letter of shame used by arrogant vaccine proponents to silence any cautionary voices.⁶⁻⁹

Such sharp division over the vaccine-associated episodes of sudden death should not be surprising in the current climate of the severe political polarization and politicization of medicine.¹⁰ However, unlike in the past, the discourse was not just two sided. As expected, the Died Suddenly documentary “went viral” has received spiteful condemnation by the pro-vaccine lobby. However, it has also been a subject of harsh criticism expressed by many credible vaccine skeptics. Those critics acknowledged the good intentions of this documentary but were gravely concerned about the veracity of its content.¹¹⁻¹⁴ At the same time, some of their colleagues have defended that video wholeheartedly.¹⁵⁻¹⁷ This unprecedented and serious internal conflict has been noted and gleefully cheered by zealous vaccine proponents.^{18,19} Clearly, one of the poles of the previously bipolar debate has fractured. Even if that fracture has occurred for valid reasons it could still lead to perilous consequences for the medical freedom movement. As this editorial is being written, that conflict is escalating and cannot be ignored.

This editorial attempts to refocus the debate over vaccine-associated sudden deaths that is currently blurred by raging emotions. To prevail, vaccine skeptics need to reestablish their unity through mutual understanding. The one and only categorically imperative outcome of the sudden-death dispute is the successful preservation of the sacred gift of life. Hence, in addition to exposing the negative evidence of a malignant agenda, this article will explain the true nature and history of the phenomenon of sudden death in an effort to make the public resistant to being manipulated. The lay public misunderstands many aspects of this phenomenon. That confusion has been exploited by activists who claim to be on the side of the vaccine skeptics, but whose actions contradict their claims.

The Agenda of the Pro-Vaccination Lobby

The current contentious debate over the real safety and true purposes of the COVID-19 vaccines is not occurring in a political

vacuum. The perfidious nature of the political background of this important dispute has been discussed in previous editorials and by other authors.^{1-5,10,20-21} In brief, Americans became increasingly polarized along the ideological line separating them into two hostile political wings: the Left (progressive) and the Right (conservative), which have become increasingly partisan.^{10,20,22} Those two wings have irreconcilable cultural, economic, and religious views.^{20,22}

Understanding the difference between Left and Right is immensely important. The detailed discussion of this topic is beyond the scope of this discussion, but the key differences between them may be summarized as follows:

Members of Left Wing are **cultural modernists** who are disdainful of American history, traditional religion, philosophy, and Victorian virtues. As atheists or pseudo-religious cultists they do not believe in the existence of divine universal laws, morality, or ethics. They are very permissive towards issues that conservatives find abhorrent: abortion, “gay” rights, transgenderism, euthanasia, etc. They are novelty seeking and bored with stability. They promote expanding the **Overton window**—a political science concept that represents the range of ideas the public is willing to accept at given time.²⁰

Right Wingers are **cultural traditionalists** who are proud of American history, traditions, patriotism, and Victorian values. As deeply religious Christians, they believe in the existence of universal divine law and uphold Christianity-based morality. They cherish stability and reject novelty seeking. They are against expanding the Overton window.²⁰

Those striking differences between Left and Right stem from the divergence of the quintessential characteristics of those two opposing camps. The main differentiating aspects of the enormous dichotomy between Left vs. Right include these:²²

- **the foundation** of the Left is based on political tactics, while the Right rests on philosophical principles;
- **the outlook** of the Left is secular and materialistic, while the Right’s outlook is primarily philosophical and religious;
- **the vision** of the Left is unconstrained (one can magically turn one’s fantasies into reality), while the Right is constrained by reality (objective facts do not care about wishes or emotions);
- **the morality** of the Left is defined by the secular state, while the Right respects divine law;
- **the economic value of human lives** constitutes *liabilities* for the Left since the worth of “vulgar” humans is equal to or even less than that of the “noble” animals. While according to the Left both humans and animals arose through evolution, wild animals are magnificent in their symbiosis with nature, but humans are selfish and represent an abominable evolutionary perversion that harms nature. In contrast, the Right sees humans as *assets*, based on the belief that humans were created by God as separate from and superior to the animals.

Most importantly there is a clear power asymmetry between these two adversarial camps. The managerial power of the Left Wing is much stronger than that of the Right since the Left fully controls all the governmental agencies such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and Drug Enforcement Administration (DEA), which wield immense administrative powers; academia, a traditional source of expertise; and the legacy media, a traditional source of information.

When the global pandemic of COVID-19 emerged in 2019, the Left Wing immediately used that crisis to rapidly advance its ambitious political and economic goals. The pandemic has been used as a pretext to remake the old free world into a totalitarian dystopia. The Right Wing promptly started to oppose this treacherous strategy. Amazingly, despite its tremendous power advantage, the Left was unable to accomplish its plan of total world domination. Many false narratives and tyrannical concepts promulgated by the powerful Left have crumbled due to the resolute resistance of the under-powered but determined Right. However, the Right Wing did not prevail decisively in this existential battle. The Left Wing still keeps pushing its malignant COVID-19 vaccine narrative that serves the financial interest of its powerful donors—despite the palpable evidence of the great harm that this reckless approach is causing. Therefore, it is imperative to keep exposing the true agenda behind the allegedly “safe and effective” COVID-19 vaccination.

