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# Anthony Fauci: 40 Years of Lies From AZT to Remdesivir

As the planet's "Virus Tsar" since 1984, he has spread misinformation and ignored critical questions. The consequences could hardly be more fatal.

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**L**ast week, US president Donald Trump committed a kind of blasphemy by attacking Anthony Fauci, his pandemic

consultant and practically the spokesperson for the White House regarding COVID-19, **saying that:**

“ *People are tired of hearing Fauci and all these idiots. He’s been here for 500 years. Fauci is a disaster. If I listened to him, we’d have 500,000 deaths.*”

A remarkable statement of historical dimension, since Trump is the first American head of state to cast doubt on Fauci, who has acted as the virus tsar for no less than six presidencies: Reagan, Bush, Clinton, Bush Jr., Obama and Trump.

To make it clear, the logic behind Trump’s attack is scientifically unfounded. He refers to a statement of Fauci he made some months ago, according to which people should “**not wear face masks.**”. But even if all Americans had followed this advice, it would not have led to a single extra death.

The simple reason is that the COVID-19 death rate data show unambiguously that a viral cause for the excess mortality seen in some countries, including the US, is virtually impossible — and that instead the massive experimental use of highly toxic drugs is the key factor in this context, as I recently outlined together with Claus Köhnlein MD, in an in-depth analysis for **Real News Australia.**

But on one point Trump hits the nail on the head: Fauci is simply a disaster, because he has been telling the world one lie after another for decades, while his presence actually feels almost as if he has been

there for 500 years. And tragically, the mass media sell them to their audience of billions as a kind of gospel.

An example is — there's no other way to put it — the downright shameful four page interview with Anthony Fauci in Germany's best-known news magazine, *Der Spiegel*, **published recently**.

Shameful because Fauci here, too, is doing what he is a master at, namely, hoaxing the world — and *Der Spiegel* has been hoodwinked by him and, in admiration for the man dubbed by *The New Yorker* as **“America's Doctor,”** which is a euphemism of the highest order, has forgotten to do its job: to ask critical questions.

The initial question alone is unworthy of a journalistic medium:

“*Dr. Fauci, you once said of yourself that you had, a reputation of speaking the truth at all times and not sugarcoating things. Can we hope to get a few samples of previously unspoken truths from you today?*”

And Fauci answers:

“*Of course! I will always give you truth. Just ask the question and I'll give you the truth. At least to the extent, that I think it is, right [laughs].*”

# FAUCI: 36 YEARS AS THE MODERN MUNCHAUSEN

What a farce. What Fauci thinks is right may be true for himself. But his statements do not stand up to an objective examination of scientific evidence.

Therefore he is not only “Dr. Wrong”, as he has been called recently by the conservative **economist Stephen Moore**, but actually “Dr. Baron of Lies”, because he must be aware that he is telling the untruth or that there are well-supported doubts about his theses. Especially because, since the beginning of his “reign” as global virus tsar in 1984, he has been repeatedly confronted with critical questions by many people (including me).

And what was his reaction over and over again? He just silenced and ignored the inquirers.

This is why his answer to *Der Spiegel*, “*Just ask the question and I’ll give you the truth*” is also a downright Fauci lie.

Unfortunately, he gets away with it not least because even world-famous personalities like Brad Pitt buy his lies and sell him to the world public as thoroughly sincere.

This is what happened on April 25, when the Hollywood star portrayed Fauci on Saturday Night Live. With a Fauci wig on his head and with the virus tsar’s typical raspy voice Brad Pitt spoke: “*Until [I am getting fired by Trump], I am gonna be there puttin’ out the facts to whoever is listening.*”

And at **the end of the performance** the actor took off the wig and said in his own voice: “*To the real Dr. Fauci. Thank you for your calm, and your clarity in this unnerving time.*”ix

But the only truth in these statements by Brad Pitt is that we live in “unnerving times.”

In fact, not outlining the facts, but saying the untruth and not answering is a characteristic behaviour that runs through Fauci’s entire 36 years in which the now 79-year-old has been director of the National Institute of Allergy and Infectious Diseases (NIAID). And this has very serious consequences.

Because with a current annual budget of almost six billion dollars, Fauci’s institute is a giant in AIDS, tuberculosis, malaria and autoimmune research — while he himself is perhaps the most powerful man in the global virus circus.

