

# A Critical Review of the SARS-CoV-2 Pandemic and Its Social and Health Effects

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## ABSTRACT

In this article, we have examined the pandemic from SARS-CoV-2, mainly for the social and health effects it has produced worldwide. We have demonstrated with extensive documentation that the COVID-19 pandemic, according to many scientists, it would have been produced experimentally because it is functional to the profit of pharmaceutical multinationals and the economic policies of many states. The worldwide adoption of ineffective and contradictory social-health policies in countering the current pandemic and impending infectious diseases has hampered the exercise of many fundamental rights, from freedom of therapeutic choice, the right to health and education. The health policy imposed by vaccination, compared to effective and less expensive therapies, and has accelerated the natural mutation of viruses with the emergence of new variants SARS-CoV-2. We have dedicated a previous article to the medical-biological aspects related to the transmission and distribution methods of SARS-CoV-2, and they will not be dealt with in this manuscript. Here we have recalled some essential aspects of the characteristics of the virus and possible therapies to better understand the criticisms we have raised.

According to our interpretation, supported by a wide literature, the pandemic would be of experimental origin and would have the objective of establishing a new political-social balance.

**Keywords:** SARS-CoV-2; Pandemic outbreak; Socio-political effects; Emerging world order

## Introduction

Scientific and technological progress is indispensable to improve the world and free it from the diseases and injustices that afflict our species so that every human being has the opportunity to achieve complete health and socio-economic well-being. Therefore science cannot be an end in itself, and is responsible for its use, because its fundamental mission is, or should be, above all an ethical mission.

This is particularly true for medical science, in which ethics reaches its main expression with the oath of Hippocrates, which binds the activity of doctors to improve the health and living conditions of all human beings. Moreover, doctors and scientists, in their research, cannot disregard the environmental and social conditions in which we live, because they affect and contribute decisively to the well-being or diseases of people, as the data on pollution

show, and because it would be scientifically flawed and deontologically unacceptable. It is the same stated goal, but little pursued, of the World Health Organization. But many diseases are hanging over the future of humanity, and many obstacles must be overcome to reach the important goal of universal well-being. Among the main obstacles is the unequal distribution of natural resources, food, energy, economic, and health care, which exclude the poorest, from their access. As a result, a large part of the population is prevented or limited in the right to enjoy the fundamental vital needs of freedom, work, education, and health care.

If we look for example at the planetary distribution of the causes of death, we see that in the underdeveloped countries: Africa, Asia, Latin America, but also in some industrialized areas of Europe, there is the highest concentration of deaths due to hygienic conditions, infectious diseases, malnutrition, and poverty. To give an

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example we report what emerges in all its drama from the data of the latest spread of the pandemic from SARS-CoV-2 in the world **Figure 1**.

The figure shows the high incidence of this infection, especially in underdeveloped areas, in the so-called south of the world. This is due to the lack of access to prevention and care services and the fundamental resources mentioned above of disadvantaged social classes. In the USA only those with medical insurance have access to treatment. It is beyond doubt that diseases of any origin affect all social strata indiscriminately, but only privileged social classes enjoy better hygienic conditions, periodic health checks, means of prevention and better care [1,2]. There will be no solution to inequalities as long as we measure the degree of civilization of a nation from its most important obstacles that only with the contribution of all we can and must

overcome and remove for the route towards general well-being are:

- Climate change
- The numerous infectious diseases that dominate and threaten to affect humanity **Figure 2**
- Overcoming the inequality between a small group of privileged people and the vast majority of people who live in the deepest poverty and do not enjoy the most basic social services [3-5]

These impediments have aggravated the thousand-year-old problems afflicting the world's peoples, but they seem totally invisible to all states and international institutions, which should take care of their overcoming. On the contrary, inequalities are perpetuated with the approval of the institutions and in total disregard

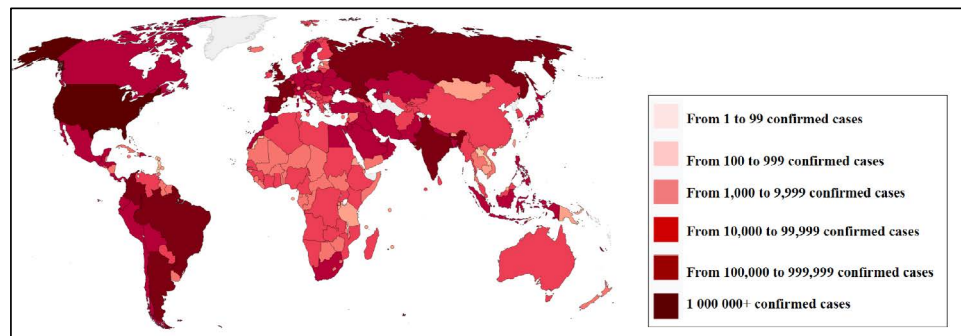


Figure 1: Global spread of SARS-CoV-2 virus in the world.