Negative Evidence Pertaining to the Sudden Death Phenomenon

This very effective investigative strategy is based on the empirical observation that malevolent acts can be discovered not only by demonstrating the presence of objects or data confirming their occurrence, but also by showing the unexplained lack of evidentiary material that should exist to negate the hypothesis that misconduct has transpired.¹⁻⁵ Under current circumstances, the sole focus on the negative evidence can no longer suffice, but it is still a good starting point.

The social, alternative, and even mainstream news media are flooded with hard-to-conceal reports of unexpected sudden deaths affecting healthy young people who were not near their natural demise. Under such circumstances, one would expect to see intense investigative efforts undertaken by the authorities and scientific community to elucidate the causes of those frightening incidents. Shockingly, nothing of the sort is taking place. Contrary to common sense, the governmental agencies (e.g., CDC and FDA) that should be working overtime investigating the striking correlations between COVID-19 vaccination and sudden deaths all remain idle. An extensive internet search performed in April 2023 focused on the official websites of governmental agencies and their aligned legacy media news sites has revealed an unexpected finding: Those entities are not forming any new sudden death task forces. They are not reactivating the underfunded but already existing sudden death research projects (see below). Instead, the search demonstrated that those agencies, which ostentatiously claim concern for public safety, are irrationally busy with three types of absurd assignments:

- **Creating politically correct COVID-19 initiatives:** The

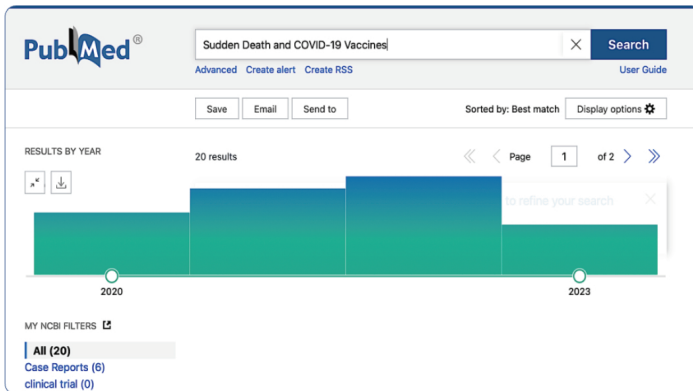
internet search revealed the creation of the Presidential COVID-19 Health Equity Task Force, which is not concerned with the sudden death phenomenon at all.²³ Instead, in tune with the new state religion of Wokeism, it has the explicit duty “to expand testing and vaccination efforts to reach communities of color and other underserved populations.”²³

- **Actively distracting the public from the concept of sudden deaths:** The mundane CDC posts about side effects of COVID-19 vaccines contain repeated assurances, not backed by any data, that vaccines are “safe and effective.”^{24,25} Those posts also contain vague and unsupported statements and such as: “Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.”²⁴ Such *ex cathedra* assertions are clearly meant to contradict the meticulous summaries of the VAERS mortality data that are disseminated on the internet by dissident scientists. It is also apparent that the CDC writers go to great lengths to avoid using the term “sudden death.”^{24,25} And when they mention the fact that deaths do occur after the vaccination, they talk only about the deaths of elderly sick patients and not about the sudden deaths of young healthy individuals that most concern the public.²⁵
- **Enticing the Left Wing “fact checkers” to scold the public for “succumbing to irrational fears” while doing nothing to credibly dispel those fears:** Legacy media news sites are inundated by hit pieces masquerading as “objective fact checking articles” that refer to the authority of CDC and similar agencies to disparage the public from being concerned about any independent reports of sudden deaths after vaccinations.²⁶⁻²⁸

Academia, controlled by Left Wing administrators and Woke faculty, follows the same course. Academicians spend substantial time and effort on dismissing the significance of sudden deaths occurring after vaccinations. They create elaborate narratives to explain away the worrisome episodes consistent with sudden death or near-death by claiming that those occurred in result of much less common and less probable pathologies such as *commotio cordis*.²⁹

At the same time, almost nothing is done to seriously research the cases of COVID-19 vaccine-associated sudden deaths. As shown in Figure 1 the search of the National Library of Medicine PubMed database performed on Apr 17, 2023, for the officially indexed professional publications related to sudden death in correlation to COVID-19 vaccination revealed, shockingly, that between 2020 and 2023 only 20 papers mentioning this subject were published. Further review of the listed publications shows that from this very small set only a few papers were actually dedicated to the description of cases of sudden death after vaccination, or to the discussion of the putative mechanisms that could link the vaccination to sudden death.³⁰⁻³³ Other papers mentioned sudden death only in cursory fashion. One of the listed papers was devoted to the passionate but unsubstantiated argument that episodes of sudden cardiac events after the vaccinations are not even real but represent the illusion induced by the *post hoc ergo propter hoc* fallacy.³⁴

The staggering paucity of efforts to diligently investigate a very concerning link between the COVID-19 vaccinations



NLM Search Query: Sudden Death and COVID-19 Vaccines	
Year	Count
2023	4
2022	8
2021	7
2020	5

Figure 1. Publications Related to the “COVID-19 Vaccine” and “Sudden Death”

Source: National Library of Medicine, Bethesda, Md. Published in accordance with the NLM public copyrights policy.

and sudden deaths constitute the prima facie confirmation of the presence of negative evidence. It demonstrates the unacceptable and deliberate failure by the agencies charged with this task to protect the public from serious harm.

