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Anthony Fauci: The Man in Charge of COVID-19 Part I
Pamela A. Popper, President
Wellness Forum Health

I've been writing articles criticizing Anthony Fauci's response to COVID-19 almost since the debacle began almost a year ago. I've stated publicly that he is either the most amazingly incompetent physician in America, or he's a criminal. Perhaps both. At some point we anticipate the opportunity to ask him about the inconsistencies in his public statements and the decisions he has made that have destroyed peoples' lives as part of the discovery process for our growing number of lawsuits. What is astonishing to me is that Fauci's incompetence has been documented for decades before the COVID hoax was unleashed on the world while he somehow managed to maintain his powerful position.

The information provided in this article is drawn from the book I co-authored with Shane Prier, *COVID Operation: What Happened, Why It Happened, and What's Next*; research I conducted on HIV/AIDS in the early 1990s; and some recent research into Fauci's performance during his long tenure as head of the National Institute of Allergy and Infectious Disease (NIAID).

On the surface, Fauci appears to be impressive. He graduated first in his class from Cornell Medical School. He has received many awards and accolades during his career, including The 2016 International AIDS Society President's Award (07/19/2016). He was named a 2019 Distinguished Fellow of the American Association of Immunologists (03/22/2019), and was honored for 35 Years of Leadership in HIV Policy and Research by AIDS United's Public Policy Council (10/02/2019).

He presents himself as knowledgeable and people refer to him as an expert. But not all is as it seems. Fauci, like many non-elected officials who hold their positions for a significantly long period of time, has made friends with many important politicians, drug company executives, and influencers like Bill Gates. His flaws include an unwillingness to admit that he is wrong, and conflicts of interest cast suspicion on his decisions. Yet he remains a powerful person, more so than most elected officials. And during his long, powerful tenure, there is no evidence that he has succeeded at anything at all. In fact, one might describe Fauci's career as one failure after another.

Fauci and HIV/AIDS

Fauci began his career with the National Institutes of Health in 1968 and by 1977 he had risen to deputy clinical director of the NIAID. He had never practiced medicine, was not known as a great scientist or researcher, and had never managed a large agency. He did, however, have a lot of ambition and the HIV/AIDS crisis presented a great opportunity for him to gain political power.

In 1985 NIAID received a small amount of funding for HIV/AIDS, but over time this grew to billions of dollars of funding, and was a significant percentage of the total budget for the NIH.¹ Fauci's hypothesis was that all AIDS cases were caused by HIV infection, and that his agency should focus on the development of a vaccine.

Unfortunately for Fauci, inconvenient data began to surface which showed that not all people with AIDS were infected with HIV. When confronted with the fact that 4621 clinically diagnosed AIDS patients were HIV-negative, Fauci, in conjunction with the CDC, renamed these cases as "idiopathic CD-4 lymphocytopenia (ICL)."²

Fauci also chose to ignore the fact that HIV /AIDS did not share common characteristics of infectious diseases, which do not discriminate based on sex. This is true of all known infectious diseases including flu, polio, hepatitis, tuberculosis, and pneumonia. AIDS, on the other hand, developed in a few high-risk groups such as intravenous drug users and gay males using recreational drugs, occurred in ten times as many men as women, and preferred gay over straight men.

Another issue is that infectious diseases spread exponentially, but AIDS did not follow this pattern either. It steadily increased from a few dozen cases in 1981 to tens of thousands over a long period of time. It did not explode and become widely spread, nor did it decline which is typical as a population gains herd immunity.³

In other words, Fauci ignored a growing body of evidence showing that his hypothesis was incorrect, but would not change his mind, his focus, or the activities of his agency. But that's not all.

AZT stands for azidothymidine, a drug originally developed as a treatment for cancer. The drug was not only ineffective for treating cancer, but almost all experimental mice treated with it died of extreme toxicity.⁴ The drug performed so badly that Burroughs-Wellcome did not even bother to patent it. In spite of this, the company proposed using it to treat AIDS patients based on its ability to prevent HIV from multiplying in a test tube.

Executives from Burroughs lobbied the FDA to begin clinical trials immediately. While clinical trials are supposed to be double-blind and placebo controlled, everyone soon knew which patients were taking AZT due to the horrific side effects of the drug. But the FDA approved AZT for the treatment of AIDS patients anyway, in part due to public pressure to find a cure.

Even with the known side effects of the drug, NIAID, under Fauci's direction, decided to conduct a clinical trial of AZT on pregnant mothers with HIV who were also addicted to intravenous drugs. The trial was ended early when Fauci and his collaborators announced that they had reduced HIV transmission by two thirds – from 25% to 8%

with AZT treatment.⁵ The data showed that 13 out of 180 babies born to AZT-treated mothers were HIV-positive as compared to 40 out of 184 babies born to mothers given a placebo.

Fauci seemed to ignore the fact that most babies were not born HIV positive in the placebo group, and to save 27 babies, 180 mothers and 153 of their unborn babies were given a toxic drug with significant side effects. The early termination of the clinical trial meant that AZT treatment for HIV positive pregnant mothers would become a standard of care without any long-term follow-up concerning the effect on the mothers or their babies. By this time Fauci knew that HIV was not the cause of AIDS, which made the promotion of this treatment appear even more careless.

