

WHO Reform

“The WHO has fuelled fears among the population”

Interview with Pietro Vernazza* conducted by Peter Kuster**



Pietro Vernazza.
(Picture ma)

For infectiologist Pietro Vernazza, it is crucial that Switzerland can continue to pursue an independent and evidence-based health policy in future crises. The planned pandemic treaty with the WHO must not restrict our country in this respect.

Mr Vernazza, during the coronavirus crisis, you repeatedly emphasised how important it was to ask questions in public and not simply accept “scientific truths”. You yourself were one of these “troublemakers” at the time. From today’s perspective, were you too critical?

No, on the contrary, I should have insisted and asked more questions. I have always tried to understand the pandemic and comment on my findings. Back in spring 2020, for example, I pointed out that 90 per cent of infections are mild or go unnoticed without symptoms and that zero Covid strategies therefore don’t make sense – and I was right.

Another example is vitamin D, which can be used to strengthen the innate immune system in a simple, inexpensive, effective way and largely without any side effects – and not just against Covid. This is widely known among some infectiologists but has not been publicised enough. Studies have concluded that 120,000 deaths could have been avoided in the USA if vitamin D had been given to older population groups. However, I have not always been able to make myself heard in the media ...

... but you were quite present.

I know from internal sources that employees of certain newspapers or Swiss Broadcasting Corporation SRF were no longer allowed to quote me.

Was that because, as a critic of the measures, you were categorised in the camp of people who fundamentally doubt conventional medicine and vaccinations?

I have worked with vaccinations all my professional life, researched vaccinations, motivated people to get vaccinated and am therefore anything but a vaccination sceptic. Yet even if vaccinations are important, you can and should be allowed to ask critical questions. During the pandemic, I was hyped by some people who took my statements out of context and instrumentalised them for their own purposes. I clearly distanced myself from this camp.

At the time, you also criticised the fact that Switzerland’s pandemic policy was heavily geared towards foreign measures. Didn’t this alignment make sense because, as we all know, the virus knows no national borders?

The decisive factor is whether foreign measures are adopted for the right reasons. Sweden had well-founded arguments in favour of its special liberal course, and the outcome is now better than in many other countries, including Switzerland. We should have been more open and allowed ourselves to be guided more by evidence when taking measures. One example: In May 2020, a group of infectiologists, of which I was a member, recommended to the *Federal Office of Public*

* Prof. emeritus Dr *Pietro Vernazza*, born in 1956, was Head Physician of the Clinic for Infectiology and Hospital Hygiene at St. Gallen Cantonal Hospital until his retirement in 2021, where he had worked since 1985. He specialised in infectiology at St. Gallen Cantonal Hospital and set up a consultation for HIV-positive patients there in 1985. In 1991-1993 he undertook further training at the University of North Carolina at Chapel Hill, USA. Together with other authors, he wrote the book “The Corona Elephant” in 2022, which aims to revitalise critical and constructive discussion. His contributions can also be found at corona-elefant.ch.

** *Peter Kuster*, born 1968, studied political science at the University of St. Gallen. He worked for more than 14 years at “Finanz und Wirtschaft”, where as head of department he focussed intensively on events on the financial markets, the economy and economic policy. He then worked for ten years in the communications department of the Swiss National Bank, helping to communicate monetary policy to the public. Since June 2022, he has been working as an editor for politics and economics for «Schweizer Monat».

Health (FOPH) – based on study results – that the isolation period should be reduced from 10 days to a maximum of 5 days or until symptom-free. The FOPH shared our assessment in terms of content but did not want to deviate from the practice abroad. In autumn 2020, I presented my position to Federal Councillor *Alain Berset*, after which one of his advisors commented: “Much of what you say is scientifically correct, but it would be good if you didn’t spread it in the media.”

Two researchers were recently awarded the Nobel Prize in Medicine for their achievements in the development of mRNA vaccines against Covid-19. How important and effective was the vaccination in overcoming the crisis?

Unlike traditional vaccinations, the Covid vaccination is not a “sterilising vaccination”. It does not prevent infection or transmission, but primarily reduces the risk of severe cases. The relevant effect is the cellular immune response, which protects against chronic infection. Initial contact with the vaccine, like an infection, leads to a response from the T cells in the immune system, which store this information for life and are still effective even if the surface of the virus has changed. A repeated “reminder” through re-vaccination is not necessary. During the swine flu epidemic in 2009, for example, we found that people born before 1956 were only mildly ill. These people had “seen” a similar virus at a young age and their immune system still offered good protection 60 years later.

How do you assess the safety of the Covid vaccine and the side effects?