True Nature of Sudden Death

In the current era of rampant politicization and polarization, objective reporting has been replaced by political narratives that are designed to distort the public’s perception of reality.^{5,20,35} The public’s resistance to such manipulation is enhanced by its accurate understanding of the phenomenon that is a subject of the narratives. For this reason the true nature of sudden death will be carefully explained here. The seemingly obvious phenomenon of sudden death is not what it first appears to be. The public confusion about this subject is exploited by the unscrupulous vaccine lobby and also by some pundits who declare to be vaccine skeptics but whose actions are detrimental to the cause they claim to uphold.

Sudden Death: a Counterintuitively Elusive Concept

Almost 90 years ago, in 1935, the *Journal of the American Medical Association* devoted a special editorial to the discussion of the “manifest medicolegal importance” and difficulties with understanding the nature and the perception of sudden death.³⁶ Despite the significant passage of time and all the amazing progress that medicine has made, many points discussed in this old *JAMA* editorial remain valid and puzzling. Just as in the 1930s, when the average member of the lay public or even the medical community is asked whether he understands what

sudden death is and what its implications are, such a person will respond with the presumptuous certainty that those are straightforward issues. However, that initial overconfidence will be gone quickly after a brief discussion of this topic with an expert.

According to the noted sudden-death researcher Dr. Clifton Callaway, laypeople lack a deep understanding of the sudden death phenomenon.³⁷ They frequently confuse those events with a “massive heart attack” and wrongly assume that those are “fatalistic” but “natural” events.³⁷ Since most news reports pertain to sudden deaths of athletes and celebrities, some members of the public conclude erroneously that sudden death is limited only to the “elites.” All those ideas are wrong and can be exploited by shameless COVID-19 vaccine promoters.

Sudden death in the medicolegal sense does not mean a sudden death from discernable reasons such as trauma, poisoning, or drowning, or the death of an elderly person with serious diseases without a prolonged agony.

Sudden death is defined medicolegally as death that affects apparently healthy and typically relatively young individuals, that is without apparent cause, is unforeseen, occurs without warning, and leaves the survivors shocked and unprepared for the loss.³⁸⁻⁴⁰

This type of sudden death can occur due to a combination of cardiac, respiratory, neurological, and other unknown factors.⁴¹ However, most frequently, the term “sudden death” is used to denote cases of sudden cardiac death (SCD), that is, the sudden cessation of cardiac activity, with hemodynamic collapse, typically due to sustained ventricular tachycardia/ventricular fibrillation.⁴² Since the term “sudden death” is very ambiguous and can lead to the confusion described above, some authors proposed replacing it with the more precise term out-of-hospital sudden unexpected death (OHSUD).^{40,43,44} However, this new accurate but convoluted name did not get much traction and is not frequently used.

By its proper definition, “sudden death” is the most gruesome type of all possible adverse reactions of the recklessly rushed COVID-19 vaccines. There is nothing “natural” about it. It is a side effect that strikes unexpectedly the young and healthy victim, without giving time to apply any remedy, and that is hopelessly permanent in its cruelty. It may be *the least anticipated* but it should be *the most feared* repercussion of the under-tested vaccine, for any reasonable person. Hence accusing anyone of “irrational fear” of sudden death as the unintended consequence of vaccination is perfidious and evil. Appallingly, this is what the pro-vaccine lobby is doing: exploiting public confusion about this outwardly self-explanatory but in actuality counterintuitively elusive phenomenon.

Public safety agencies that have been transformed into vaccine promoters argue deceptively that the fears about sudden death were “stoked by the vaccine skeptics,” making the public unreasonably oversensitive to the chances and frequencies of the sudden deaths correlated to vaccinations. Such arguments are absurd and insulting. One sudden death caused by a dubiously effective vaccine is one death too many. There is no “acceptable risk” of sudden death under any circumstances. It is absolutely rational and prudent for the public to assume that any sudden death that occurred in a vaccinated person is the result of the vaccine, until proven

otherwise. Tragically, the institutions responsible for producing such a proof refuse to do so. Instead, they are bullying the public to abandon the healthy self-preservation instinct, because the “official experts” (who lost public trust long time ago) claim without any proof that sudden deaths after vaccine are “not real.” This is an insufferable travesty.

Historical Perspective on Sudden Death

The historical context of sudden death is as poorly understood as its definition. The uncorrected knowledge gaps regarding this aspect of sudden death have led to detrimental consequences. Certain internet influencers who were affiliated with the vaccine-skeptical movement have caused unnecessary embarrassment to the cause they professed to champion. Those activists started to disseminate riveting but inaccurate claims that sudden deaths, especially among young athletes, were unheard of before the development of COVID-19 vaccines.⁴⁵ Such sensational posts did kindle public interest and quickly became “viral.” That led to increased public exposure to the possibility that COVID-19 vaccines may cause sudden death. It also boosted the popularity of those influencers, and augmented the monetization of their internet content, resulting in bigger profits. This outcome could certainly be seen as a win-win situation. Unfortunately, those sensational popular claims were false and very easy to debunk. Thus, as expected, they were immediately used by the pro-vaccine lobby to embarrass the whole vaccine-skeptical movement and to undermine its credibility and benevolence. As described below, the zealous COVID-19 vaccine promoters were able to easily present to the public the undeniable evidence that fully refuted the embellished popular posts pertaining to sudden deaths.