The abundance of lies Fauci puts into the world is so great that you don’t even know where to start to enumerate them all. One of the many topic fields he is sending out factually untenable statements to the whole world is without question COVID-19. In order to become aware of this, one has to realize that:

- a) the RT-PCR tests are **scientifically meaningless** in detecting so-called SARS-CoV-2 infections,
- b) even according to orthodox researchers so-called SARS-CoV-2 is **not excessively dangerous**
- c) people, referred to as COVID-19 victims, **probably did not die of so-called SARS-CoV-2** but of non-viral factors such as cancer and other serious underlying diseases, the experimental administration of highly toxic drugs and/or invasive ventilation.

Thus, Fauci's narratives about the alleged novel coronavirus become downright a fairy tale. And a fairy tale teller, a modern-day Munchausen "Baron of Lies", Fauci has been since he became the director of the NIAID in 1984 — the year Ronald Reagan was US president and AIDS was put on the world stage.

This was a turning point in modern world history. Since then the virus hunters enjoy god-like status, and this was accomplished by lies and deceit. Fauci played a decisive role in its creation, and the parallels to the "installation" of COVID-19 are striking.

## HOW FAUCI'S FALSEHOODS TURNED AZT INTO A "MAGIC BULLET"

How could this happen? Not least due to the swine flu disaster in 1976 in which 50 million US citizens were persuaded to get vaccinated, resulting in side effects in 20 percent to 40 percent of recipients, including paralysis and even death, the US National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) came into unsettled political waters at the end of the 1970s.

As a result, the great contemplation began at these two most powerful organizations related to health politics and biomedical science.

In fact, Red Cross officer Paul Cumming told the San Francisco Chronicle in 1994 that "*the CDC increasingly needed a major epidemic*" at the beginning of the 1980s "*to justify its existence.*" And the HIV/AIDS theory was a salvation for American epidemic authorities.

As a result, "*All the old virus hunters from the National Cancer Institute put new signs on their doors and became AIDS researchers. [US President Ronald]*

*Reagan sent up about a billion dollars just for starters,” noted Kary Mullis who received the Nobel Prize for his invention of the Polymerase Chain Reaction (PCR) which plays a central role in the context of COVID-19. “And suddenly everybody who could claim to be any kind of medical scientist and who hadn’t had anything much to do lately was fully employed.”*

Among those who jumped over from cancer research to AIDS research, the best known is Robert Gallo. *“HIV didn’t suddenly pop out of the rain forest or Haiti. It just popped into Bob Gallo’s hands at a time when he needed a new career,”* as Mullis, who unfortunately died last year, **noted with a wink.**

And it started with big lies. The most important one was announced in April 1984 by Gallo, working under Fauci, when he claimed in a press conference that gained worldwide attention that *„the probable cause of AIDS has been found.“*

NB. **Gallo’s papers** were printed in the journal *Science* over one week after his press conference and also after he had filed a patent application for an antibody test later **misleadingly named “HIV test”**. Thus, nobody was able to review his work prior to his spectacular TV appearance, and for some days afterwards.

This presented a severe breach of professional scientific etiquette. And as review later showed Gallo’s studies did not deliver any proof for the virus thesis. [1]

Mullis confirmed it as well:

“ *People keep asking me, ‘You mean you don’t believe that HIV causes AIDS?’ And I say, ‘Whether I believe it or not*

*is irrelevant! I have no scientific evidence for it!' I might believe in God, and He could have told me in a dream that HIV causes AIDS. But I wouldn't stand up in front of scientists and say, 'I believe HIV causes AIDS because God told me.' I'd say, 'I have papers here in hand and experiments that have been done that can be demonstrated to others.' It's not what somebody believes, it's experimental proof that counts. And neither Montagnier, Gallo, nor anyone else had published papers describing experiments which led to the conclusion that HIV probably caused AIDS."*

Mullis even had the opportunity to ask Montagnier personally about a reference proving that HIV causes AIDS. But he couldn't name one. "It was damned irritating," **as Mullis reported**. "If Montagnier didn't know the answer, who the hell did?"

Of course, whoever is in possession of a solid peer-reviewed study that proves that HIV causes AIDS may please present it to me or my co-author!

I have searched for such a study by myself, but haven't found it, either. I have also approached Anthony Fauci and his NIAID several times asking them, among other things, to send me such a study showing that HIV is a retrovirus that causes a deadly infection. Finally, I was told by Hillary Hoffman from the NIAID's News and Science Writing Branch that:

“ Dr. Fauci respectfully declines to respond to the questions that you emailed.”[2]

About this practice of refusing to answer questions Horace F. Judson, historian of molecular biology, wrote in his book *The Great Betrayal: Fraud in Science*:

“ Central to the problem of misconduct is the response of institutions when charges erupt. Again and again the actions of senior scientists and administrators have been the very model of how not to respond. They have tried to smother the fire. Such flawed responses are altogether typical of misconduct cases.”

