

Interview of Dr. Stoyan Alexov, president of the Bulgarian Pathology Association, by Dr. Stoycho Katsarov, chair of the Centre of protection of citizens' rights, regarding the European Society of Pathology's May 8, 2020, webinar titled ' COVID-19: Unprecedented Challenges in Pathology Departments Across Europe'

- Dr. Katsarov: I'm talking to Dr. Stoyan Alexov, who's the president of the Bulgarian Pathology Association. He participated in an international webinar on the topic of the coronavirus infection and the point of view of pathologists from different countries in Europe. Based on that webinar, what are the main conclusions you come up with?

- Dr. Alexov: The topic of webinar was to share between the pathologists in European countries what's happening in their countries, and from the perspective of pathologists what we should do to stop the so-called pandemic. Do we really have accurate information – are we talking about a pandemic or infection? Is the virus really killing people? If so, how exactly is it killing people and what mechanical type of process is going? How are the different organs and systems in the human body impacted by the coronavirus?

The good thing is that the webinar was organized by the European Society of Pathology, and in the webinar were multiple participants from Italy, Spain, Germany, Sweden. Many questions were asked. And the main question was, what is happening with the coronavirus infection – not pandemic. I want to accentuate that: it's an infection, not a pandemic. Because what we hear, many of the facts that are given, the main thing the people are really afraid of is to die, but we the pathologists, we meet with dead people all the time.

The main conclusion was that the autopsies that were conducted in Germany, Italy, Spain, France and Sweden do not conclude that the virus is deadly.

- Dr. Katsarov: What are the specifics of the clinical picture from the histology of the coronavirus that makes it different from the seasonal flus and other respiratory diseases?

- Dr. Alexov: I asked exactly the same question to Professor Moch [Dr. Holger Moch, professor of pathology at the University of Zurich] because he showed us histological pictures or maps of the people they did autopsies on, [as well as] electron microscopy of the lungs of the people who died, the analyses that they did [on those], which cannot be done in Bulgaria. He found the heliome [? heluidic ?] type of tissues in endothelial cells. Based on that, they were considering that the virus creates endotheliitis, and to the lead [?] of the lungs paths [?]. Endotheliitis is a disease which is the infection of the lung palodalim [?].

And also, what's happening to the first and second level of evelocities[?] [in the lung]?

I asked, 'Is there a difference in the autopsy of a person who died from the coronavirus and of another person who died from the seasonal flu?' And Dr. Moch answered that to this point from what he has seen in the autopsies there is no

difference in the pathology of the person who died from coronavirus and someone who died from seasonal flu.

[NOTE: DR. MOCH DIDN'T SAY THAT. HE SIMPLY SAID IT'S A GOOD QUESTION.]

But there's a big difference which is really important to know. **The two doctors from Italy asked if there is a specific monoclonal antibody which we can use in our pathology work to prove that the coronavirus [is present]. Is there such an antibody that's been isolated? [Dr. Moch answered that] such a monoclonal antibody hasn't been isolated -- they don't know of the existence of such an antibody at the moment.**

The second question is, is there a different monoclonal antibody that we can use to diagnose a coronavirus infection when we do a biopsy?

And for both questions they answered no, there is no such antibody that we can use to prove coronavirus is present in a biopsy or in autopsy tissue.

In Bulgaria we've done three autopsies [on people whose deaths were attributed by COVID-19], [all conducted] by Dr. Nia Serbianova [spelling?][she's the head of clinical pathology at Pirogov Hospital]. **She asked the same question about this antibody to experts from Italy and Spain. They replied that there's no such monoclonal antibodies. What all the pathologists said is that there's no one who has died from the coronavirus. And I will repeat that: no one has died from the coronavirus.**

Most of the people... You would ask why, because if you were listening to me you'd say I'm crazy. I will explain why I'm not crazy. But I'm explaining this from the perspective of pathology. And as a professional who's working in pathology, we have certain procedures, protocols, which we apply to necropsy as well as to biopsy. Our protocol should list the first disease, second disease, third disease and reason for the death. **When we say that the patient died because of the coronavirus, we mean that the coronavirus led to interstitial pneumonia, afterwards leading to the death of the person, with no other diseases in other organs and in other systems. But such facts haven't been found; nobody has reported this.**

And because of that, I'm really concerned with the inadequate behaviour of the World Health Organization. **It's the first time in my practice – I've been practising for 30 years as a doctor – that the WHO is announcing a pandemic before it has facts to support this. They didn't not announce an epidemic but instead a pandemic. Pandemic means that people will die from the coronavirus. I don't know why many governments and country leaders are saying that people are going to die from it.** While us pathologists we aren't scared by that because we meet with that every day -- we work with dead bodies.