There is voluminous medical literature on sudden death that spans centuries. The first recorded sudden death took place in ancient Egypt during the era of the Sixth Dynasty between 2625 and 2475 B.C.⁴⁶ The Ebers papyrus written around 1500 B.C. contains a description of sudden death, which can be attributed to ventricular fibrillation.³⁹ Hippocrates, who lived in the 4th century B.C., has given a general description of sudden cardiac death in his Aphorisms II, 41.⁴⁷

In the 19th century, cases of sudden death were common enough to be noted and studied by the luminaries of rapidly developing modern scientific medicine. The prominent British physiologist of this era, Dr. John A. MacWilliam, was the first medical scholar who formulated the rational electrophysiological hypothesis as the most likely explanation of sudden death.⁴⁸ The preoccupation with sudden death continued into the 20th century. As mentioned above, in the 1930s the prestigious *JAMA* dedicated a special editorial to a detailed discussion of this terrifying phenomenon.³⁶ In the 21st Century, even before the COVID-19 vaccination context could be appreciated, leading cardiology experts reached the consensus that understanding and preventing sudden death represents “one of the most challenging tasks in cardiology.”^{49,50}

Numerous large research programs, benevolent associations, and state legislative efforts predate the COVID-19 vaccines and are dedicated solely to the study and prevention of sudden death, in general and among athletes. Those include the Oregon Sudden Unexpected Death Study, POST SCD study, SUDDEN study, the ROC Resuscitation Outcomes Consortium,

and the Minneapolis Heart Institute Foundation SCD in Athletes Registry.⁵¹⁻⁵⁶ Academic excellence centers dedicated exclusively to SCD, such as the Center for Cardiac Arrest Prevention (CCAP), have also been created.⁵⁷ Such research programs were aided by benevolent public associations such as Sudden Cardiac Arrest Association and Sudden Cardiac Death Awareness Research Foundation.⁴¹ The many state legislative acts include the Sudden Cardiac Arrest Prevention Act (Pennsylvania, August 2012; Tennessee, April 2015); Bill 252, known as Lindsay’s Law (Ohio, March 2017); and the Eric Paredes Sudden Cardiac Arrest Prevention Act (California, September 2016).⁴¹

Finally, there are verifiable post-mortality data reflecting the significant frequency of sudden deaths long before COVID-19 vaccine mandates were imposed. Despite numerous practical barriers, epidemiologists have been doing their best to collect mortality data related to sudden death.^{41,58} Even though the accurate direct case ascertainment of sudden deaths was not feasible, the best estimates indicated that sudden deaths likely account for 15–20% of deaths in Western countries, and that they cause the majority of deaths due to cardiovascular factors.⁵⁸

The evidence presented above decimated claims of some vaccine-skeptical influencers that sudden death (especially in athletes) was a *de novo* phenomenon, unknown before the era of COVID-19 vaccines, and vaccine proponents wasted no time in flooding media with such evidentiary material. This informational blitz achieved its goal of discrediting many vaccine-skeptical influencers by painting them as biased, sloppy, and even driven by ulterior motives. That derogatory impression was extended by association into the whole vaccine-skeptical community. Such criticism represented the classic “pot calling the kettle black,” coming as it did from the manipulative pro-vaccine lobby, which lies with impunity and is certainly motivated by hidden agendas. Despite this obvious hypocrisy, the situation was very embarrassing for the whole medical freedom movement.

Nevertheless, the precise but narrow arguments of the vaccine promoters could not change the plethora of facts that the vaccine skeptics community got absolutely right:

- **The existence of sudden deaths before COVID-19 vaccines does not exclude possibility that vaccines can cause sudden death.** Side effects of the novel COVID-19 vaccine could simply constitute another subset of etiologies superimposed on the old ones.
- **Official statistical data on sudden deaths are not reliable.** Most importantly, one cannot assume that emergence of new vaccine-related etiologies can be easily proven or disproven by using the mortality data, because the accurate direct ascertainment of cases of sudden death was and is very difficult. Wong et al. pointed out that estimates of sudden death are not reliable due to several limitations.⁵⁸ (1) Definitions of sudden death vary from study to study, in spite the efforts to standardize them. (2) It is challenging to exclude cases of deaths that do not meet the medicolegal definition of sudden death. This is especially true when accurate medical records of the event and background history are not available, and when autopsies are not routinely performed. (3) Data sources and methodology for case ascertainment differ widely throughout the world.
- **There are plausible mechanisms for vaccine-induced**

cardiac deaths that can be overlooked on routine autopsies (Figure 2). Nushida et al. argue that not only silent diffuse myocarditis and pericarditis, but even circumscribed atrial myocarditis can cause sudden death.⁵⁹ Sudden death due to arrhythmias caused by myocarditis limited to the atria alone have been reported. Even during routine autopsies, the atria are rarely excised for histological examination, and only the ventricles are examined. Based on available literature, phenomena much less readily observable than coagulation abnormalities, such as anaphylaxis and cytokine storm, may constitute plausible mechanisms for sudden death after COVID-19 vaccinations. Ittiwut et al. proposed yet another etiological factor that is bound to be overlooked on routine autopsies.⁶⁰ SCN5A genetic variants could be associated with sudden unexpected death within seven days of COVID-19 vaccination, regardless of vaccine type, number of doses, and presence of underlying diseases or post-vaccine fever. Thus, those authors recommended close monitoring of individuals who harbor SCN5A variants and possibly other genes that predispose to cardiac arrhythmias or cardiomyopathies for seven days after the administration of COVID-19 vaccines.

skeptical community has been very vocal about the efforts to ignore, suppress, and deflect any news related to cases of possible sudden deaths related to COVID-19 vaccinations.