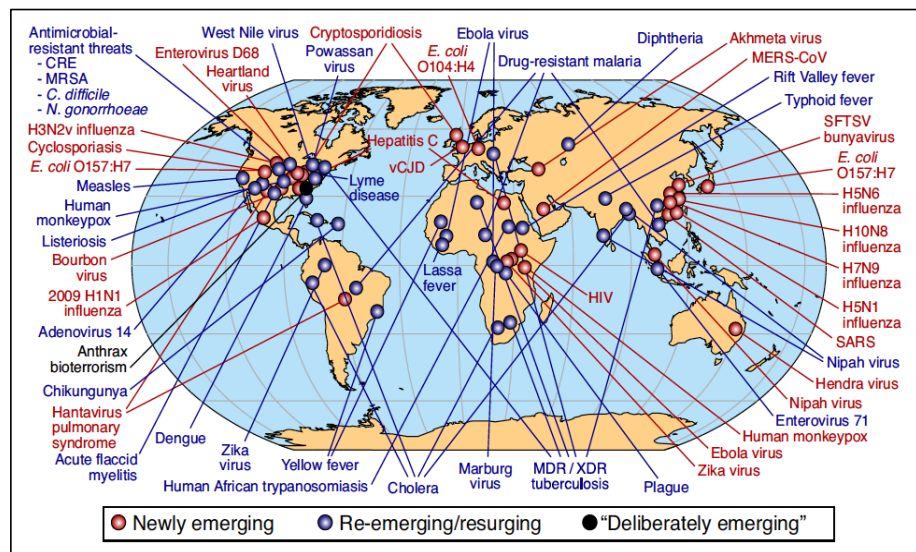


Figure 2: Global examples of emerging and re-emerging diseases.

for them.

ENPAS informs us that the challenges we face are “Facing social and generational inequalities. According to current trends, by 2030 the disparities between the Member States of the European Union will in many cases not have decreased. Within the same States, socio-economic inequalities will grow and two particularly significant divisions will emerge: a generational gap and an educational gap” [4].

The pandemic has contributed significantly to widening the gap between the wealth of the largest assets **Figure 3** and the growing impoverishment

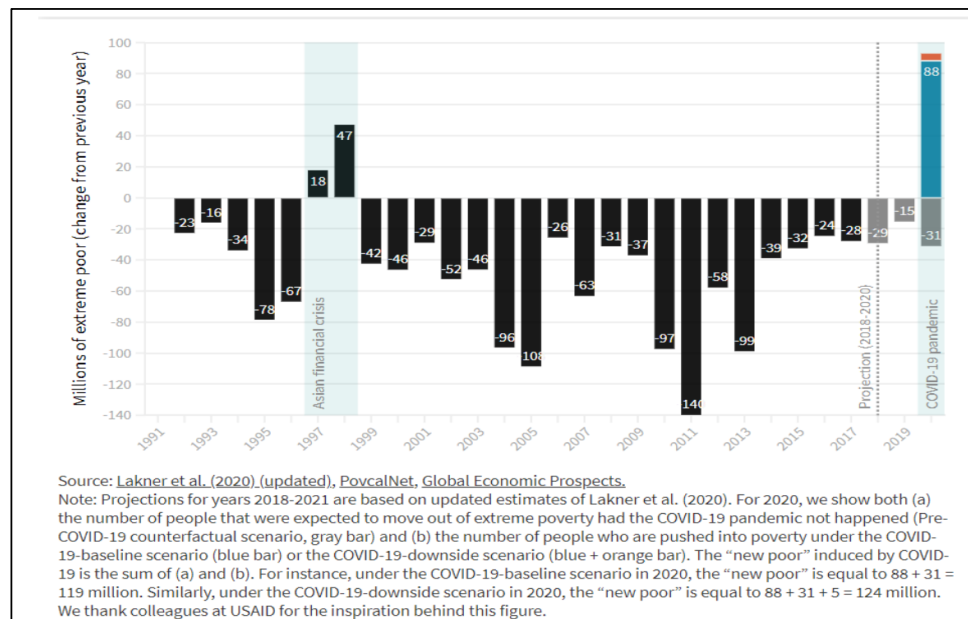
of already poor social strata **Figure 4** [3,5,6,7].

