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## THE SCIENCE IN ITALY AT THE TIME OF COVID



17.09.2021  
Italy

### Costantino Ceoldo

Science (with a capital S!) is such when opposing ideas and opinions can circulate, giving rise to a debate in the light of the scientific method. That is, it should be the data and their dispassionate analysis, free from fanatical or paid ideologies and visions, to establish the correctness of a theory, the accuracy of an approach or a particular paradigm.

However, in our Covidian days, we have all witnessed the setting aside of the usual methods and times of Science in favour of a hysterical vision centred on the vaccine god, the only saviour of an humanity suffering from a disease, Sars-Cov 2, certainly new but which is not unmanageable with the drugs already available for years.

The vaccine god immediately generated its small but fierce number of great priests, doctors unknown to the general pre-covid public who quickly became real medical rock stars, saturating the mainstream media and social networks with their presence. The doubt that there is a gigantic dance of money behind all this is legitimate, given certain past events, but it seems that for the moment no one is interested in the subject, not even the Italian judiciary.

Those who tried to bring the talk on a path of scientific reasonableness ended up on the index, blamed, risking becoming a pariah among friends and colleagues. This is the case of Paolo Bellavite, who dared to publicly express his views as a scientist and immediately he received the same "protocol" which did not spare even Nobel prizes like the Frenchman Luc Montagnier.

Since also we sit in the wrong when all the best seats are already filled, I thought I'd ask Professor Bellavite a few questions.

#### **1) You were invited in a television show and expressed your point of view on anti-covid vaccines. Why they contacted you and then what happened during the broadcast?**

A) I think the La7 journalists contacted me because I am an expert in pharmacovigilance, having published various articles in accredited international journals. During the broadcast, the showman Giovanni Floris [1] asked me: "Professor, good evening. Look, some Italians have doubts about vaccines and fear that they will hurt. Are they right?" I replied that "I think they are right, in a sense". I then explained in what sense: we do not have much certainty about the true relationship between the benefit of a certain protection and the risk. I said that we are still in a phase 2/3, trial that will end in 2022 or 2023 depending on the vaccines and that the phase 4 trial, the "post marketing" one, is in full swing, but it is done badly. Without fear of being denied (having studied the subject thoroughly) I said that the data on the incidence of adverse effects are not reliable because they are based on "passive" or "spontaneous" surveillance, that is a case of adverse reactions is recorded only if it is taken in hand by someone, who then takes care of inserting it in the AIFA database. And we know for sure that it is an ineffective system. As an example, I cited the

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AIFA report which in May reported 40 cases of serious adverse reactions for every 100,000 shots. In fact, in the "active" pharmacovigilance studies there was talk of something like 4% of serious reactions after the second dose of the vaccine. This means not 40 in 100,000 cases, but 4,000 in 100,000, 40,000 serious adverse reactions in a million doses (and each person usually takes two doses). Finally, Floris asked me: "Professor, let me know if you would advise an eighty-year-old and a forty-year-old to get vaccinated" and I replied: "To an eighty-year-old I would say yes. As for people under fifty, this depends a lot on what job they do and if they are carriers of other diseases. I would say that the most important thing would be that you can have a free evaluation by the attending physician, without pressure, without conditioning".

### **2) Why did the University of Verona dismiss you almost immediately afterwards? You were already retired but you still worked there as an expert on the subject. Now no longer...**

A) I actually retired in June 2017 but I continued to work in laboratory research at the University (Department of Medicine, Section of General Pathology) as a "Expert on the subject", a title that is often awarded to retired professors who continue the relationship (voluntary and at no cost) with the university. In recent years, I have directed a research program on the effect of natural medicines on the gene expression of bronchial cells in vitro. In four years, I have published more than 20 scientific papers under the name of the University of Verona. Immediately after the broadcast of La7, the Rector, without consulting me, issued a statement, sent to the press and to all students by e-mail, distancing himself from my statements and arguing that yours truly "does not appear to have any active collaboration with our research groups, much less in the COVID-19 field". But this statement is not correct, not only because in the last four years I have worked in an important research program with American funds brought by me at the University, but also because among the various topics I have dealt with is COVID-19, on which I have already published works in international scientific literature, precisely on the antiviral power of flavonoids [2] and on the mechanisms of cardiovascular damage of anti-COVID-19 vaccines [3]. With this latest work, anticipated to AIFA and EMA (European Medicines Agency), I was the first in Italy to report how the virus, and anti-covid vaccines too, can cause thrombosis and sharp changes in blood pressure. My removal was then approved by the Department of Medicine on 17 May (therefore within ten days) without consulting me and the decision was communicated to me on 6 June, arguing that the positions expressed by prof. Bellavite would not be "compatible with the current scientific direction of the Department". I then asked the Director what would be the "scientific direction" with which my positions would not be compatible but so far I have not received any answers.