The Irregular Event Paradox

Even if a certain segment of the vaccine-skeptical community has overreached on some details related to sudden deaths occurring after vaccination, the increased public attention may have a positive impact on public safety by making the public more aware of this horrific side effect of the COVID-19 vaccine. Cautionary public awareness will persist, even if a featured media case was later reported to not be caused by the COVID-19 vaccine.⁶¹ This is because in the politically polarized world the unexpected frightening aberrations such as an episode resembling sudden death can direct the public's attention to the information about the various dangerous side effects of COVID-19 vaccine that unscrupulous vaccine promoters are trying to hide from the general audience.

Nevertheless, there is an important lesson here. While the vast majority of vaccine skeptics have been serving public interest very well by publishing well-substantiated reports about disturbing facts that are being suppressed by the pro-vaccination lobby, those who are advocating for a noble cause must be very careful to not be driven by excessive emotions, personal biases, and desire to self-aggrandize in the process. All such temptations are dangerous traps. They can be used by enemies against the very cause that its well-intentioned but overly emotional champion tries to advance. The simplest way to remedy such a negative outcome is to admit to honest errors and strive not to repeat them.

Additional Information about Sudden Death

Clarifying the medicolegal definition and historical perspective of sudden death were two most essential tasks that should help the general public avoid being misled by the pro-vaccine lobby. However, those two already very complex topics are mere basics pertaining to this very complicated matter. Despite its significance, sudden death is infrequently discussed outside specialties of cardiology and intensive and emergency medicine. Consequently, physicians who are not those specialists may not be up to date on this topic. While an in-depth discussion of sudden deaths is beyond the scope of this editorial, the following may help non-specialists participate in the debate about links with the COVID-19 vaccine without making embarrassing errors.

The terminology related to sudden death syndrome is confusing to both the lay audience and the medical community since it has not been standardized.⁵⁷ Therefore, it is crucial to provide a detailed definition of all terms **when discussing sudden deaths**. Here is a brief overview:

- **Sudden Death(s) (SD):** This term is most commonly used, consistent with the medicolegal definition discussed above.³⁸⁻⁴⁰
- **Sudden Death Syndromes (SDS):** This name is used interchangeably with the term sudden death to emphasize that sudden death is not a singular nosological entity.³⁸
- **Sudden Cardiac Arrest (SCA):** This denotes the sudden but

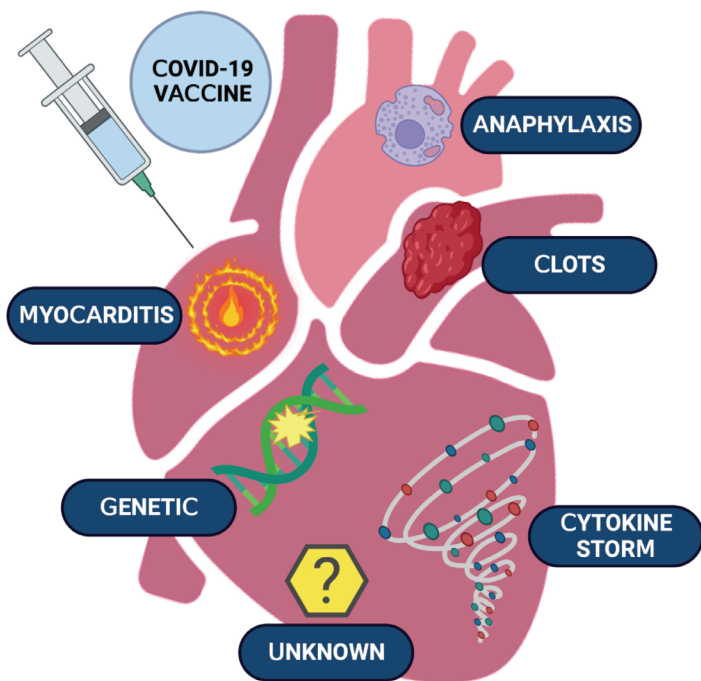


Figure 2. Plausible Mechanisms for Vaccine-Induced Cardiac Deaths That May Not Be Revealed by Routine Autopsies

- **There could be yet unknown mechanisms causing sudden death that are triggered by the novel COVID-19 vaccine.** Despite claims to the contrary, science is never “settled” or “complete.” It is an ongoing process of discovery, and there could always be unknown mechanisms that have not yet been elucidated. As Ittiwut et al. showed, a novel and unexpected pathomechanism may be discovered any day—especially considering that COVID-19 vaccine is based upon novel technology.
- **Reports of sudden deaths are being ignored or suppressed, and the normally expected official response to unexpected deaths is not forthcoming.** The vaccine-

temporary cessation of cardiac activity that does not result in death because circulation was restored through a medical intervention or spontaneous reversion.⁶¹ SCA is sometimes called “**aborted sudden cardiac death (ASCD)**.”

