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Horowitz: 5 shocking new studies and data points that nuke the COVID shots

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“In summary, we have highlighted the pitfalls of having considered until now COVID-19 mRNA vaccines as just conventional vaccines, and we have indicated the preclinical, clinical and post-marketing safety assessments that are most urgently needed. COVID-19 mRNA vaccines are actually pharmaceutical drugs, and consequently their pharmacokinetics and pharmacodynamics, and possibly also their pharmacogenetics, must be properly characterized to provide a solid background of knowledge for their rational and targeted use, thus stopping ‘playing dice’ with these products due to the misbelief that the same vaccine at the same dose is good for



Those were the words of Italian researchers in a recent pharmacological analysis of the COVID shots published in the International Journal of Molecular Sciences nearly two years after these products were foisted upon 5.35 billion human beings – often multiple times – under the false pretense of the jabs acting like vaccines. Who will be held accountable?

Every day, news pours out about the lack of safety and ineffectiveness of the shots, but they fail to move the needle on policy. It is unclear what it will take to get these biological agents pulled from the market, but here are some of the most recent bombshells proving the shots are extremely unsafe and ineffective:

Autopsy shows extensive brain and heart damage: Nearly two years into this mass genocide, global governments have refused to conduct widespread autopsies on those who died suddenly shortly after getting the shots. They have also rebuffed calls to release the data and analysis on those autopsies they did conduct. One can only imagine what we would learn about the extent of the danger, but now we have a glimpse from an autopsy of a 76-year-old man with Parkinson’s disease who died three weeks after receiving a third dose. The case study published by German pathologists in the prestigious journal “Vaccines” found severe inflammation in the brain tissue and heart attributable to the shots.

The pathologists used immunohistochemistry, which utilizes staining techniques to light up only specific antigens, in this case only the spike protein native to the shots, not the nucleocapsid protein from the virus. What did they find?

“However, histopathological analyses of the brain uncovered previously unsuspected findings, including acute vasculitis (predominantly lymphocytic) as well as multifocal necrotizing encephalitis of unknown etiology with pronounced inflammation including glial and lymphocytic reaction. In the heart, signs of chronic cardiomyopathy as well as mild acute lympho-histiocytic myocarditis and vasculitis were present” (emphasis added).



meaning that this individual was only exposed to the shots, not to the actual virus. Until now, many pharma apologists blamed the rash of sudden encephalitis and myocarditis cases on the virus, but as the authors note, “The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines.”

Although he died following his third shot in December 2021, interestingly, the man already “experienced pronounced cardiovascular side effects, for which he repeatedly had to consult his doctor,” after his first shot (AstraZeneca) in May 2021 and “increased anxiety, lethargy, and social withdrawal” after his second shot (Pfizer) in July 2021. He seemed to decline rapidly even before the third shot, suffering “severe motor impairment and a recurrent need for wheelchair support.” The man in the study “never fully recovered” from the shots by the time he got his booster in December.

Two weeks after the third vaccination, he “suddenly collapsed while eating dinner” without “coughing or any signs of food aspiration.” If not for his family paying for an autopsy, we would not have this information about a cause of death that likely occurred in countless thousands of other young and old vaccinated people.

With findings like this, how can every case of a sudden death post-vaccination not be immediately investigated with pathology to determine if this phenomenon is occurring in a significant portion of the population? Where is the emergency to get ahead of this and detect, diagnose, and treat people before it's too late? After all, *only* 5.3 billion people are potentially affected.

Negative efficacy galore: Imagine engaging in societal apartheid and persecuting those who didn't get the jabs on the assumption that they are spreaders of disease but then discovering that, in fact, the opposite is true? I've been reporting on negative efficacy for over a year already, but now we have a Kaiser Permanganate study that shows negative efficacy of the shots against *all* variants within 150 days.

And this study shows the more you inject, the more you infect: specifically, over time.



The American Association of Physicians and Surgeons posted a Twitter thread with numerous studies published throughout the past year showing a similar trend of negative efficacy resulting from the shots.

“This is the latest in a string of studies that report COVID vaccine effectiveness (VE) wanes into negative territory. Here are some of the others. 🤯”

— AssocAmerPhys&Surg (@AssocAmerPhys&Surg)

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One of the likely culprits for negative efficacy is that the shots prime the body to respond to a version of the virus that has long since changed, thereby making the natural immune response misfire. Supporters of endless jabs will suggest that this is why they created the new bivalent shot for BA.5 (the one that was studied in eight mice and no humans). However, an entirely new variant is already surging, rendering this shot just as irrelevant and likely counterproductive. [According to the CDC](#), BA.4.6 now represents 13% of all COVID-19 cases and is rising sharply, with some other variants breaking out as well.