**COVID-19: Natural or Artificially Produced Pandemic?**

As a result of media overexposure and disinformation by governments and scientists subservient to pharmaceutical multinationals, SARS-CoV-2 has been portrayed as a highly pathogenic viral infection with a high percentage of adverse effects, which can only be defeated with vaccination. As a result, SARS-CoV-2 is an infectious disease most feared by the world population and has become the primary problem, which has obscured all the others.

<b>1%</b>	The world's richest 1% have more than <b>twice as much wealth</b> as 6.9 billion people.
<b>\$5.50</b>	Nearly <b>half of the world's population</b> – 3.4 billion people – is living on less than \$5.50 a day.
<b>100 M</b>	Every year, 100 million people worldwide are pushed into poverty because they have to <b>pay out-of-pocket for healthcare</b> .
<b>258 M</b>	Today 258 million children – 1 out of every 5 – will <b>not be allowed to school</b> .
<b>50%</b>	Globally, women earn <b>24 percent less than men</b> and own 50% less wealth.

**Figure 3: COVID vaccines create 9 new billionaires.**



**Figure 4: Annual change in the number of extreme poor (in million), 1992-2020.**

The SARS-CoV-2 virus belongs to the group of COVID viruses present and diffused with many species and quasispecies worldwide. It's characterized by high mutability, contagiousness, and morbidity, and reduced lethality, slightly higher than common flu. There are many other much more fearsome infectious diseases of SARS-CoV-2 worldwide as reported by WHO **Figure 2**, for which little or nothing is being done and which have not received the same resonance and the same media clamor and alarmist as that dedicated to SARS-COV-2: masks were not used, no distance, no lockdown, and no vaccination [5].

The victims of SARS-CoV-2 are rare and concern mostly elderly patients with pre-existing conditions or with immune deficits. However, the official epidemiological statistics of the patients who died for COVID-19 are artificially included all those who are suffering from previous diseases, in which the viral infection is only a cause of death of a patient with heart disease, or decompensated diabetes, who dies after contracting SARS-CoV-2, it can't be said that he died for COVID-19 the death was caused by the underlying primary disease. It's like saying that a man who died in a car accident, after contracting SARS-CoV-2, died for COVID-19.

The truth is that if the COVID-19 is addressed from the beginning with common treatments, such as anti-inflammatory, anticoagulants, and cortisone, which have shown efficacy in numerous clinical trials, it is resolved in the vast majority of cases. Several scientists have documented the laboratory origin of the SARS-CoV-2 virus and how it was produced artificially by introducing RNA segments of HIV virus into the SARS-COV-2 genome thanks to a research that lasted a few years, funded by several states, Great Britain, United States, France, aimed at the production of an organic weapon [8-18]. As early as 2009, the European Commission-funded research for a vaccine for the experimental treatment of AIDS using as a carrier a genetically modified Coronavirus strain with the addition of segments of the HIV virus [12].

### Therapies for SARS-CoV-2 and Experimental Vaccines

After the first belated and ineffective health measures implemented by many countries at

the international level to counter the spread of SARS-CoV-2, they were approved with the urgent procedure and in contravention of every rule of the good clinical practice, the first experimental vaccines [18-23].

During the Initial Period of the diffusion of COVID-19, several pharmacological therapies have been tested to contain the diffusion and counteract the symptoms of COVID-19 [24].

- Chloroquine-In vitro and limited clinical data suggest potential benefits
- Hydroxychloroquine-In vitro and limited clinical data suggest potential benefits
- Lopinavir and Ritonavir-The role in the treatment of COVID-19 is unclear. Preclinical data suggested potential benefits; however, more recent data have failed to confirm
- Remdesivir-Investigation is available only through extended access and study protocols; several major clinical trials are ongoing
- Ivermectin-Ivermectin is a well-known Food and Drug Administration (FDA)-approved antiparasitic drug that has been successfully used for more than four decades to treat oncocercosis "river blindness" and other parasitic diseases
- Azithromycin-Used in some protocols based on theoretical mechanisms and limited preliminary data as additional therapy
- Tocilizumab-Immuno-modulating agent used in some protocols based on theoretical mechanism and limited preliminary data as an adjunct therapy
- COVID-19 convalescent Plasma-Investigational use is being studied
- Corticosteroid therapy is not recommended for viral pneumonia; however, use may be considered for patients with refractory shock or acute respiratory distress syndrome