- **Sudden Cardiac Death (SCD):** This typically describes a sudden, unexpected death due to a cardiac cause, following sudden cardiac arrest, such as a myocardial infarction, arrhythmia, or other heart-related condition.⁶² The 2006 American College of Cardiology/American Heart Association/Heart Rhythm Society (ACC/AHA/HRS) recommended following strict definition of SCD and SCA to avoid confusing the two: “**Sudden cardiac arrest (SCA)** is the sudden cessation of cardiac activity so that the victim becomes unresponsive, with no normal breathing and no signs of circulation. If corrective measures are not taken rapidly, this condition progresses to **sudden cardiac death (SCD)**. Cardiac arrest should be used to signify an event as described above, that is reversed, usually by CPR and/or defibrillation or cardioversion, or cardiac pacing. Sudden cardiac death should not be used to describe events that are not fatal.”
- **Sudden Arrhythmic Death Syndrome (SADS):** This name is used to describe sudden death due to a cardiac arrhythmia, such as long QT syndrome, Brugada syndrome, or other inherited or acquired conditions that affect the heart’s electrical system.⁶³ This term has been specifically coined to describe *sudden death without a structural cause* identified by autopsy or toxicological examination.
- “**Sudden Adult Death Syndrome**” (SADS): This is a designation not commonly used in the U.S. Thus, some American fact-checking publications claim that “sudden adult death syndrome,” abbreviated SADS, is not a legitimate medical term but a misnomer for the sudden arrhythmic death syndrome (SADS).⁶⁴ However, this term has been used in the British medical literature and by British governmental agencies. This is evidenced by numerous scientific and governmental publications such as paper by Fabre et al.⁶⁵ and by the official websites of the UK Office for National Statistics.⁶⁶ That term is commonly applied to describe the same condition as sudden arrhythmic death syndrome (SADS).^{64,67} Interestingly, it was the term sudden adult death syndrome, not sudden arrhythmic death syndrome, that has gained notoriety in the U.S. as the example of COVID-19 vaccine-induced sudden death, after celebrities including Candace Owens shared the article published in the British newspaper *Daily Mail*, which used that name in the context of the COVID-19 vaccine-associated sudden deaths.^{68,69} It is possible that since this term was not used frequently in the U.S. some readers assumed that this is a “brand new syndrome” that is only COVID-19 vaccine related. In reality it was a well-known cause of sudden death before COVID-19 pandemic. Yet, this does not negate the possibility that it can be caused by the COVID-19 vaccine.
- **Sudden Unexpected Death in the Young (SUDY):** This tragic event results in the death of seemingly healthy individuals between the ages of one and 40 years.⁷⁰ This is yet another example of potentially confusing term since while it sounds distinct, it is occasionally used interchangeably with SADS.
- **Brugada Syndrome:** Sometimes called “**sudden unexplained nocturnal death syndrome**” (SUNDS), this

is one of the causes of SADS. It is an autosomal dominant genetic disorder with variable expression characterized by abnormal findings on the electrocardiogram associated with an increased risk of ventricular tachyarrhythmias and sudden cardiac death. Those ECG findings include typically a pseudo-right bundle branch block and persistent ST segment elevation in leads V1 to V2 (waveform 1).^{71,72}

- **Sudden Death in Athletes (SDIA):** Sudden cardiac death (SCD) associated with athletic activity⁷³ typically affects young and apparently healthy individuals. However, while many of these sudden deaths remain unexplained, in a significant subset of cases the underlying asymptomatic cardiovascular disease can be identified post mortem. The main culprits of SDIA include malignant arrhythmias, typically ventricular tachycardia degenerating into ventricular fibrillation (VF) or primary VF.⁷⁴ As discussed above, cases of SDIA are especially compelling to the public and were major drivers of the rising public concerns about COVID-19 vaccination-associated sudden deaths. Unfortunately, the lack of scientific rigor regarding the historical background of SDIAs by some vaccine-skeptical influencers caused embarrassment to the vaccine-skeptical community.
- **Sudden Infant Death Syndrome (SIDS):** This term is used to describe the sudden, unexpected death of an apparently healthy infant, usually during sleep, and for which no cause can be found, despite a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. There were several social media reports recently about infants or small children dying soon after receiving vaccination (without implicitly implying COVID-19 vaccines), but official literature was saturated only with denials that such events could occur.^{75,76} It is noteworthy that in his analysis of the VAERS database for the period before COVID-19 vaccine development (1990–2019), Miller reported that a substantial proportion of infant deaths and SIDS cases occurred in temporal proximity to vaccine administration and that this excess of deaths during that time interval was statistically significant.⁷⁷ This author postulated that several mechanisms may explain a possible causal relationship between vaccines and SIDS. Such mechanism could include action of vaccine-induced inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide, reaction to adjuvants crossing blood-brain barrier resulting in fatal disorganization of respiratory control, and biochemical or synergistic toxicity due to multiple vaccines administered concurrently.⁷⁷
- **Sudden Unexpected Death in Epilepsy (SUDEP):** This term is used to describe a sudden, unexpected death in people with epilepsy, which is not due to an injury, drowning, or other known cause.^{41,78,79} To date there have been no reports of clear-cut cases of SUDEP occurring after COVID-19 vaccine administration. However, Huang et al. reported that a small percentage of epileptic patients had transient seizure worsening after the COVID-19 vaccination.⁸⁰ Authors postulated, however, that vaccination per se had likely no role in aggravating epilepsy, and the increased

seizure activity was likely secondary to noncompliance with treatment and poor sleep hygiene of the affected patients.

