

The Forbidden COVID-19 Chronicles March 15 2021
Anthony Fauci: The Man in Charge of COVID-19 Part III
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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).

Mr. Fauci, are you really that incompetent???

Since just last week, new revelations about Fauci's incompetence (or complicity with the perpetrators of the COVID hoax) have surfaced. Judicial Watch and the Daily Caller News Foundation obtained a batch of emails and other documents concerning Fauci through a Freedom of Information Act request.

Among these documents was an email to Fauci and several other doctors from Sin Hang Lee, the director of the Milford Molecular Diagnostics Lab in Connecticut. On March 22, 2020 he wrote, "It has been widely reported in the social media that the RT-qPCR test kits used to detect SARS-CoV-2 RNA in human specimens are generating many false positive results and are not sensitive enough to detect some real positive cases, especially during convalescence."

He continued, "Without a reliable laboratory diagnostic test, we are flying blind."

Lee added that the PCR technology "is known to generate false positive results when used to detect influenza A virus and MERS-CoV, another Coronavirus."

Just the News contacted Lee for further comment, and he said, ""The current RT-qPCR does not verify what is being detected. That is the cause of false positives. PCR was not invented as a diagnostic tool."¹

This new information, combined with Fauci's admission last summer that running the PCR test at 35 cycles or higher results in false positives, makes it difficult to believe that he did not know that the case count was grossly inflated. On Fauci's watch, the false case count was used to justify the lockdowns, which led to business closures and bankruptcies and suicides and overdose deaths and severe depression in children and worse treatment of the elderly than is usually extended to prisoners on death row.

What kind of doctor does this???

But there's more...

Emergency Use Authorization (EUA) is used to make products available like new vaccines during public health emergencies. Under an EUA, unapproved medical products or unapproved applications for medical products may be authorized for use. There are a few requirements in order for such authorizations to be granted. First, there must be an emergency. As I have documented previously, Fauci helped to create a false emergency – he was made aware in March 2020 that PCR testing was inaccurate, and admitted that this was the case in July 2020. And PCR tests were used to gin up “cases” which were the basis of “the emergency.”

But another important requirement is that there must be no effective treatments available for the disease which is the subject of the emergency declaration. Fauci had to work considerably harder to meet this requirement, because there were, indeed, effective treatments available. One of these was hydroxychloroquine (HCQ).

Hydroxychloroquine has been used worldwide for the treatment of diseases like malaria and rheumatoid arthritis for over 60 years. It is inexpensive – as little as \$0.37 per pill.² It is safe, and in some countries, it is available over the counter.³ And it is effective for treating COVID-19. According to evidence submitted to the court by the Association of American Physicians and Surgeons, the mortality rate for countries that allowed the use of HCQ was one tenth the mortality rate as in the United States, where federal officials, like Fauci, discouraged and interfered with the prescribing of this drug.⁴

It’s hard to imagine that Fauci, touted as one of the world’s best infectious disease experts, did not know that HCQ had been found to be effective for treating SARS infections and preventing spread in 2005,⁵ and that the CDC posted a study showing it to be effective on its website.⁶ Additionally, studies dating back to 2004 showed that it was effective for inhibiting virus spread.⁷ Research on the use of HCQ for the treatment of COVID-19 started almost immediately when the COVID pandemic was declared, and much of this research was positive. Many studies showed that the drug was effective for treating COVID-19.^{8 9 10 11}

Yet in a Town Hall on CNN, Fauci stated “There are no proven safe and effective therapies for the coronavirus.”¹² ***Why would he say this?***

The Surgisphere Scandal

On May 22, 2020 the *Lancet* published a study reporting that hydroxychloroquine and chloroquine (the older version of the drug) were linked to increased deaths in hospitals all over the world.¹³ The paper was authored by Dr. Mandeep R. Mehra of Harvard Medical School, and Dr. Sapan S. Desai of Surgisphere, an Illinois-based company that had supposedly gathered data on tens of thousands of patients in over 1000 hospitals worldwide.

The authors reported that their data represented over 15,000 patients who received hydroxychloroquine or chloroquine and over 81,000 patients who did not receive these

drugs. According to this paper, one in six patients taking only one of these drugs died; one in five taking chloroquine with an antibiotic died; and one in four taking hydroxychloroquine with an antibiotic died. The death rate for patients not taking these drugs was one in eleven. Additionally, serious arrhythmias were reported, with most occurring in the group taking hydroxychloroquine in combination with an antibiotic (8% versus 0.3% in patients not given any of these drugs or combinations).

