

Prof. Vahan Agopyan
Rector of the University of São Paulo – USP

São Paulo, 29 June 2021

Magnificent Rector and other Colleagues,

I refer to a letter from the Brazilian Academy of Sciences (BAS) (<http://www.abc.org.br/2021/06/23/meio-milhao-de-mortos-e-a-busca-por-cientistas-contr-a-ciencia/>), which Prof. Menck requested to be distributed to the ICB community. I read the text written by Prof. Alicia Kowaltowski, who had already accused me of "curandeirismo" in a probe moved last year by CEUSP, part of a series of other probes and administrative processes still in progress, including one kept under *bona fide* slanderous accusation. BAS alleges that the deaths of 500,000 people would have been caused by "scientists who deny science".

Before returning to the questionable BAS letter, it should be noted that CEUSP did not listen to me and disregarded my reply letter where several questions were made about the accusations of "curandeirismo" and "lack of scientific rigor" besides having been presented my point of view on YouTubers students without full graduation and of posts of mine on social networks, as accusatory elements, later transferred to other probes. Added to this is the leaking of elements of internal USP proceedings to journalists eager to practice moral assassination. I hope that in this case, the Rector guarantees at least the freedom of expression and the right to contradiction of professors being cancelled out by the imposed narrative and colleagues.

The BAS letter states, *"The Ministry of Health is tamed by the president, and further subjugated by the parallel advisory board, while the Federal Council of Medicine, pitifully, acts in a hypocritical and not at all hypocritical manner."* These are serious accusations and the burden of proof is on the accusers, although USP has tolerated unsubstantiated, scurrilous accusations also in administrative processes filed against me, which had elements also leaked to members of the press who use it as political tools.

The text of Prof. Alicia Kowaltowski mentions a "parallel ministry", to which I was linked as reported by the online newspaper Metrôpoles, owned by Luiz Estevão, notorious politician of Brasília imprisoned for corruption and embezzlement of hundreds of millions of reais. As already informed to the Rector of USP and some of the Professors copied here, my contribution, on demand of the government, is explained in a letter sent to the advisor of science of the president, Dr. Arthur Weintraub, which I send again with this one, so you can verify its content of "curandeirismo" and activism "anti-vaccine". Unfortunately the recommendations given in the letter were not heeded by the Ministry of Health, as well as others in the sense of support to and protection of the autonomy of Doctors and the availability of drugs for outpatient treatment in popular pharmacies, &c. Certainly the current imbroglio in the choices and negotiations of vaccines and the use of some vaccines without efficacy could have been mitigated. Something related has occurred in Australia where scandalous aspects in the choice of vaccine platforms have been exposed by attentive and serious doctors.

The letter also states, *"...chloroquine, ivermectin or who knows what vitamin cures covid-19, don't take it, and don't allow anyone to make use of proven ineffective drugs."* Herein lies perhaps the greatest evil of this letter written by someone uninformed and driven by ideology. With regard to Ivermectin, it has not been presented by BAS what is happening in the scientific literature. For example, see Bryant et al, 2021¹, using Cochrane methodology, Merino et al, 2021² and Zaidi & Dehgani-Mobaraki, 2021³. However

the systematic review (Bryant et al 2021) the review of population findings from the Mexican public health system (Merino et al, 2021) and that of Zaidi & Dehgani-Mobaraki, 2021, used as examples, add to, but do not replace, the extensive facts occurring in real-life populations. For example, this BAS document dismisses events in Chiapas in Mexico, Utaar Pradesh and Delhi in India, in northern provinces of Argentina, Czech Republic, &c, where a reduction of up to 83% in mortality has been observed this year.

Regarding 4-aminoquinilones (4-AQs), they are now part of national protocols in countries like Senegal, India, China, Cuba (the latest Cuban health system protocol published in March of this year) and in more than two dozen other countries. At the beginning of last year my colleagues in Senegal, with whom I have collaborated for over two decades and who were instrumental in the response to ZIKV that justified the creation of the SPPU (from which I was arbitrarily expelled early this year), informed me that mortality was contained due to the use of these molecules, known for many years to have antiviral effect on many virus families.

