

The Forbidden COVID-19 Chronicles March 1, 2021
Anthony Fauci: The Man in Charge of COVID-19 - Part II
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Note: 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).

Fauci's Questionable Projects

Gain-of-function research involves manipulating viruses in a laboratory setting in order to investigate their potential to infect humans. This type of research is controversial due to the risk of accidental release of a mutated virus. While hundreds of researchers have spoken out against it, Dr. Fauci has historically defended this type of research. In an editorial in the *Washington Post* on December 30 2011, Fauci wrote: "[D]etermining the molecular Achilles' heel of these viruses can allow scientists to identify novel antiviral drug targets that could be used to prevent infection in those at risk or to better treat those who become infected. Decades of experience tells us that disseminating information gained through biomedical research to legitimate scientists and health officials provides a critical foundation for generating appropriate countermeasures and, ultimately, protecting the public health."¹

Despite Fauci's enthusiasm for it, the National Institutes of Health issued a moratorium on funding for gain-of-function research in 2014. Researchers involved in this type of work were urged to discontinue their activities until risks and benefits could be more clearly defined.² A recent *Newsweek* article reports that reviews were conducted, although these were behind closed doors and away from public scrutiny. The moratorium was lifted in December 2017.

A new gain-of-function research project involving bat coronaviruses began in 2015, two years before the moratorium ended. Fauci's National Institute of Allergy and Infectious Diseases (NIAID) and the Chinese government authorized funding for both American researchers and the Wuhan Institute of Virology for the purpose of transforming a bat coronavirus into one that could infect and be transmitted by humans. They were successful, and the researchers reported their work in a prestigious European journal.³ In the article, the researchers expressed some concern about whether their research was in violation of U.S. rules.

In 2019, the NIAID renewed the grant and committed an additional \$3.7 million dollars for five more years of research, bringing the total invested in this research to \$7.4 million. EcoHealth Alliance was the recipient of the grant. This organization describes

itself as a "...global environmental health non-profit organization dedicated to protecting wildlife and public health from the emergence of disease." EcoHealth has some interesting partners which include:⁴

- Drug companies, including Johnson and Johnson, which has received hundreds of millions of dollars from the U.S. government for the development of a COVID-19 vaccine⁵
- Johns Hopkins School of Public Health, which staged Event 201 in October 2019, a simulation of a coronavirus pandemic that would kill 65 million people⁶
- The Centers for Disease Control and Prevention
- The National Institutes of Health
- The New York City Department of Health

The proposal for the more recent funding stated that, "We will use S protein sequence data, infectious clone technology, in vitro and in vivo infection experiments and analysis of receptor binding to test the hypothesis that % divergence thresholds in S protein sequences predict **spillover potential**."(emphasis ours) ⁷ "Spillover potential" means the ability of a virus to jump from animals to humans, and attach to receptors in human cells. The virus to be used in this research was a bat coronavirus.

The mainstream media has largely ignored any information that is critical of Fauci but An exception to this was a *Newsweek* article covering the story in late April.⁸ *Newsweek* reported that Fauci did not respond to requests for comment.

The Trump administration ended funding for this research on April 24.⁹

Failing Again and Again and Again

Having followed Fauci and his follies for a long time, I was more than dismayed – perhaps panic is a better descriptor? – when he showed up as the person in charge of the government's COVID response. Within a very short time, it was apparent that he had not changed at all. His long history of poor judgment, conflicts of interest, and attachment to bad ideas continued.

The COVID fiasco started with a model developed by Neil Ferguson of the Imperial College of London which predicted that tens of millions of people would die due to COVID-19 infection. COVID-19 was compared to the Spanish flu, which killed approximately 50 million people in 1918. Ferguson's report stated that the only way to prevent massive deaths would be for the entire population of the planet to be locked down and for people to remain separated for 18 months until a vaccine was available. Total isolation would be needed because the isolation of just vulnerable populations like the elderly would only reduce deaths by half.¹⁰

Mr. Fauci apparently did not check Ferguson's background. He had demonstrated on numerous occasions that he was unable to accurately predict anything. In 2002, he

predicted that 150,000 people would die from Mad Cow Disease, but only 2704 died. His estimation was 55 times higher than the real number. A few years later he predicted that 65,000 people would die of swine flu, and only 457 people died – his estimation was 142 times higher than the real number.¹¹ And his prediction of deaths from bird flu was 200,000,000 and only 455 people died – a prediction 439,560 times higher than the real number.¹²

Almost one year after the debacle began, it is clear that COVID-19 has not killed tens of millions of people, and will not kill tens of millions of people. Fauci's trust in Ferguson is just one more bad decision in a decades-long career during which he has made mostly bad decisions.