- Dr. Katsarov: Are you saying that the information was presented in a manipulative way?

- **Dr. Alexov: Yes, an absolutely manipulated way. Misrepresented.** In many countries, the people who are pathologists and virologists work together in laboratories, so they talk to each other. And that's why I'm telling you what the other people are saying. I'm not the only person to listen to; we should listen to people from the other countries as well. We need to listen to the people and the colleagues who work together with virologists, with biologists, and [listen to] what they think of that. And the people who died, did they die *from* the coronavirus, or *with* the coronavirus? **The real term we use is that the people in Italy and France and in Spain are dying *with* the coronavirus -- not *from* the coronavirus -- on the top of their very poor clinical picture from their illness [i.e., they had serious comorbid disease(s)].**

- Dr. Katsarov: Can we do this comparison: if in Bulgaria we have 200,000-300,000 people who get sick from the seasonal flu every year -- and if we know that some of them will die because of different reasons, can we just say they died from the seasonal flu?

- Dr. Alexov: No, we can't do that, because there's a big difference between the seasonal flu and the coronavirus. **No – in many cases the people who die from the seasonal flu also include young people. Which is the big difference. The difference from the coronavirus pandemic is we haven't yet had young people dying.** Which is a big difference. **Because [with the seasonal flu] we can find one virus which can cause a young person to die with no other illness present. And it's different than saying that somebody died from the coronavirus who has a [cardiac] infarct and with [two other diseases].** [One of] the people who died [from COVID] that we did an autopsy on was a 78-year-old with high blood pressure and an infarct from heart attack and he didn't have a single body system working properly. And then we were saying that coronavirus infections are so difficult to be cured. In other words, **the coronavirus infection is an infection that does not lead to death. And the flu can lead to death.**

Dr. Katsarov: **What I have in mind is if a person has a heart attack and a flu we can either say that he died from a heart attack or we can say he died from the flu; that's what's happening now with the coronavirus.**

Dr. Alexov: Yes, exactly.

At the moment it's a total resistance of the pathologists in Europe, in China, as well as in Australia and in Canada [because] the pathologists have been pushed and pressured: if the patient has a coronavirus, the reason for the death is to be written that it's nothing else but the coronavirus. That's quite stressful for us, and for me in particular, because we have protocols and procedures which we need to use. Because when we do autopsies we take necropsy material from all the body systems, we put it in paraffin blocks, and in 100 years we can take a look at them again. And another pathologist 100 years from now is going to say, 'Hey, those pathologists didn't know what they were doing!' So we need to be really strict with our diagnoses, because they could be proven [or disproven], and they could be checked again later.

In this case, **now there is the WHO that doesn't want us to do autopsies.** I'm not clear why the WHO doesn't want us to do autopsies when we need to prove what is the strength of the virus for this specific *shtamp* [?] of the virus. But I don't know why the WHO doesn't really want us to do autopsies; I assume they have the information that the virus is not deadly.

- Dr. Katsarov: Is this the reason that in Bulgaria we're not doing the autopsies?

- Dr. Alexov: Yes. We're required to follow the WHO. And I'm really sad that we need to follow those instructions without even thinking about them. But in Germany, France, Italy and England they're starting to think that we shouldn't follow the WHO so strictly, and when we're writing the reason for death we should have the pathology [results to back that up] and we should follow the protocol. [That's because] when we say something we need to be able to prove it. We have information from Spain, Italy and Germany: "We didn't find anybody that died from coronavirus. Did you find in your country?" Then we start asking each other internationally, asking, "Where is the problem? Who's making that problem?"

- Dr. Katsarov: In the media, there's information that the WHO is giving instructions to all the health organizations, and in this information the instructions are that every person who has a positive PCR test is to be counted [as having the coronavirus]. **And if that person dies from something, it's to be written that they died from the coronavirus. That's a directive that came from the WHO, which proves what you're saying. I don't know if this had some specific goal. But even if the goal had a good rationale, the way it's been done it's a source of panic, it's a source of stress, to the whole world.** Because all the people, when they're pronounced to have died because of the coronavirus, that changes the character of the infection, which is really scary; the people are afraid. And in reality there's not such a high [death rate from it].

