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Bombshell Legal Initiative against Pfizer: Uruguay Judge's 18 Questions to Pfizer to Prove Safety of Covid-19 Injection for Children

By Evolve to Ecology
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At 9 a.m. this morning, Recarey began the hearing for the appeal led by lawyer Maximiliano Dentone to stop vaccination against covid to children under 13 years of age. Maximiliano Dentone said at the hearing that he wants to suspend the vaccination of children under 13 years of age until it is proven that it does not harm health.

The Uruguay judge has submitted 18 questions to Pfizer that need to be answered by Thursday 7th July, morning, before 9am.

Since 9 a.m., the Ministry of Public Health (MSP) and the pharmaceutical company Pfizer have been in a hearing in the Judiciary for the appeal led by the lawyer Maximiliano Dentone, who has petitoned to suspend vaccination against covid in children, and requests information on vaccines and contracts for the purchase and sale of these.

The substitute judge for Administrative Litigation, Alejandro Recaray, approved the appeal, and made a list of 15 requests to the government and the US company, which the government prepared to present this day, Wednesday the 6th of July, 2022.

Both Recaray and Dentone are supported by a group of protesters outside the Courts, who ask that vaccination be suspended in children like the lawyer. Among them is PERI deputy César Vega, whom Dentone defended in a defamation case.

At the beginning of the hearing, the judge asked the lawyer three questions: whether "he understands acting in a personal capacity and to what extent. Dentone responded that he is

acting in “his own best interest”, but also “defending minors” of young age. The second question from Recarey was “What is the age range for which the suspension of the vaccination campaign is requested?”, to which the lawyer replied that he seeks to suspend vaccination for those under 13 years of age.

The third question was based on knowing if Dentone seeks to “limit or condition the suspension to some specific factor. For the complainant, the suspension would be limited “until it is proven that there is no harm to health” from being vaccinated against the coronavirus, he replied at the hearing. To get to that point, he understands, the delivery of information from the government and Pfizer is necessary. The reason being is that “The population was instructed to give consent to the vaccine without being fully informed”, he highlighted at the end of this response.

Judge ordered Salinas to answer 18 questions about vaccination he judge ordered that an clerk take a statement in his office

The Minister of Health, Daniel Salinas, had been summoned by Judge Alejandro Recarey but did not appear, so he was represented by lawyers from the MSP. At the hearing, the judge ruled that the minister must testify and answer 18 questions about vaccination. For this, he arranged for a bailiff or an clerk to take a statement from his office.

In the decree issued by Recarey, he indicated “personally request the response of Daniel Salinas by the bailiff and/or clerk at his work address,” and ordered that the response must be added to the case file this Thursday at 9 a.m. The hearing for the amparo appeal will continue this Thursday.

The 18 questions Salinas will have to answer:

1. Beyond any contractual reserve, have independent studies been carried out by the Uruguayan State on the information provided by their manufacturers, to verify the safety and effectiveness of the vaccine substances in use in Uruguay? Were international independent studies also used?

2. Starting from the reservation regarding the composition of the vaccine substances, how were they made, if they did, the identity and quality controls of each consignment of imported vaccines, one by one, as what were coming to our country? If so, detail - synthetically- amount of analysis and methodology.

3. Were and are all the batches of vaccines that are injected the same? Demonstrate if your answer is born from an effective knowledge of its components, or not.

4. For what reason were different types and brands of vaccines administered to different groups or population groups (for example, age groups, for police officers, health personnel, minors, etc?

5. Are there differential assessment criteria regarding effectiveness and safety for the different brands (Pfizer, Sinovac or Coronavac)?

6. What vaccine is injected to minors, and what are the proven scientific criteria that lead to preferring this one to others?

7. Did the MSP monitor the vaccinated and a control group of non-vaccinated individuals to

determine rates of infection, re-infection, and death in both groups, obtaining statistically valid and generalizable data? If so, what was it, where can it be examined, who did it and how?

8. It is already known that vaccines, or some of them, contain the so-called “spike protein”. Are you aware if your inoculation has adverse effects -in the short, medium and long term- on the structure of the natural immune system? of people (in general and especially in children)? If you know there are no negative effects, based on what studies? If studies in this regard had been analyzed by the MSP (or any other national health authority), what were these specifically, what were their origins and who were their authors?

9. Do you know if the “spike protein” has any level of toxicity in itself? If you know that it is not, based on what information?

10. Is Covid-19, Sars Cov-2, a disease deemable as high or significantly aggressive for children? Does it cause, on average, serious effects? Or is there a predominance of mild effects in the child population? If statistical gravity is established in the aforementioned effects, based on what studies is it done?

11. Has the correlation between the occurrence of the disease and vaccination been studied, at the national state level, in the cases of those already vaccinated? That is, contagion, and development of the disease in these hypotheses.

12. Did the cases of Covid-19 in minors grow -of whatever level of severity- after vaccination, in relation to those that had been verified before (for the same age group, of course), in the period that ran from the initial validity of the health emergency of the year 2020, and the beginning of the inoculations to minors? In the event that after vaccinating minors an increase in cases had been reported in them, have the causes been studied? How?

13.Does the vaccination process during an epidemic increase the variability of mutations in virus proteins? Does it harm in any way the natural reaction of the immune system of those inoculated, especially minors?

14. Has it been studied whether, in the case of the vaccines supplied in Uruguay, the usual three-year trial protocols with control groups have been followed? Are you aware that the Pfizer company, in relation to the vaccine that is supplied to minors in Uruguay, has eliminated its control groups? Or avoided in any way its implementation and development?

15. If the answer to the previous question shows that the effects of vaccines have not been analysed, with due safety protocols, could it be technically argued that vaccination implies a risk factor, even a relative risk? Or not (and in your case why)?

16. Are you aware of the existence of international reports, such as those of the VAERS (or others), who report deaths or serious secondary effects -at any age- linked to the vaccines that are supplied in Uruguay? If so, have they been studied by the Uruguayan State? At what level, by whom and with what results?

17. Has the evidence been studied in Uruguay to conclude that vaccination against Covid 19 in minors produces more benefits than risks? If so, at what level, by whom, and with what results?

18. Did the Uruguayan State study the report of the “Pharmacology and Therapeutics Committee of the Uruguayan Society of Pediatrics”, dated 9.XI.2021 (and written by seven university professors), which pointed to the risks of vaccination in minors 12 years old? In your case, what scientific-technical reasons would have led to the MSP being discarded (in practice)?

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