Mr. Fauci seems to frequently contradict himself, sometimes within the span of a few days. He reported in an article in the *New England Medical Journal* published in March 2020 that "...the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%)..."¹³

Yet just days later on March 11 2020 Fauci said that the COVID-19 mortality rate was "ten times worse" than seasonal flu.¹⁴ He told a Congressional hearing on March 11 that "The flu has a mortality rate of 0.1 percent. This has a mortality rate of 10 times that. That's the reason I want to emphasize we have to stay ahead of the game in preventing this."¹⁵ Both of Fauci's statements cannot be true – COVID-19 can't be similar to normal seasonal flu AND have a death rate 10 times higher than seasonal flu.

Under Fauci's watch, the PCR has been the test most frequently used to diagnose COVID-19, a technology its inventor, Kary Mullis, said should never be for diagnosing disease. It was shown to have a 0% efficacy rate when used at Dartmouth Hitchcock Medical Center in 2006 when it was thought that the center was experiencing an outbreak of whooping cough.¹⁶

According to instructions issued by the FDA and the CDC, 40 cycles should be used to amplify specimens for COVID-19 testing.¹⁷ But in a stunning admission during a podcast on July 16 2020, Fauci stated that the PCR test is useless and unreliable for diagnosing COVID-19 when run at 35 cycles or higher.

Here is his direct quote:

"What is now evolving into a bit of a standard is that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule...We have patients, and it is very frustrating for the patients as well as for the physicians...somebody comes in and they repeat their PCR and it's like 37 cycle threshold...you can almost never culture virus from a 37 threshold cycle. So I think if somebody does come in with 37, 38, even 36, you gotta say, you know, it's dead nucleotides, period." In other words, not COVID-19 infection.

He goes on to say that when someone has a positive test, ...“they don’t give them the cycle threshold unless they go back and ask for it.”¹⁸

Assuming that most labs in the U.S. are following the FDA and CDC instructions, many if not most positive PCR tests are false positives. The false “cases” are then used daily to scare the public and to justify lockdowns, business closures, requirements to wear masks, and other violations of our constitutional rights. ***And Fauci knows this!***

Next Week: Part III The Continued Failures of Anthony Fauci

¹ Anthony S. Fauci, Gary J. Nabel and Francis S. Collins. A flu virus risk worth taking. *Washington Post* December 30 2011 https://www.washingtonpost.com/opinions/a-flu-virus-risk-worth-taking/2011/12/30/gIQAM9sNRP_story.html accessed 9.1.2020

² Akst J. “Moratorium on Gain-of-Function Research.” *The Scientist* October 21 2014

³ Menachery VD, Yount Jr BI, Debbink K et al. “A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence.” *Nature Med* 2015 Nov:1508--1513

⁴ <https://www.ecohealthalliance.org/partners> accessed 9.1.2020

⁵ Schleunes A. “US Selects Two COVID-19 Vaccine Candidates for Huge Investment.” *The Scientist* April 1 2020

⁶ <http://www.centerforhealthsecurity.org/event201/> accessed 9.1.2020

⁷ Peter Daszak. Understanding the Risk of Bat Coronavirus Emergence. National Institutes of Health <https://grantome.com/grant/NIH/R01-AI110964-06> accessed 9.1.2020

⁸ Fred Guterl. Dr. Fauci Backed Controversial Wuhan Lab With U.S. Dollars for Risky Coronavirus Research. *Newsweek* April 28 2020 accessed 9.1.2020

⁹ Sarah Owerhohle . Trump cuts U.S. research on bat-human virus transmission over China ties. *Politico* April 27 2020 accessed 9.1.2020

¹⁰ Ferguson NM, Laydon D, Nedjati-Gilani G et al. “Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand.” *Imperial College COVID-19 Response Team* March 16 2020

¹¹ National CJD Research and Surveillance Unit. “Disease in the UK (By Calendar Year.” University of Edinburgh May 4 2020

¹² Sturcke J. “Bird flu pandemic could kill 150,000.” *The Guardian* Sept 30 2005

¹³ Fauci AS, Lane HC, Redfield RR. “Covid-19 – Navigating the Uncharted.” *NEJM* 2020 Mar;382:1268-1269

¹⁴ Bailey R. “COVID-19 Mortality Rate ‘Ten Times Worse’ Than Seasonal Flu, Says Dr. Anthony Fauci.” Mar 11 2020 <https://reason.com/2020/03/11/covid-19-mortality-rate-ten-times-worse-than-seasonal-flu-says-dr-anthony-fauci/>

¹⁵ <https://thehill.com/changing-america/well-being/prevention-cures/487086-coronavirus-10-times-more-lethal-than-seasonal>

¹⁶ Gina Kolata. Faith in Quick Test Leads to Epidemic That Wasn’t. *New York Times* Jan 22 2007 <https://www.nytimes.com/2007/01/22/health/22whoop.html> accessed 9.2.2020

¹⁷ CDC 2019-Novel Coronavirus (2019-nCoV) Real Time RT-PCR Diagnostic Panel Instructions for Use. <https://www.fda.gov/media/134922/download> accessed 11.6.2020

¹⁸ https://www.youtube.com/watch?v=a_Vy6fgaBPE&feature=youtu.be&t=260