Despite being validated by numerous clinical studies the effectiveness of some of these therapies, the various governments have not adopted, preferring and imposing vaccination, for obvious conflicts of interest. The vaccines approved by the various states, with emergency measures and based on incomplete clinical trials

**Table 1: Vaccines approved for SARS-CoV-2.**

Company	Up to 4.6 billion doses			Status
	Types of vaccine	Number of doses (needed per person)	Number of doses (secured)	
BioNTech and Pfizer	mRNA	2 Doses	2.4 billion*	Approved
Moderna	mRNA	2 Doses	460 million	Approved
CureVac	mRNA	2 Doses	405 million	Under EMA rolling review
AstraZeneca	adenovirus	2 Doses	400 million	Approved
Johnson & Johnson/Janssen Pharmaceuticals	adenovirus	1 Doses	400 million	Approved
Sanofi-GSK	protein	2 Doses	300 million	Under EMA rolling review
Novavax	protein	2 Doses	200 million**	Under EMA rolling review

\*option to produce 900 million doses, \*\* option to purchase 100 million doses

and very short follow-up times, which are now administered and made mandatory to the world population, are to be considered experimental. The most important are shown in the following **Table 1**.

Most vaccines are based on recombinant RNA technology and use part of the messenger RNA of the virus SARS-CoV-2, generally, the one that encodes the virus spike protein, which represents the key of entry into the host cells. They also use adjuvants to enhance the antigenic effect of the vaccine. The documentation provided by the manufacturers on the effectiveness of antigenic power of vaccines is very deficient and based on a small number of cases treated and lack of control of long-term side effects. In an AIFA document of 02/08/2021 on the characteristics of the PFIZER vaccine, it was written:

**Comirnaty:** Page 11 paragraph 5.3 Preclinical safety data at Genotoxicity/Carcinogenic potential, states; “No genotoxicity or carcinogenic potential studies have been conducted. The vaccine components (lipids and mRNA) are not considered to have any genotoxic potential”.

*AIFA document; Summary of product characteristics, Document made available by AIFA on 02/08/2021:* Page 21 the AIFA states: “In order to confirm the efficacy and safety of Comirnaty, the marketing authorization holder should provide the final clinical study report for randomized placebo-controlled C4591001 in blind for the observer by December 2023” [25].

In recent documentation of the Swiss authorities are listed the numerous side effects following the administration of vaccines while the European

Union has suspended vaccination in many member states [26,27].

#### ■ So we are Talking About an Experimental Drug

The authors of a recent study state that the containment measures that have been “IMPOSED” (they used just this verb) are not adequate and also that: “*Vaccines themselves represent a selection pressure for the evolution of vaccine-resistant variants, so the coupling of a policy of permitting high levels of transmission/virus multiplication during vaccine roll-out with the expectation that vaccines will deal with the pandemic is unrealistic*” [28].

And again: “*We now have the wherewithal-viral genome sequencing, protein structure determination/modeling, protein interaction analysis to functionally characterize viral variants, but access to comprehensive genome data is extremely uneven*”.

One aspect that hinders the verification of scientific documentation, and is functional for the misinformation of the mass media and for the dissemination of official scientific truths, is the incalculable quantity of scientific publications produced for SARS-CoV-2, from 2019 till today [19-23,27,29]. On Pubmed (database of revised scientific publications) there are 52,000 researches on COVID-19 that were published until early September. Unable to verify the validity of these works. In less than 100 days, 4,448 articles were published on the new coronavirus and the disease it causes. Besides most of the articles (63%), are articles without data of commentary, reflection, dialectic, and exchange [20]. On the contrary, the numerous



criticisms raised by international researchers on the use of recombinant gene technology have been well documented, for the possible vehicle of genetic alterations, for the reduced antigenic activity, for the numerous serious side effects found, until the death of vaccinated subjects [29]. In the light of these considerations we must consider that the vaccinations in use are completely experimental and dangerous:

- because they use recombinant gene therapy, of which we know very little, due to the potential risks of induced genetic alterations,
- because they fight a virus or rather a mix of viruses (Quasispecie), of which we know even less,
- Because they are also used against constantly changing viruses

The viral strains used for the production of vaccines are a mix of COVID viruses currently circulating, called a Quasispecie, and therefore the vaccines produced with these viruses, have effectiveness (if they have) limited in time and the degree of antigenic activity, precisely because of the numerous viral variants in continuous evolution, which the same vaccination helps to select [28].