Negative efficacy even against death: Well, at least the shots still work against



data continues to show the overwhelming number of deaths to be among the vaccinated. It turns out that in the month of June, 92% of all COVID deaths in Canada were among the vaccinated, even though they composed a slightly smaller share of the population (85%). Even more telling is the fact that 81% of the deaths were among those who had three or more doses, even though those individuals only account for 34% of the population.

Neonatal deaths: Remember when Scotland suffered a sudden rash of neonatal deaths last September? At the time, 21 newborns had died in a month, triggering an investigation because the numbers rose above an upper control limit for the first time in four years. Neonatal deaths hit 4.9 per 1,000 live births, on a par with levels that were last seen in the late 1980s. This was an astounding phenomenon, yet the investigation yielded no cause other than disproving COVID as a culprit. But notice that the COVID shots were never investigated. Well, now the data is triggering another investigation, as at least 18 newborns died within four weeks of birth during the month of March 2022, the equivalent of 4.6 per 1,000 births. Here is the trend line from Public Health Scotland:



Notice the spikes above baseline beginning right around the beginning of 2021 and accelerating in two peaks later on. What major biological product was mass-distributed around that time? Obviously this alone doesn't prove any causation, but the fact that we know the spike protein goes into the reproductive system and breast milk, menstrual irregularities are ubiquitous, so many countries are experiencing record low birth rates around the same time, and these shots are otherwise extremely inflammatory in the adult population, wouldn't you think there would be



Just how bad are the menstrual and gynecological problems? One recent survey of 6,049 women from May 16, 2021, through December 31, 2021, right after most young women got the shot, found 292, or 4.8%, of the respondents self-reported a case of decidual cast shedding (DCS). DCS is a rare gynecological disorder in which a woman sheds her entire uterine lining intact through the vaginal canal as if she were having menstrual bleeding. It is so rare that the authors of this paper could only find 40 documented cases in 109 years.

It's not like the government doesn't have blaring and glaring safety signals on reproductive health, either. As of late September, there were 5,055 miscarriages reported to VAERS and 11,598 instances of vaginal/uterine hemorrhaging. Remember, miscarriages are extremely hard to pin on the vaccine, so the fact that so many felt they could report it demonstrates there is likely a woeful underreporting rate. While none of this directly proves the shots are primarily responsible for the neonatal deaths, it would be ludicrous not to carefully investigate them as a culprit.

Other countries experienced this problem as well. In Iceland, deaths among infants doubled in 2021 from the baseline level of the preceding nine years. Several Israeli hospitals saw similar trends in stillbirths and miscarriages.

Adverse events in nursing babies: We already know that the therapeutic can pass through the mother's milk from lactating women who get the shots. Now, a new study published in JAMA, which was bizarrely designed to make the shots look safe, actually reveals that 3.5% of the women reported a decrease in breast milk supply and 1.2% reported "issues with their breastmilk-fed infant after vaccination." They decline to describe the nature of those issues, but the fact that they can so casually report this as if these numbers are good news is shocking.



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Keep in mind that the swine flu vaccine was pulled from the market in 1976 after 1 in 100,000 experienced Guillain-Barre syndrome. The fact that these shots could be forced down people's throats, including pregnant and nursing women, after such relatively high percentages of adverse events defies logic.

Yet it's now clear the medical community and the government knew this shot was problematic from day one. Already in early February 2021, a local Fox affiliate in Salt Lake City [reported](#) that the Society of Breast Imaging rolled out a new protocol for women to wait for mammograms after getting the shots after they discovered 11% of those who got Moderna's first dose and 16% after the second dose experienced inflamed lymph nodes. They knew such a high percentage of hyperinflammation is abnormal and portends trouble, particularly for breast cancer and lymphoma, yet they simply pushed off mammograms rather than raising the alarm about the cause of the inflammation.

No wonder the Pfizer CEO [declined](#) to appear before an EU parliamentary hearing on the shots. There's an endless litany of crimes against humanity he must answer for. But what is our excuse for not holding all the people in government and medicine accountable in the U.S.? One could have feigned ignorance in early 2021, but now we are light-years past the threshold for willful misconduct. How much longer will we allow the government to "roll the dice" with the lives of all humanity and even their future offspring?