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## ***Pandemic, sneaks and ominous prospect***

That an unvaccinated person contracts Covid 19, go and pass; Now that a vaccinated person is also, why was he vaccinated? The insistence on continuing to 100% vaccinated tells us that contagion is irrelevant and that what matters has been achieved by vaccinating everyone. For what? Good question.

Is it health or merchandise placement?

After the 2020-2022 pandemic declared by the WHO, health standards have been disrupted and left a host of absolutely serious questions (because they have to do with death).

*Uruguay Chapter*

In my country, from a mortality rate of approximately 1% per year, we are, since the decreed pandemic, at almost 1.33%, an "overdeath" of tens of thousands.

Reviewing the deaths recorded before the pandemic, the average between 1997 and 2020 yields 32,473 deaths each year. [1] (the year with the fewest deaths, 1997 with 30454 and 34807, the one with the most (no year).

It is consistent with the very concept of a pandemic that there have been more deaths during its course. But we will see serious inconsistencies.

Let's look at the last three years; that is, the two "pandemics" and the last, already outside the emergency cycle decreed by WHO:



2020, 32638: maintains continuity with the figures of previous years (remember the average of the last 17 was 32473).

But then: 2021, 44158 deaths; 2022, 39322 deaths.

The average number of deaths of the penultimate 18 years had been approx. 32 thousand.

The average number of deaths over the past 2 years, then, has been approx. 42 thousand.

Recall that in 2021 mass and highly induced vaccination began.

The MSP [2] discriminates by cause of death. Even though there is still a percentage 'of unknown origin' that prevents a more thorough assessment, it is possible to clearly distinguish the causes of death that have increased more, much more, than the rest: let's say that they "reap" a good part of the increase in mortality that we have indicated. These are deaths related to respiratory tract, genitourinary tract and those of the item "Unclassified symptoms" (the most frequent causes of mortality; tumors and heart-arteries, do not reveal increase or decrease).

*U.S. Chapter*

*(It's not that data from other states doesn't exist; it's just that our peripheral, colonial condition allows us to more easily access those in the U.S.)*



We took U.S. data collected by Paul Craig Roberts about the aftermath of vaccinations, in "Deafening Silence on Vaccines." [3]

"Myocarditis and pericarditis are conditions that occur particularly among vaccinated young males." [4]

"Some children who have had heart inflammations after COVID vaccines, months later still have traces of such inflammations. Of 40 children examined, cardiac abnormalities were found in 26." [5] Note the number affected. More than 50%!

As Roberts understands: "There are a greater number of scientific studies concluding that the COVID vaccine [Pfizer or Moderna] is dangerous than studies concluding that it is safe."

From Roberts' survey, we extract these other paragraphs:

"Myocarditis can cause deaths, even sudden deaths, and deaths from myocarditis after vaccination has been confirmed in several countries, including South Korea, the United States, and Germany.

"South Korean researchers reported in June that vaccine-induced myocarditis caused eight sudden deaths, all in people aged 45 and younger, and a new analysis found that COVID-19 vaccination was linked to an increased risk of heart-related death.

"Some critics point to the risks and high percentages of people who have been vaccinated, infected or both. [6]

But if we are talking about disorders produced by this emergency vaccination campaign of global scope (to the point that the WHO itself dispensed with the mandatory nature that has accompanied many vaccines based on the saving of lives, sequelae and suffering); Disorders such as the cardiac alterations indicated, acquire another transcendence and

dangerousness when we begin to register an increase in deaths. As we have seen in Uruguay, without major official comments, neither health nor doctors.

A report based on VAERS,[\[7\]](#) the U.S. federal medical watchdog The U.S. Department, published in Spain,[\[8\]](#) provides worrying data. With registration of disorders in population from 5 to 17 years.

Of 687402 reported cases,[\[9\]](#) 28 deaths, 62 anaphylaxis, 6102 chills (in addition, fatigue, headaches, dizziness) were verified.

Other research reveals a tendency to give vaccines to humans at an increasingly younger age. Neil Miller, director of the Institute of Medical and Scientific Inquiry in Santa Fe, New Mexico, says: "Preterm birth and low birth weight are more common causes of neonatal death, but since vaccines are given 24 hours after birth, it is possible that some of those deaths are precipitated by vaccines given at near birth." [\[10\]](#)

In any case, since causes of death associated with childhood vaccination do not exist, doctors and specialized personnel can only qualify deaths related to the administration of vaccines to newborns, as "other causes".

There is another cultural aspect to this issue of the pandemic, its health hazard and, I understand, its higher cultural and political dangerousness. We have seen that COVID 19 vaccination is associated with deaths. Several, various deaths. There are those who argue that the mortality in thousands and hundreds of thousands of humans attributed to the COVID virus should actually be attributed to the alleged cures that have been made to face COVID (for example, with the initial policy of putting on ventilators those affected who died not because they lacked air, but because they had lodged blood in their lungs).