In March 2020, I contacted Doctors Mark Zervos, William O'Neill, and John McKinnon of the Henry Ford COVID-19 Task Force of the Henry Ford Health System Hospital in Detroit and tried to bring the WHIP trial to Brazil. The summary of the data at that point obtained with 2,541 patients, which indicated 66% hazard ratio reduction, and hydroxychloroquine + azithromycin 71%, compared with neither treatment ($p < 0.001$) (see Kaplan Meier curves in Arshad et al, 2020⁴) and the letter sent by Sidney Goldstein, MD (Professor of Medicine, Wayne State University School of Medicine Chairman, Data Safety Monitoring Board of the Whip Trial), attesting to the absence of adverse effects, were an encouragement for me to have several working meetings with the HFHS, obtain the drugs from the same source as that used in the WHIP, translate and adapt the project and try to find hospitals in Brazil. AC should explain, how many people would not have died in Brazil if WHIP had started and then been extended to the country with the risk reduction observed in Detroit.

However, the violent repression, unprecedented in 70 years, to the use of 4-AQs and the fierce persecution of those involved in this type of study, in addition to CONEP's reticence to approve prophylactic studies or in outpatient treatment, made me give up on an initiative that certainly would have had an impact on the reduction of transmission, hospitalization and mortality in Hospitals in particular and in the population in general.

This was followed by a relentless destruction of the reputation of renowned scientists, coupled with the publication of a succession of studies with critically ill hospitalized patients (phase 3), in which any antivirals would have had little efficacy, given that at this stage, the resulting hyperinflammatory syndrome occurs after the early viral replication phase of the disease (phase 1) and phases 2a and 2b. This nonsense involved publication of biased studies, culminating in one presenting fabricated data from almost 97,000 patients around the world. Fortunately, this piece of academic misconduct (Mehra et al, 2020⁵), was retracted from The Lancet due to the outrage of serious Scientists from all countries. Add to this, a study published without a legitimate CONEP CAEE register number, in which elderly patients with comorbidities in serious condition and under respiratory assistance, received surprisingly 12 grams of CQ base, when the lethal dose is 5g (Riou et al, 1988⁶) leading to death 22 people in a few days (Borba et al, 2020⁷). Here it should be considered that the half life of CQ is 60 days.

These two studies in particular, and several others with hospitalised patients and inadequate doses, led the WHO to call for ongoing clinical trials to be halted, and to advise against the population use of 4-AQs. This caused increased mortality around the world in places where these recommendations were

heeded. Studies such as these have been and are publicised and vaunted by journalists and scientists unconcerned with our people, causing irreparable harm. Crucially, studies with biases are systematically identified by shamelessly using high doses, administered to hospitalized patients, and continue to be incorporated into the meta analyses that still try to discredit immediate treatment, even in the face of the evidence summarized here.

Unfortunately, the BAS also despised the recent demonstrations in the U.S. Senate, where Senator Ron Johnson, informed the people a few days ago about the reduction of mortality in Mexico and India and made the count of how many American citizens died (estimated around 1/2 million), due to harmful positions as expressed in the letter of Prof. Kowaltowski. So BAS sanctions the accusation being reiterated to people of genocide, without evaluating what role this irresponsible positioning plays in sustaining the ongoing killing.

In this sense, I also request to the CDH-ICB that my position be formally heard by the ICB community and that some academic space be given to the contradictory, by making possible a joint presentation with personnel from Brazil and other nations, so that the points presented here can be discussed in a public debate in the best interest of the preservation of the academic ethos, the truth and public health. I understand that USP may not be able to accept my request, but at least a position must be taken: *E pur se mouve*.

Sure of your consideration and attention, I subscribe;

Yours sincerely,



Prof. Paolo Zanotto, *D.PHIL.*
LEMB - ICBII - USP

ps. This letter will be disclosed to the press, since BAS and Prof. Kowaltowski have done so and this has been done by members of ICB-USP, causing enormous damage to my person and profession and suffering to my sons, wife, friends and relatives.

1. https://journals.lww.com/americantherapeutics/abstract/9000/ivermectin_for_prevention_and_treatment_of.98040.aspx
2. <https://osf.io/preprints/socarxiv/r93g4/>
3. <https://www.nature.com/articles/s41429-021-00430-5>
4. [https://www.ijidonline.com/article/S1201-9712\(20\)30534-8/fulltext](https://www.ijidonline.com/article/S1201-9712(20)30534-8/fulltext)
5. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext)
6. <https://www.nejm.org/doi/full/10.1056/NEJM198801073180101>
7. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2765499>