

# HEALTH FREEDOM

DEFENSE FUND

January 27, 2023

Mr. DeMaurice Smith  
NFL Players Association  
1133 20th St NW  
Washington, DC 20036

via email/FedEx

Dear Executive Director Smith,

We are writing to bring to your attention a potential health and safety issue that concerns players of the NFL.

As Executive Director of the National Football League Players' Association, we understand that one of your primary responsibilities and greatest concerns is the overall health and safety of the players you represent.

The protection of the players as a priority by the NFLPA has been illustrated through a range of actions including the protection of players through forward thinking concussion protocols. As the implications of traumatic brain injury and concussions came to light the NFLPA acted on this information implementing protective protocols. The NFLPA wisely continues to review these concussion protocols each year to reflect the most up-to-date medical consensus. Additionally, it was recently observed that in-season modifications to these protocols can also be prudently implemented by the NFLPA based on information dictated by new circumstances.

Appreciating the NFLPA's responsibility and commitment towards player safety we wish to draw your attention to the potential implications of Damar Hamlin's multiple cardiac arrests and the heart attacks and stroke of former NFL players [Uche Nwaneri](#), [Chris Baker](#), [Jessie Lemonier](#) (cause as yet unknown). These tragic events signal a need for the NFLPA to visit another possible health concern that has recently been documented in the scientific literature. Such health concerns could have potential immediate and long-term ramifications for the health and well-being of NFL players.

Further attention and an inquiry into these recent tragedies is paramount as a growing body of data and scientific reports, published in peer reviewed medical journals, have documented a wide range of safety signals from the Covid-19 vaccines, including subclinical heart conditions.

We'd like to highlight several of these studies and are happy to provide more upon request:

1. [Exploring the relationship between all-cause and cardiac-related mortality following COVID-19 vaccination or infection in Florida residents - study conducted by the Surgeon General of Florida](#): Primary findings: "In the 28 days following vaccination, a statistically significant increase in cardiac-related deaths was detected for the entire study population (RI = 1.07, 95% CI = 1.03 - 1.12). Stratifying by age group revealed RIs were significantly higher for age groups 25 - 39 (RI = 2.16, 95% CI = 1.35 - 3.47) and 60 or older (RI = 1.05, 95% CI = 1.01 - 1.10)."
2. [Clinical cardiovascular emergencies and the cellular basis of COVID-19 vaccination](#): Primary findings: "COVID-19 vaccines evoke rare but fatal thrombotic events, whereas messenger RNA-based vaccines appear to be associated with risks of pericarditis/myocarditis, with the latter being more predominant in young adults following the second dose."
3. [Cardiac complications following mRNA COVID-19 vaccines: A systematic review of case reports and case series](#): Primary findings: "Myocarditis/myopericarditis and pericarditis were the most common adverse events among the 243 reported cardiac complications, post mRNA COVID-19 vaccination. Males with a median age of 21 years had the highest frequency of myocarditis."
4. [Postmarketing active surveillance of myocarditis and pericarditis following vaccination with COVID-19 mRNA vaccines in persons aged 12 to 39 years in Italy](#): Primary findings: "...increased risk of myocarditis/pericarditis was associated with the second dose of BNT162b2 and both doses of mRNA-1273. The highest risks were observed in males of 12 to 39 years and in males and females 18 to 29 years vaccinated with mRNA-1273."
5. [Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults](#): Primary findings: "Pfizer and Moderna mRNA COVID-19 vaccines were associated with an excess risk of serious adverse events of special interest of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95 % CI -0.4 to 20.6 and -3.6 to 33.8), respectively."
6. [Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination](#): Primary findings: "Overall, autopsy findings indicated death due to acute arrhythmogenic cardiac failure. Thus, myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination."

7. [SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents](#) Primary findings: “In a cohort study of 23.1 million residents across 4 Nordic countries, risk of myocarditis after the first and second doses of SARS-CoV-2 mRNA vaccines was highest in young males aged 16 to 24 years after the second dose. For young males receiving 2 doses of the same vaccine, data were compatible with between 4 and 7 excess events in 28 days per 100 000 vaccinees after second-dose BNT162b2, and between 9 and 28 per 100 000 vaccinees after second-dose mRNA-1273.”
8. [Booster Vaccination with SARS-CoV-2 mRNA Vaccines and Myocarditis Risk in Adolescents and Young Adults: A Nordic Cohort Study of 8.9 Million Residents](#): Primary findings: “Our results suggest that a booster dose is associated with increased myocarditis risk in male adolescents and young male adults.”

In addition to these studies, the [FDA has cautioned](#) that some COVID-19 vaccines carry the risk of myocarditis and pericarditis, especially in young men.

Though not related to young men, on January 13, 2023, [CDC cautioned](#) that Pfizer/BioNTech’s Bivalent booster vaccine might increase the risk of ischemic stroke in people over 65, a condition in which blood clots of other particles block the blood vessels to the brain. While the concern relates to those over 65, this new safety signal illustrates that we do not know the mid- or long-term health outcomes of the COVID-19 vaccines.

Although some have suggested that myocarditis and pericarditis are elevated after a case of COVID-19, a large study of about 600,000 adults concludes that is not the case. The study, **“The Incidence of Myocarditis and Pericarditis in Post COVID-19 Unvaccinated Patients-A Large Population-Based Study”** stated, “We did not observe an increased incidence of neither pericarditis nor myocarditis in adult patients recovering from COVID-19 infection.” <https://pubmed.ncbi.nlm.nih.gov/35456309/>

Further, although certain health officials have downplayed the dangers of myocarditis, up until its identification as a side effect from COVID-19 injections, the condition had always been considered extremely serious.

Some have argued that cardiac screening in sports is insufficiently specific and yields false positives but the circumstances presented today differ starkly from a normal situation in that we have a known agent which specifically impacts this group resulting in long-term side-effects and subclinical injury.

Safety signals illustrate that the near and long-term health outcomes of the COVID-19 vaccines remain uncertain, however, a multitude of adverse reactions to these injections, including myocarditis, are wide ranging and confirmed, and as such, prudence dictates that the NFLPA investigate the extent to which the COVID-19 shots may have resulted in injury, compromised health or death of players.

As such, we are requesting that NFLPA commence a testing and screening program to determine whether players have been adversely affected by the injections and to develop a set of functional medical protocols and treatments in order to address and heal any deleterious

effects of the vaccines. In addition, NFLPA should implement a program for long-term surveillance of treatments and recovery.

We are happy to recommend respected medical doctors and scientists willing to advise on the necessary elements of these testing and treatment regimens should that assistance be helpful.

Notwithstanding the great concern the NFL has exhibited regarding player health over many years, the NFL was highlighted as a founding member of the [COVID-19 Community Corps](#), a federal program which gave billions in funds to members and whose [stated mission](#) was, “*to increase vaccine uptake, including in underserved populations.*” Participation in this program by the NFL may impede its ability to impartially assess potential health effects related to the vaccines necessitating the NFLPA’s leadership on this issue.

We also respectfully request that the NFLPA call for the suspension of NFL player COVID-19 vaccine mandates until possible subclinical cardiac issues can be assessed.

We look forward to engaging in an ongoing robust and meaningful dialogue with the NFL Players’ Union on this issue to ensure the continued health of NFL competitors.

We would love to have a follow up conversation with you and would be grateful if you would have time for a brief call. Please let us know when your schedule would permit on or before February 8, 2023.

We look forward to beginning a dialogue with you about this timely and critically important concern.

Respectfully yours,

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