I looked at this study briefly and found some inconsistencies within a few minutes and made a note to myself to do some further investigation when I had more time. But reporters from *The Guardian* also became suspicious about this article and started looking into it right away.

Here's what they found. Data from five Australian hospitals with 600 COVID-19 patients and 73 deaths were included in the analysis. But the reporters found that at the time the data was collected, there had been only 67 deaths recorded throughout Australia. *The Guardian* was able to confirm that the National Notifiable Diseases Surveillance System was not the source of the information in the article. Health departments in New South Wales and Victoria, two of Australia's most populous states, stated that the reported data did not reconcile with their data and that they did not provide any data to the researchers who claimed to have gathered data.¹⁴

The *Guardian* reporters also looked into Surgisphere and reported that one of the firm's science editors appeared to be a science fiction writer and fantasy artist. One of the company's marketing executives also had a career as an adult model and events hostess. The company's LinkedIn page showed only three employees as of June 3, 2020, making it highly unlikely that the company had the resources to gather and analyze such a large data base, which consisted of 96,032 patients who were admitted to hundreds of hospitals on six continents by April 14, 2020. Additionally, the *Guardian* reported that until June 1, 2020, the "get in touch" link on Surgisphere's website led to a cryptocurrency website.¹⁵

Researchers and writers at *The Scientist* also reported concerns about the study. The *Lancet* article reported that Surgisphere's registry included data from over 63,000 COVID patients admitted to 559 hospitals in North America by April 14, 2020. But Surgisphere CEO and founder Sapan Desai refused to provide the names of any of the hospitals when asked. *The Scientist* contacted some of the larger health systems in states reporting the most cases and deaths and did not find any who confirmed that they provided data to Surgisphere.¹⁶

A letter to the *Lancet* expressed "both methodological and data integrity concerns" and listed, among other issues:

1. The study's authors did not indicate the "severity" of the disease being treated. Was it early on in the COVID-19 progression or late in the process? The dosages of HCQ or CQ used were not disclosed.
2. The authors have not adhered to "standard practices in the machine learning and statistics community. They have not released their code or data. There is no data/code sharing and availability statement in the paper."
3. The countries and hospitals from which the data were obtained were not disclosed, and the authors have denied requests for that information.
4. The numbers of cases and deaths as well as the detailed data collection from Surgisphere-associated hospitals in Africa "seem unlikely."
5. Reported ratios of HCQ to CQ are "implausible."¹⁷

The *Lancet* retracted the article.¹⁸ The journal subsequently changed its editorial policies in order to reduce the risk that such blatantly false data could be accepted for publication again.¹⁹

What did Mr. Fauci have to say about this study? He told CNN that "The scientific data is really quite evident now about the lack of efficacy for it [HCQ]."²⁰ Really. The man in charge. The person who represents himself as the country's expert on infectious disease. The highest paid federal employee in the entire country,²¹ either did not see through this obvious fraud – so obvious that reporters with no medical training figured out that the data were fraudulent in a few hours – or he did know that it was fraudulent and lied about it. At this time we don't know which, but either choice is disturbing.

What would motivate Fauci to do this? Because new and useless drugs like Remdesvir and COVID vaccines that have not been properly investigated could not be approved under an emergency use authorization if it was widely known that HCQ – or any other treatment – worked for COVID-19. (more information about Remdesvir and COVID vaccines is available in the Health Briefs Library and in the book *COVID Operation: What Happened, Why It Happened, and What's Next*)

Mr. Fauci's reign of terror might be ending soon.

For decades, Fauci has not had to answer for his incompetence and/or intentional fraudulent and harmful actions. But this time may be different. This time, his actions harmed millions of people. This time, hundreds of millions of people know about it. And this time, people like us, and groups like Make Americans Free Again are determined to make him at least explain himself and if he is guilty, make sure he pays for what he has done.

¹ Daniel Payne. 'We are flying blind': Fauci was warned in March 2020 of potential false positives in COVID-19 tests." <https://americasvoice.news/justthenews/we-are-flying-blind-fauci-was-warned-march-2020-potential-false/>

² <https://www.drugs.com/price-guide/hydroxychloroquine>

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