Sudden Deaths as the Ultimate Sentinel Events

Sentinel organisms are used to detect risks to humans by providing advance warning of a danger.⁸¹ For instance, canaries were used by miners to identify the presence of toxic gases that could not be detected organoleptically.⁸² Canaries are more susceptible to poisoning than humans; therefore, they would die before miners would be affected. The death of the canary was a *sentinel event* indicating an invisible danger.⁸³

Sudden deaths in association with the COVID-19 vaccines are the ultimate sentinel events, signaling that those vaccines are likely not as safe as advertised. The perfidious suppression of this signal by medical officialdom is another wakeup call about the dangers of politicization and power asymmetry affecting medicine. Furthermore, the internal debate over sudden deaths that is taking place within medical freedom movement has exposed alarming problems affecting that community of vaccine-skeptical activists.

Status of the Medical Freedom Movement

The transformation of formerly rigorous and impartial mainstream medical science into the highly politicized factotum of the Left Wing is well documented.^{1-5,10,84-88} This ideological subservience of academia to the Left-Wing agenda interferes with individual clinical care and negatively affects public health. Most of all, it has dissuaded Right-Wing members of the public from ever trusting mainstream medical experts. The arrogance of the Left-Wing academicians that produced the negative evidence has created a dangerous vacuum in place of previously respected medical expertise. That void had to be filled by new medical authority figures.

There is no single name assigned to the large, diverse, and informal group of individuals who took upon themselves the difficult task of providing alternative expertise in opposition to Left-Wing-controlled academia. The name "medical freedom movement" is sometimes used as the overarching term to describe this sizable set of people, who also are being called the health freedom movement, medical freedom activists, health libertarians, dissident physicians, dissenting scientists, vaccine skeptical pundits, vaccine-hesitant influencers, and contrarian content creators.^{89,90} The Left-Wing vaccine promoters consider the members of this movement to be their arch-enemies and use pejorative labels like "anti-vaxxers" and "anti-science aggressors" to show their disdain towards this cluster of free-thinkers.⁹¹⁻⁹⁴

The medical freedom movement has a long history, but it came to prominence during the COVID-19 pandemic.^{93,95-97} Its existence has been punctuated by many ups and downs in the struggle with external forces. However, the inaccurate sensational story of sudden deaths and related events ushered in an era of previously unseen internal conflicts. This situation is painful to the movement's sympathizers, but it is not surprising. The replacement of biased Left-Wing academic experts with credible and capable authority figures of the Right-Wing persuasion is more difficult than it may appear to the lay audience. Modern scientific research requires use

of sophisticated laboratory equipment and support by large multispecialty teams.^{1-5,10} The time when major scientific discoveries were made by single scientists working in small laboratories and using basic tools is long gone. Moreover, academia has a rigorous training and credentialing process in place that does not guarantee honesty but still assures a certain level of formal education and expertise.

Therefore, the main difficulty that the medical freedom movement faces is related to the differences in the power and internal structure between Left-Wing academia and Right-Wing scientific dissidents. Left-Wing academic researchers are largely corrupt, but they possess all the required resources. They also enjoy financial security and the protection of state agencies. In contrast, the majority of the dissident non-academic researchers do not have access to expensive tools of scientific discovery, and they are underfunded and subject to repression by state agencies. Moreover, there is no stringent vetting process, no formal credentialing, and no quality control in the sphere of "dissident science." Unlike with the formal, exclusive, and structured academia, anyone can join the open, inclusive, and permissive community of "dissident science" and proclaim himself to possess any level of expertise he wishes.

Thus, the medical freedom movement includes individuals with various credentials and different levels of education and training. Consequently, they produce presentations of various levels of scientific quality. Their true reasons for joining the movement frequently cannot be discerned. Those can vary from the very idealistic, to the desire for profitmaking, to the very nefarious. It would be naïve to assume that anyone who self-identifies as "a credible expert" and questions the political narrative we don't like has to be automatically honest, impartial, and well qualified. There are many idealistic heroes among us. But, there are also many greed-driven people pretending to be true activists, but who want to extract money from the gullible. Some activists may be affected by the **Kruger-Dunning effect**, that is, the proclivity of people with a low level of expertise to overestimate their knowledge, causing them to act with overconfidence.⁹⁸ There is also the phenomenon of **audience capture**, that is, a self-reinforcing feedback loop involving telling one's listeners what they want to hear and getting rewarded for it.⁹⁹ Finally, knowing the perfidy of the Left Wing it is not far-fetched to assume that some of the self-proclaimed vaccine skeptics may actually be saboteurs infiltrating the ranks of the medical freedom movement in order to destroy it from within. At the same time, wrongly accusing an honest person of treachery is morally wrong and can be devastating for everybody involved.

Under the current circumstance and from the historical perspective, infighting within the medical freedom movement was inevitable. Internal conflicts are natural and unavoidable for all freedom movements engaged in fighting tyrannies.¹⁰⁰⁻¹⁰² At their onset, freedom movements are united by a feeling of urgency to oppose the mighty enemy. Fellow freedom fighters are not critical of each other. They are willing to forgive any errors and ignore conflicts of interests among themselves. The dissidents recognize that many of their colleagues started doing the type of activist work they have never done before. Honest errors are expected when one is doing novel things. Moreover, the tyranny had not yet had time for its saboteurs to infiltrate the ranks of the dissenters.