Prof Ariberto Fassati says “*The virus must not only be sequenced but also physically isolated*”. The nucleotide sequence that has been used for vaccines, deposited, and placed in a database accessible from the web and available to other researchers is that isolated in the strains present in Wan. Molecular tests were built on that, from that they derived reagents, antibodies for serological and anti-hygienic tests. They built vaccine prototypes on that [30]. This allows us to say that the world’s populations are considered by the pharmaceutical multinationals and by the states that approve and impose vaccines, as guinea pigs in the mass vaccine trial.

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### Obligation to Vaccinate and Suppression of Freedom

We would have nothing to object if the aims of the search for new vaccines and therapies were to be limited to the production of ever more effective means of defense against infectious diseases, in particular the one incurable and lethal diseases, or resurfacing infections **Figure 3**, how the report denounces: “The world is confronted

by increasing infectious disease outbreaks” [5].

It becomes absolutely unacceptable and to be condemned, when, with the disinformation and psychological terrorism spread by mass media due to the impending pandemic of the deadly virus, the coercive use of vaccination is justified, and also restrictions on freedom of movement and freedom of choice. After two years since the onset of the infection SARS-CoV-2, produced artificially in government laboratories, the repression exercised by the institutions of all personal and collective freedoms, from the freedom of therapeutic choices to the freedom of movement with the imposition of lockdown. The propaganda policy of terror has produced the conviction, increasingly widespread in the population, of the usefulness of vaccination and legitimate illiberal measures of governments. The numerous dissidents or doubters and the vast audience of scientists and physicians who criticize these choices are considered “conspiracy theorists, Novax by governments, which do not conceive and do not admit dissent, doubt, and criticism, as a legitimate expression of freedom of thought, or the legitimate demand for transparent information on matters of so vital importance [11].

So increasingly unfair and liberticidal measures have been taken to force those against the vaccine, to suffer them. They have devised and adopted, making it mandatory, the certificate of occurred vaccination, the so-called Greenpass, which must be exhibited to have access to the most basic services. This sneaky measure apparently does not oblige vaccination, but indirectly becomes a vaccination imposition, because it requires the possession of this document in order to access the indispensable public services, shops, transport, cinema, bars, restaurants, theatres, etc. Bearing in mind what we said above about the effectiveness and safety of vaccination, the Greenpass has no protective and preventive value. It is difficult to imagine the adoption of more illiberal policies, which even surpassed those described by Orwell in the 1984 novel.

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### Impact of the COVID-19 Pandemic on the Global Economy

Until now we have explained the doubts and reservations that come to us from the examination of the abundant and documented

international scientific literature that has raised criticism on the origin of SARS-CoV-2, on the effectiveness and usefulness of vaccination, and on the contradictory and ineffective measures taken by the various governments to contain its spreading.

But this is in itself a valid reason for the rejection of vaccination, is not the most worrying aspect of the criminal and ineffective health strategy put in place by all States. What we cannot accept and must oppose with every means of information is the clear decision to experiment and adopt a new plan of coercive control not only of health but also of the economy and freedoms of people, aimed at the construction of a new Social Order, for the exclusive benefit of the dominant economic powers.

Even the Vatican press reports observed that with the COVID in growth the profits of multinationals, Vatican News 12 September 2020 *“Technological, pharmaceutical, online commerce giants are recording extraordinary levels of profits, and it is understandable because*

*the demand is exceptional in full pandemic crisis-stresses Maslennikov-What is most disconcerting is the maintenance of the status quo”*

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### Conclusion

At the end of this critical assessment, we invite our readers, to react and get out of inertia and demand from States freedom and truth in information, the truth about the pandemic and other outstanding issues, and the freedom to have doubts to disagree and be able to express their thoughts, without being accused of terrorism or conspiracy. This is a fundamental right enshrined in all the constitutional charters, which until now have proved to be only waste paper, with no value, because the rights and freedoms declared in them have never been translated into real life. It is the first step towards the goal of complete emancipation and realization of the well-being of people.

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### Disclosure

The authors report no conflicts of interest in this work.

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