In the book *Good Intentions, : How Big Business and the Medical Establishment are corrupting the Fight Against AIDS*, published in 1991, Bruce Nussbaum described Fauci as a "lackluster scientist" who "found his true vocation – empire building" when he finagled himself to the head of NIAID.⁶ He wrote, "Tony Fauci's managerial incompetence had exacted a staggering cost. By 1987, more than a million Americans were infected by the AIDS virus. Not a single drug treatment had come out of the government's enormous biomedical research system. At the end, Fauci barely survived by handing over control of the government's only AIDS drug trial program [to a pharmaceutical company]."⁷

In 2008, after squandering billions of dollars on HIV vaccine research, and authorizing a questionable clinical trial on pregnant women, Fauci admitted that little was known about HIV. He said that out of the tens of millions of people who had been infected with HIV, there was not one documented case of a person who was infected and cleared the virus. This, according to Fauci, meant that "...we don't even know if the body is capable of eliciting a protective immune response." He also acknowledged that there were many people referred to as "long-term non-progressors" who are somehow able to live for a long time with the virus.⁸

Fauci and Bioterrorism

After 9/11, Fauci decided that bioterrorism was a major threat. Even though his supposed area of expertise was infectious disease, and the agency he heads is supposed to be dedicated to allergies and infectious disease, the good doctor poured billions of dollars into "Project Bioshield," some of which was redirected from research on infectious disease. The agency reduced its grant awards by \$117 million in order to fund Fauci's new priority.⁹

There was significant disagreement in the scientific community about Fauci's choice, with many believing that not only was the funding misallocated, but that the projects that Fauci funded posed significant risk to the general population. According to Barbara Rosenberg, a bioweapons expert with the Federation of American Scientists in

Washington DC, "I think our security will decrease, because access to dangerous pathogens and expertise in working with them is going to increase vastly, and along with that will go a vast increase in the possibility of accidental escape, misuse, theft and bioterrorism." Her concerns were not unfounded – the FBI had reported that the perpetrator of the 2001 anthrax attacks may have had links to the military's biodefense resources.¹⁰

In 2007, after squandering billions of dollars of government money, Fauci admitted that the threat of anthrax was not as great as "...if you blasted off a couple of car bombs in Times Square."¹¹

Still Incompetent Today

I am not the only person who thinks Fauci is incompetent. According to a 2020 article in *Science*, Fauci's "... failure-ridden search for a vaccine that can stop the AIDS virus has delivered yet another frustrating defeat. The HIV vaccine that had moved furthest along in human testing does not work, and the \$104 million trial in South Africa evaluating it has been stopped early. "There's absolutely no evidence of efficacy," says Glenda Gray, who heads the study and is president of the South African Medical Research Council (MRC). "Years of work went into this. It's a huge disappointment."¹²

Fauci's response: "We were struggling for years and years, and so we grabbed onto the slightest positive effect."¹³ He later said "I was always saying [a respiratory illness like COVID-19] would be my worst nightmare." But as the COVID-19 debacle began, he seemed unconcerned. He first said that the Chinese virus was nothing to be concerned about, and that there was no reason to wear a mask. This was the beginning of gross mismanagement, misrepresentation, and outright lying, which seems to be Fauci's modus operandi.

Next week: Part II The Continued Failures of Anthony Fauci

¹ The AIDS Research Program of the National Institutes of Health. Supporting the NIH AIDS Research Program. <https://www.ncbi.nlm.nih.gov/books/NBK234085/>. Accessed September 1, 2020.

² Malaspina A, Moir S, Chaitt DG et al. "Idiopathic CD4+ T lymphocytopenia is associated with increases in immature/transitional B cells and seru levels of Il-7." *Blood*. 2007 Mar 1;109(5):2086-2088. doi: 10.1182/blood-2006-06-031385.

³ Bergman DJ, Langmuir AD. Farr's Law Applied to AIDS Projections. *JAMA*. 1990;263(11):1522-1525. doi:10.1001/jama.1990.03440110088033.

⁴ Lauritsen J. *Poison by Prescription: The AZT Story*. New York, NY: Asklepios Press; 1990.

⁵ Connor EM, Sperling RS, Gelber R et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. Pediatric AIDS Clinical Trials Group Protocol 076 Study Group. *N Engl J Med*. 1994;331(18):1173-1180. doi:10.1056/NEJM199411033311801.

⁶ Nussbaum B. *God Intentions: How Big Business and the Medical Establishment are Corrupting the Fight Against AIDS* Penguin Books 1991

⁷ IBID

⁸ Nikhil Swaminathan. NIH Official: HIV Vaccine Research "Swimming in the Dark". *Scientific American*. <https://www.scientificamerican.com/article/nih-official-fauci-hiv-vaccine/>. July 28, 2008. Accessed September 1, 2020.

⁹ Check E. "Boom, or Bust." *Nature* 2003 Dec;426:598-601

¹⁰ IBID

¹¹ David Willman. New anthrax vaccine sunk by lobbying. *Los Angeles Times* Dec 2 2007

¹² Jon Cohen. Another HIV vaccine strategy fails in large-scale study. *Science* Feb 3 2020

¹³ IBID