As the freedom movement matures, all those determinants start to change. Some degree of success may lead to overconfidence. Efforts may shift from fighting the dictatorship into other matters. Some dissenters may note that their former allies have turned into competitors. Certain dissidents start to see that their colleagues keep making the same embarrassing errors that cannot be excused any longer by inexperience or enthusiasm. Suspicions about the motivation, abilities, and integrity of the former comrades-in-arms start to arise. Criticism directed against members of the same camp begin to escalate. Some critical remarks represent constructive calls for improvement but are not welcomed and are ultimately rejected. Some remarks may be defamatory. Insults, accusations, and even lawsuits are happening in public view, to the satisfaction and advantage of freedom's enemies.

Call For Reconciliation

Periods of serious internal conflict are expected to occur in any freedom movement but must never be ignored. The ultimate success of the movement depends upon its ability to reconcile internal differences, eliminate subversive elements, reward its qualified and sincere members, and improve its quality and resilience. The phase of internal strife can spell the end of the noble movement, but it can also serve as an opportunity to make it better, stronger, and ultimately victorious.

Two crucial steps by all concerned members of the medical freedom movement would help to achieve that most desirable outcome:

- **Act with Emotional Restraint:** The cool headed members of the medical freedom movement should persuade their well-meaning but overly emotional peers to put their emotional grievances aside. Actions should be taken only if they bring tangible results—not to vent anger.
- **Focus on Quality Assurance and Vetting.** The medical freedom movement is based on libertarian principles. It opposes the “woke” cancel culture and rejects the twisted concept of “misinformation” that Leftists use to label any information not approved by them, no matter how logical and true it is. Thus, it is understandable that the medical freedom movement would prefer not to emulate the authoritarian quality assurance methods used by the Left. Unfortunately, in their righteous zeal to reject all the Woke principles, some members of medical freedom movement decided there was no need for even cursory vetting processes or the most basic quality control. Without safety mechanisms, the movement is dangerously vulnerable to exploitation. It can be exploited by various malefactors, including not only unqualified and over-enthusiastic activists but also possible Left-Wing saboteurs who may deliberately disseminate dubious information to discredit the movement from the inside. Making frivolous reflexive accusations of incompetence or treason is not a wise approach. However, we have to face hard reality. It is simply insufferable and unwise for the members of the movement who are well-qualified scientists to remain quiet any longer about easy-to-debunk false information promoted by their fellow activists—especially, when those fellow activists would not correct obvious errors when those are pointed out to them. Spreading obviously false information is

bad but forgivable if it is an honest error. However, there are cases in which those who have disseminated obvious fallacies have rejected valid criticism. Instead of correcting their errors, they have lashed out angrily at their colleagues who simply pointed out undeniable facts. The truth, not sensationalism, should become the universal self-enforced standard within the medical freedom community. Members of the movement must be as skeptical about claims made by supposed allies as of those made by vaccine advocates. Those who arrogantly deny promulgating fallacies, despite evidence showing that they do it, should be confronted, and their materials must not be disseminated.

The Importance of the Medical Freedom Movement

Despite their limited resources and past errors, the role of medical freedom-aligned scientists, physicians, and activists should not be underestimated. Their courageous criticism of the official manipulative narratives has slowed implementation of harmful policies that were endorsed by politically subservient Left-Wing academicians. If not for those brave individuals the current situation would be much worse than it is. Their daring resistance against a much more powerful enemy worked.

Courage alone, however, will not replace the elaborate infrastructure that is necessary for performing true and meaningful medical research—including institutional vetting and quality control. Science cannot be solely based on reactive criticism and alternative interpretation of Left-Wing research. It must also be proactive and creative. And that is achievable only by having command of well-equipped research laboratories and other tangible research tools that Left-Wing institutions have monopolized.

The nation needs parallel institutions, free of the Left-Wing politicized control. These must be created by the determination of independent scientists and the generosity of donors.

Should these institutions be called “Right-Wing”? They probably would be, since this is used as a disparaging epithet by the Left Wing for any idea, person, or institution that deviates from their own partisan narrative. Science is not political, but it has a moral and philosophical foundation. Basic differences between Left and Right have been discussed above and are addressed in detail by other authors.^{20,22}

In keeping with those differences, Left-Wing scientific research is designed to produce the desired results as its ideology demands; Right-Wing research strives to discover objective truth in accordance with conservative philosophy. Thus, Right-Wing science will surpass the Left because, unlike the Left, it understands the importance of universal divine law and the objective (not subjective) morality based upon it. Right-Wing scientists understand that human beings are flawed, yet their lives are of infinite worth. Those principles are in tune with the true nature of the universe, and therefore they assure the best possible outcome of scientific endeavors.

Conclusions

A risk of sudden death is clearly not an acceptable trade-off for a reduction in the current risk of COVID-19 disease. The negative evidence of a cover-up of this risk by a nefarious pro-vaccination agenda must not be obscured by internecine

conflict in the medical freedom movement. This situation highlights the need for independent institutions not subject to the current polarization and politicization of science and medicine.

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