- Dr. Alexov: I'd compare it with the flu infection that we had in January and February [2020], when young people died from the flu. It was quite aggressive this year, and we had kids who died from it, as well as people of working age. Versus now with coronavirus, there aren't as many cases and definitely not as many deaths. **My opinion about that, and I will sign under what I'm saying, is that the World Health Organization is creating worldwide chaos, with no real facts behind what they're saying.** In Bulgaria there aren't many virologists and pathologists, and there isn't much funding from the government. **But [as] a pathologist, which is my personal specialty, I work with proofs -- material proofs -- and I'm asking the World Health Organization: where are your proofs?**

We had a problem in the 1990s, [so] there was a Professor Chugdar Gurgev [sp?] who developed a protocol in which if somebody died from AIDS, he did the autopsy and took different samples from different organs, so we could see exactly what was happening in the different systems and organs, and collect that data. We had a similar protocol for tuberculosis, which as you know is quite a dangerous infection. So we developed these

protocols for tuberculosis as well. My pathologist colleagues from Italy and Germany, they're attacking one of the instructions – they call it like law – from the World Health Organization, that [for the coronavirus] we need to follow a special directions for really dangerous infections. But we [already] have similar directives. And as I said we used that protocol from 1990 when we were collecting data for tuberculosis and collecting data for HIV. Those protocols began to be developed in 1919, after the Spanish flu, when 10-12% of the population died from it, and that was the population in the working age. And it took [decades] to develop those protocols.

At the moment, we are talking about 70,000 people [worldwide] who have died [from the coronavirus] who are over the age of 70. And here I'm asking why we didn't try to do the autopsies of those people to see exactly why they died. And why do we say it's the coronavirus? Did they die *from* or did they die *with* the coronavirus?

There are also some different sources that were saying that in Italy the coronavirus led to the death of so many people because they were immunized with the H1N1 flu vaccine, which basically suppresses adults' immune systems. And after that they were getting the coronavirus easily, because [as a result of the vaccine] their immune systems weren't very strong. This could be cleared up maybe with autopsies, but at the moment it's not clear.

- Dr. Katsarov: So your opinion is that they need to do research and they need to take in[to account] the pathology?

- Dr. Alexov: Yes, of course! We're missing the main points. With the autopsies, we can take a lot of lung material. And we can take some of that material and do research on it, and we can keep about 80% for future research, if future research is needed. The paraffin that we put the material into from autopsies can stay [intact] for up to 300 years. So maybe after 20, 30 years, when we have a different but maybe similar pandemic -- or epidemic, because I don't believe it's a pandemic -- we can maybe compare the lung histological pictures between now and later. Because coronavirus infections, for the people who don't know, exist in many people, but what we know from our Chinese colleagues, the Chinese pathologists, it's from 2002, 2007, 2008, 2013, 2017 and 2018. And based on this pathology material we can see what the difference is with this pandemic. **And again I won't talk specifically about a pandemic, because I believe we don't have the facts necessary to call it a pandemic. I think it's not reasonable that the World Health Organization is still saying 'pandemic' - it's an epidemic. I haven't seen such an 'advertisement' for a virus [before].**

- Dr. Katsarov: I don't know whether that is lack of professionalism, or there are different goals, but obviously there's some controversy about the behaviour and the facts. I want to wrap up with [the observation that] there's a whole concentration of attention, **and a building up of this attention into a panic, which will really impact the people who don't have the coronavirus but have got different chronic diseases, different people who need medical care, who are like other victims from the whole [healthcare] resources that are focused [instead] on the coronavirus. These people are afraid to go visit the doctor. [And] the health authorities don't allow visits to**

GPs. I think this could be as serious a problem later on as the real coronavirus: the number of people who need a doctor's attention and aren't getting it could build up and become an even bigger problem. In other words, I think more people possibly will die from their chronic diseases in the near future, because the chronic diseases aren't being taken care of compared with the coronavirus.