There is no medicine without side effects, even if it is a purely herbal preparation. This also applies to vaccinations. Ultimately, the pros and cons of every vaccination must be weighed up. Compared to other flu vaccines, however, many incidents of side effects have been reported with Covid. I therefore cannot in good conscience recommend that anyone follow the FOPH’s current booster recommendation. Practically everyone has already had the disease. The booster brings hardly any benefit and may weaken the innate immune system; *Swissmedic*, for example, has observed an increase in shingles after vaccination.

Has the coronavirus vaccination debate damaged the reputation of vaccination in general?

I fear that this may still happen. The attitude of many Swiss doctors is also contributing to this. They tell their patients with complaints that they cannot be side effects of the vaccination and therefore refrain from reporting them to the FOPH, even though they are obliged to do so. The result: 10 times fewer side effects are reported here than in the Netherlands, for example. If we want to strengthen the reputation of the vaccination in the long term, we need to be more careful with the facts.

During the coronavirus crisis, you spoke out against government pressure on non-vaccinated people, against exclusion from social life or the proposed two-tier medical system. But couldn’t there be cases in which pressure, including compulsory vaccination, could make medical sense?

It was wrong and irresponsible to force young people with a minimal risk of serious illness to be vaccinated. Compulsory vaccination could make sense if it could eradicate a dangerous virus, i.e. if the vaccination would protect against infection and transmission. However, this is never the case with influenza and coronaviruses.

How did you initially encounter the World Health Organisation (WHO) during your career?

I worked in various expert groups with the WHO, particularly during the HIV/Aids epidemic in the 1980s. One milestone was the *Swiss Statement* in 2008, in which we stated that infected people undergoing treatment are no longer contagious. The discussions were always open and stimulating. However, even then, scientific findings alone were not always decisive. When I used data to justify evidence that differed from the mainstream – the question was whether the risk was much higher with anal intercourse than with vaginal intercourse – people agreed with the content, but the WHO did not want to change its statements on this because it had maintained them for over twenty years.

Has the pandemic changed your view of the WHO?

I no longer had any direct contact during the pandemic. But the WHO fuelled fears among the population by exaggerating the danger of the virus – even according to what was known at the time – and emphasising it over and over again. The reasons for this are incomprehensible to me.

But a global approach to combating a worldwide pandemic is desirable, isn't it?

Without a doubt. The HIV epidemic is another positive example; the WHO made a significant contribution to combating it for decades. It worked to ensure that poor countries could also afford treatment, which reduced the risk of AIDS worldwide. In countries such as Russia, which refused to co-operate, the situation is still much worse today. With Covid, however, radical measures were implemented very quickly and globally under pressure from the WHO without a sufficient empirical basis. You always must be careful when only a few people think they know the truth.

Is the WHO, which wants to conclude a new treaty and revise the International Health Regulations based on its experience with the pandemic, moving in the right direction today?

The treaty provisions are not always easy to understand, and it is not clear what should be binding. Such a far-reaching decision for our country must not be rushed through by decree. The Swiss people must know in advance exactly what they are agreeing to and have the final say.

Can Switzerland, as a founding member of the WHO, host country and pharmaceutical centre, even afford not to sign this agreement?

We must continue to have the freedom to act in an evidence-based and independent manner, which unfortunately was not the case in many areas during the Covid pandemic. Of course, how you define the term "evidence-based" is crucial. I have just been ruffled by so-called fact-checkers because of a statement on the innate immune system. All I said was that vaccination inhibits the innate immune system and that this can lead to an increase in shingles. I can't prove this statement, but the evidence for it is overwhelming.

You must be allowed to talk about it. I am a little worried about what "evidence-based" might mean in medicine and health policy in the future.

Critics accuse the pharmaceutical industry of instrumentalising the WHO to secure high profits in the long term. How have you experienced the business practices of the pharmaceutical industry as a doctor?

With HIV, I realised that the pharmaceutical industry is not only pursuing the well-being of people, but also its own interests. That is their right, but many doctors are not aware of the strong conflicts of interest. Studies show that the pharmaceutical industry can significantly influence doctors' behaviour even with small "investments" in them. The industry is very clever and controls patient organisations.

Looking ahead to the next pandemic: what precautions should the WHO and Switzerland take today?

The WHO should maintain and expand its very good international surveillance system for infectious diseases. Switzerland should first have the coronavirus crisis reviewed independently and then create a committee that can assess future measures in an interdisciplinary and evidence-based manner and make appropriate recommendations.

A task force 2.0?

No. FOPH department head *Daniel Koch* rightly described the task force as a "group of people who put themselves together". Such a selection mocks democratic principles, and as a result hardly any critical minds were involved.

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