But without entering into such slippery ground as that of the causes of death, it is already proven that COVID 19 vaccination has killed people. Something that, for example, has not always happened with vaccines (there are some with zero death in their vaccination, although pathogenic reactions such as anaphylaxis have been recorded).

The potential danger of COVID 19 vaccines has led, for example, to situations like the one that doctor Kelly Sutton is experiencing. She is a qualified American doctor practicing in California, since the 70s.

This doctor has protected medically vulnerable children from potentially harmful vaccines. That's why he exonerated eight children from receiving vaccines in his schools over the years.

In California, doctors who "exonerate" vaccines have been criticized, accusing them of receiving money from parents to establish such exceptions. To the best of our knowledge,

there has been no evidence of such bribes. On the other hand, there are known pathological reactions of some children to vaccines. And on that background is that Sutton chose to exempt those children from receiving vaccines, usually at the behest of their parents, worried about the risks.

Health authorities opted to withdraw Sutton's license in a campaign to restrict exceptions to vaccinations. The reasons given are striking and worrisome: that it "lacks good moral character" [sic], that it "undermines public confidence in the integrity of the medical profession." [sic, sic]

It is not about medicine, or health; This is a moral question and a tactical question!



The conceptual level deployed to "defend the institutions" is pitiful. Rather, it reveals the meaning of institutional self-protection. The institutional apparatus has undoubtedly been increasingly concerned about "the incessant increase of parents requesting exemption from vaccinations of their children." The Californian authorities then reacted with a regulation that restricts the right of parents to exempt their children from receiving vaccines, protected by their personal beliefs; The will of the parents alone was no longer enough. Authorization from qualified medical personnel was required to verify that these parents have received pertinent information about the risks of not being vaccinated.

In 2015, in the wake of a measles outbreak at Disneyland, which the mainstream media blamed on unvaccinated children, as well as the existence of a low number of vaccinated

public school students, state senators introduced a bill to erase all appeal to particular beliefs not to receive vaccines.

The institutional order is being imposed on individual and family freedoms. That was the "climate" and the grounds for withdrawing the medical leave of Kelly Sutton and colleagues who had hitherto taken into consideration the "informed" will of parents.

It is pristine that it is a policy of subjection to an increasingly generalized medical order. An order, however, that does not seem to accredit the excellences that it proclaims and postulates to fulfill. Along with undoubted scientific, social, technological advances, *Big Pharma* has been taking over more and more resources in every way: the large transnational pharmaceutical consortia do not seem the best guarantee for the health of the population. I will point out just two examples to remember. In his impressive study on breast cancer, the American physician Lappé explains how the health policy developed in the US (and concomitantly, in many other places) is to achieve the early detection of cancers; never to avoid them. Because the first ensures the development (economic, entrepreneurial) of appliances and laboratories, and the second would question the dominant lifestyle, with food obtained with toxic methods and substances.

And second: in any medical congress that prides itself on such and not being a *Public Relations* operation, what is the initial chapter, generalized to visualize?: iatrogenesis. It is estimated today that the third cause of death, along with heart and circulatory disorders and cancers, is that produced by products, prescriptions, medicines, in a word, the medical panoply.

One example among many: during Covid 19, it was said that with 70% of vaccinated "herd immunity" would be achieved. When a country exceeded that figure, vaccination was not suspended. Not even when it was proven that the unvaccinated infected the vaccinated!

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Notes:

[1] Luis Anastasia, «[Sigue el escandaloso excess de muerte en el Uruguay](#)», 1-8- 2023.

[2] MSP, Ministry of Public Health of Uruguay, tables cit. p. Anastasia.

[3] "[The Deafening Silence on Vaccines](#)," *Unz Review*, 7-8-2023

[4] <https://markcrispinmiller.substack.com/p/bronco-kj-hamler-steps-back-lsu-coach>

[5] Zachary Stieber, "[Heart Scarring Observed in Children Months After COVID-19 Vaccination: Study](#)," *The Epoch Times*, 5-8-2023

[6] [https://www.theepochtimes.com/mkt\\_app/health/some-vaccinated-children-have-heart-scars-after-myocarditis-long-term-study-5446348](https://www.theepochtimes.com/mkt_app/health/some-vaccinated-children-have-heart-scars-after-myocarditis-long-term-study-5446348)

[7] VAERS Vaccine Adverse Event Reporting System. It is a U.S. federal vaccine safety program, co-administered by the Centers for Disease Control and Prevention [CDC] and the Food and Drug Administration [FDA].

[8] <https://www.analesdepediatria.org/es-eventos-adversos-vacunas-covid-19-una-articulo-S1695403322002557>.

[9] In order not to distort the effect of these impressive figures, it must be taken into account that the almost seven hundred thousand reported cases are extracted from all the millions of vaccinations carried out on the child and adolescent population of the United States, probably tens of millions of individuals, who do not register alterations.

[10] Cit. p. Angelo de Palma, <https://childrenshealthdefense.org/defender/infant-vaccines-all-cause-mortality/>

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