- Dr. Alexov: **This is not 100%, this is 200%, you're right. And I can say that's for sure, because all of us who are working in oncology, we know that stress significantly suppresses the immune system, so I can really claim 200% that all the chronic diseases will be more severe and more acute *per se*. Specifically *in situ* carcinoma, over 50% of these are going to become invasive. So I will say that this epidemic isn't so much an epidemic of the virus, but it's an epidemic of giving people a lot of fear and stress. Because the people aren't like me and other pathologists who understand that the coronavirus is nothing serious. The people are afraid of it.**

- Dr. Katsarov: How has your work changed because of the coronavirus?

- Dr. Alexov: Our work is down by 90%. In some hospitals the work is down 50%, in some hospitals the work for the medical personnel is down to 10-15%.

- Dr. Katsarov: I will just tell you now that your job as a pathologist is like the supreme court: you're giving the cause of death after they die. Specifically for cancer -- if it's cancer or it's not cancer. Same with biopsies, you're the supreme court. For all the different tests, the people are waiting for the pathologists to say whether they have cancer or not. Specifically for cancer, same for the in-situ-mass biopsies and Pap tests: what's the pathology? **And if your job is 90% down, this means you're not getting those tests from the people. This means the people don't have their proper diagnosis. And this means that this disease is developing without being [diagnosed and treated].**

- Dr. Alexov: Exactly. Pathology includes cytology, histology, immunochemistry and molecular pathology. For example, **when we tell a woman that they have to have a Pap test every three months and they haven't done it for six months, if that patient had a risk of developing cancer, those six months could be crucial to the development. Which means that instead of spending \$5 to test the problem and to start treating it early, the problem is getting worse and we'll need to treat it later with hundreds of dollars.**

It's a similar thing when we're not doing autopsies for the coronavirus: it's as if somebody goes to the supreme court and that person was shot ten times, but the supreme court says, 'Well, maybe out of those 10 times one time he shot himself, so we'll consider it to be a suicide.'

I know about similar situations. A really, really interesting situation was a person in the U.S. who was in an accident on the street, he had brain damage and he was put on life support in the hospital for four days. He was positive on the PCR test for the coronavirus,

so on his death certificate it said that he died from coronavirus. I don't think that's [proper] medicine.

After the coronavirus [has subsided] there'll be a lot of people who will have lost trust in the medical profession. We can't measure that, but it'll be a big problem.

I want also to add about the pandemic that we need to have people's trust. Because in my opinion the coronavirus infection isn't that dangerous, and how are the people going to have trust in me doing cancer pathology, much of which is related to viruses as well? But nobody is talking about that, and nobody is...

We have some patients who have lung cancer caused by a papillomavirus infection. And nobody has ever made a big deal about this. And we have many patients like this. [And also,] yearly about a million and a half people die [worldwide] from lung cancer due to smoking. If we compare that to the coronavirus, it would be like a pandemic and everybody [would be told to] stop smoking -- let's say 'a pandemic of smoking.'

- Dr. Katsarov: What you're saying is that the reaction to this infection is disproportionate, and that this amount of panic isn't necessary. And maybe another risk is that after a year or two there'll be a really dangerous infection, but the people won't trust us and won't believe us if we're saying that it's really [dangerous].

- Dr. Alexov: I was talking with some friends who are specialists in virology, and [they said that] if we have global warming, perhaps it would cause the spread from frozen areas of viruses that humankind has never seen before. And if those viruses become active/alive, we'd have to combat them, and we wouldn't know how to do that.

And if the people don't believe us, if a similar type of infection happens [again], what are we going to do then? For example with ebola, which we've learned over the last few years is not really an infection that people are used to because it doesn't infect many humans.

We need to see exactly how the law will deal with immunization and that vaccine that we're all talking about, because I'm certain it's not possible to create a vaccine against COVID.

I'm not sure what exactly Bill Gates is doing with his laboratories – is it really a vaccine he's producing, or something else? [joking/laughs] But we need to leave this question to the internal agencies, FBI and ... Okay, let's stick to talking about medicine, and the conspiracy theories are conspiracy theories. We don't know what we're going to learn.

- Dr. Katsarov: I want to say thank you for this conversation.

- Dr. Alexov: I want to say again the last sentence, which is that **no one has died from**

the coronavirus. The people are dying *with* coronavirus, not *from*. There is no need for [either the term] pandemic or epidemic. Italy, Spain, France, Germany and Sweden -- this is what my colleagues from all those countries said.