### **3) Have you received the solidarity of any of your co-workers?**

A) Some yes, certainly representatives of a "qualified minority", however enough to cheer me up. In biology and increasingly in genetics, it is not quantity but quality that counts

### **4) From your point of view as a doctor and expert in general pathology, what are the mistakes made in the management of the epidemic by the last two governments of the Republic?**

A) I state that it is easy to see the errors in retrospect and that I am well aware of the initial difficulties. The errors that in my opinion are more evident on a medical-scientific level are the following. Unfortunately, some persist.

- The initial lock-down was necessary in the face of the sudden and unknown "enemy" to avoid the collapse of the hospitals. However, I believe that there was a certain delay, of a couple of weeks, before realizing the severity of the disease and the speed of spread of the infections. Conversely, when in April 2020 it was already understood that the peak was falling rapidly, it took a little too long, until early May, before "opening" activities with damage to the country's economy. Subsequently, the attitude of alarmism and interventionism on the part of the government and consequently of politicians of all orientations persisted, to appear "more rigorous than the king". An epidemic, due to the inability to respond with adequate care and the waiting for the vaccine-saviour, has turned into an obsession that ruin the economy, people's lives, social relationships, to the point of undermining the democracy itself, as well as authoritative left-wing observers have finally begun to report.

- A serious mistake was to "advise against" the execution of autopsies, which is not justifiable because the pathologists themselves know that it is possible to do autopsies safely. This diagnostic block has cost a delay of several weeks in understanding the clinical pathology of COVID-19. In particular, the disease continued to be thought of as a respiratory syndrome and delayed recognition of vascular complications due to the imbalance of the renin-angiotensin system and excess inflammation. Some doctors on the front line of Bergamo soon reported (precisely in April 2020) that they obtained excellent results with the administration of steroids, but the Ministry of Health did not even reply. Today, steroids are regarded as effective drugs in treating COVID-19 patients, not as a first approach but with severe respiratory symptoms, just what those doctors were reporting.

- The system of family doctors has responded badly to the needs of the population, closing the clinics and not going to visit the sick at home. Very serious and worthy of investigation by the judiciary is the case of the therapeutic lines issued by AIFA with a note dated December 9th, 2020, which recommended only "paracetamol and watchful waiting" for the treatment of COVID-19 patients. The doctors of the "home therapies" and those of the "Hippocrates Association" [4] opposed the AIFA line and they were won by the Lazio Regional Administrative Court. However, inexplicably, the Minister of Health appealed against this sentence to the Council of State, which on April 22, 2021, undid the judgment of the Regional Administrative Court. On April 26, 2021, the Ministry of Health licensed new indications for the "Home management of patients infected with SarS-CoV-2", which do not seem to adequately overcome the criticalities that emerged in relation to the previous recommendations of AIFA. In the light of current knowledge, it is becoming increasingly evident that "watchful waiting" and "paracetamol" have represented poor clinical and pharmacological management of countless patients and are probably responsible for a large num-

ments.

- In general, the therapeutic obstruction of the authorities was negative, which concentrated all the attention on vaccination campaigns. Those who manage the NHS centrally could have (and in my opinion should) leave doctors full freedom to recommend healthy lifestyles and prescribe in science and conscience drugs, vitamins, minerals, supplements, phytotherapeutic complexes (widely used in China), and so on, rather than hindering or even banning them. At the same time, they could and should have made available to the doctors themselves, a specific electronic clinical record, with which to report the clinical progress of the patients they have treated with the various drugs and in the most different associations. In this way, in a few months thousands of cases would have been collected and it would have been possible to make multivariate statistical comparisons, to obtain indications on the most promising therapies. None of this has been done and it still does not appear to be done.

**5) Could you comment on the hyperimmune plasma story as proposed by poor Giuseppe De Donno [5]? Was there any scientific validity and, if so, what were its limitations?**

A) The scientific validity of hyperimmune plasma exists because the polyclonal antibodies and cytokines of the recovered patient certainly benefit some patients selected by doctors who know how to "handle" well this therapeutic device. I believe that De Donno, his team and many others operating in Italy, have saved many patients with this approach, done in the absence of other available therapies. A stupid and guilty "war of religion" has been built around the story when it is normal that in urgent conditions every effort is made to save patients. It is equally normal that no therapy is free from problems, and none always works. Please note that this also applies to monoclonals: they do not always work, and patients must be properly selected and followed over time. As for poor De Donno, despite not knowing the causes that pushed him to the extreme gesture and regardless of the effectiveness of the therapeutic method to which his name was associated, I believe that he suffered a lot from the pressure to the point of hostility from a "system" consisting of the intertwining of politics, pharmaceutical interests and academic power, from which he felt himself alien.

**6) Some have the strong impression that the usual methods and timing of Science have been set aside due to a hysterical but also economically oriented view of the COVID problem. Is this idea reasonable or is it just pure and simple imagination?**

A) The "hysterical" vision in a certain sense could be understood at the beginning, when the disease was little known. The speed with which the so-called vaccines were produced is in itself a positive fact, a great technological achievement. Even the conditioning by the pharmaceutical companies must not scandalize. What is perplexing is not so much the speed of vaccine development, nor the emergency authorization, but the inadequacy of the follow-up methods of clinical vaccine studies. It almost seems that the undoubted initial effectiveness was enough to trigger a blind trust, underestimating the part that concerns the side effects. I am referring to the phase 2/3 studies, which in practice were affected by the fact that the participants in the control group were also vaccinated, but also to the phase 4 ("post-marketing") studies in which they are performed very few active pharmacovigilance studies. This lack is inexplicable, if not with a strategic choice to rely on passive or spontaneous vigilance, which notoriously underestimates the phenomenon of adverse reactions. Another sign of the persisting "hysteria" lies in the desire to inoculate ever younger groups of the population, that is to say youngsters and children who do not get benefits from the "vaccine" that exceed the risks, using the blackmail of school, work or mobility. This is a surreptitious form of vaccination obligation, introduced in practice without a law, as the Italian Constitution would prescribe (art. 32). Equally "inexplicable" is the choice to vaccinate even those who have already had the disease, a procedure never seen before with other vaccines that clashes with every most elementary notion of immunology.

**7) What could be the limits of current anti-covid vaccines? Talking about them seems to be the taboo of the century but the topic is of fundamental importance. Don't you believe?**

A) The limits are many: as regards the duration of immunization, it decays quite rapidly over the months, especially in the presence of variant strains, whose diffusion is favoured by the "imperfect" vaccines themselves. This will lead, as was easily predictable, to continuous inoculations. The main limit (from my point of view as a pathologist) lies in the fact that the substance produced (the famous "spike" protein) is not an inactivated or attenuated substance (as are the antigens of common vaccines), but is a biologically active substance, similar to that of the wild virus, which binds receptors, can unbalance the pressure and stimulate certain cellular functions such as platelet aggregation. This fact explains the unusual incidence of severe reactions and deaths, which has never been seen with other vaccines. Unfortunately, the lack of awareness of this problem, which tends to be censored, leads to erroneous assessments of the "correlation" between inoculation and occurring events, an error favoured by the WHO guidelines, as demonstrated by me and others in unsuspecting times. I reported this problem to AIFA and the pharmacovigilance systems, but so far, I have not received an answer. Finally, among the limits of anti-covid I point out that if it were to be repeated several times after months (for example once a year or more), the repeated inoculations would represent a reason for systemic inflammatory stimulation, with probable increase in incidence and severity chronic non-communicable diseases, primarily cardiovascular and autoimmune diseases.

**8) What do you think of the Green Pass [6]? Are you afraid for the future of our Republic?**

R) The pass (which calling "green" seems to me a propaganda gimmick) could be useful in certain circumstances in which there is the risk of crowding in particular places (airplanes, cinemas and so on) in the epidemic peak period. However, it could be replaced by a simple response from a nasal or salivary swab, accompanied by a temperature measurement and possibly a self-declaration of being in good health and not having had contact with positive subjects. Instead, the pass today is becoming a form of very strong "pressure" to get vaccinated, on pain of the loss of normal social life. I'm not the first to say it! The slogan "the green pass will give us back our freedom" is false and

from a technical point of view the vaccine does not guarantee that all holders of the QR-code are healthy. If the vaccine were effective, it would itself be the one that "gives freedom" to the vaccinated, while the others are subjected to a freely accepted and variable personal risk according to the type of life, age, place and period of the year. Instead, the trend towards the extension of this electronic control and tracking system is such that it is becoming more and more a way of listing people extensively, lending itself to serious and unnecessary discrimination, inevitable abuses, despite privacy. Of course the future of our Republic is dark if the government continues to intervene so heavily in health choices by ignoring Article 32 of the Constitution, which admits an obligation of health treatment (and blackmail is nothing more than a surreptitious obligation) only if really necessary for the "community" (and this is not the case with anti-covid that protect the vaccinated but do not prevent infections and the onset of variants), if it does not cause serious damage to those who are forced to vaccination (see above) and finally if it does not violate "the limits imposed by respect for the human person". Vaccines yes, free for those who need them, no obligations.

[1] Italian only: <https://www.la7.it/dimartedi/video/vaccini-prof-bellavite-ha-ragione-chi-ha-paura-siamo-ancora-nella-fase-di-sperimentazione-finira-nel-04-05-2021-379290>

[2] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7465267/>

[3] <https://www.ecronicon.com/ecpt/ECPT-09-00592.php>

[4] <https://ippocrateorg.org/en/>

[5] <https://www.geopolitica.ru/en/article/strange-suicide>

[6] <https://www.geopolitica.ru/en/article/green-pass-nazis>

COVID-19 Italy

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