## CALLING AZT TRIALS “SCIENTIFICALLY CONTROLLED” IS LIKE REFERRING TO GARBAGE AS “HAUTE CUISINE”

Such behavior, which smells of misconduct, runs like a golden thread through Fauci’s 36-year history as director of the NIAID.

A particularly blatant example is the approval of azidothymidine – commonly known as AZT – that became the first authorized AIDS medication. The basis for this was the so-called Fischl study which was published in July 1987 in the *New England Journal of Medicine* (NEJM) — and already then Fauci was in charge of federal AIDS funding.

John Lauritsen, journalist, Harvard analyst and active in the Gay Rights Movement since the 1970s, had viewed the FDA documents on the Fischl study and came to the conclusion that the study was “fraud”; the Swiss newspaper Weltwoche termed the experiment a “gigantic botch-up” and NBC News in New York branded the experiments, conducted across the US, as “seriously flawed.”

Even the FDA toxicology analyst Harvey I. Chernov concluded — months before publication of the mentioned pivotal AZT study – in **an FDA document obtained under the Freedom Of Information Act** by John Lauritsten that:

“ *The available data are insufficient to support FDA approval [of AZT].*”

The Fischl experiments were, in fact, stopped after only four months, after 19 trial subjects in the placebo group (those who did not receive AZT, but rather an inactive placebo) and only one participant from the so-called verum group (those who were officially taking AZT) had died. Through this, according to the AIDS establishment, the efficacy of AZT appeared to be proven.

But the Fischl study was not even worth the paper it was printed on. Not only was it financed by AZT manufacturer Wellcome (today GlaxoSmithKline), which is clearly a conflict of interest, but it was “clear that Fauci’s NIH and the FDA had far too ‘cozy’ a relationship with Burroughs-Wellcome,” as Lauritsen writes.

Apart from that, the study was stopped after **only four months**. A clinical trial observation period of only four months is much too short

to be informative, considering the usual practice of administering AIDS medications over years, or even a lifetime.

Moreover, the Fischl study had been conducted in a downright fraudulent manner. *“It is almost beyond the bounds of probability that the mortality data could be correct,”* as Lauritsen states. *“There are many ways that errors can occur in research. But in this particular study the most parsimonious explanation would be deliberate fraud.”*[3]

For example, the double-blind conditions of the study (according to which neither the researchers nor patients should have known who was taking AZT and who was taking placebos) were no longer existent after a short time. NBC lead reporter Perri Peltz stated in 1988, that almost immediately everyone knew who was getting what. Patients told how they can distinguish AZT from placebo by the taste.

Furthermore, the FDA documents show that the study results were distorted. For example, sicker patients were placed in the placebo group or because the group that swallowed AZT (and therefore had to cope with the severe side effects) received more supportive medical services than the placebo subjects.

NBC reported that there was widespread tampering with the rules of the Fischl trial. The rules had been violated coast to coast, and if all patients with protocol violations were dropped, there wouldn't be enough to be able to continue the study.

## FAUCI'S HISTORY OF IGNORING CRITICAL QUESTIONS

On 27 January 1988, NBC News (Channel 4) broadcasted the first of Peltz' three-part exposés on AZT.

“ *When preparing this report, we repeatedly tried to interview Dr. Anthony Fauci at the National Institutes of Health. But both Dr. Fauci and Food and Drug Administration Commissioner Frank Young declined our request for interviews.*”

“*Welcome to the club, Perri!*” wrote John Lauritsen in his book *The AIDS War: Propaganda, Profeteering and Genocide from the Medical-Industrial Complex*.

“ *When it comes to questions of HIV or AZT, the Public Health Service bureaucrats and “scientists” won’t speak to me either; they have also refused to speak to the BBC, Canadian Broadcasting Corporation Radio, Channel 4 (London) television, Italian television, The New Scientist, and Jack Anderson.*”

The same happened to me recently when I sent Fauci, and his NIAID, questions regarding the Fischl study — to this day I have not received any answer. [4]

Of course, Fauci was willing to talk...in media that did not ask critical questions and only let him pray down his advertising messages.

On February 19, 1988, Fauci appeared on the television program Good Morning America, as Lauritsen writes in his book. And he was asked why only one drug, AZT, had been made available. He replied:

“ *The reason why only one drug has been made available — AZT — is because it’s the only drug that has been shown in scientifically controlled trials to be safe and effective.*”

But “*this brief statement contains several outstanding falsehoods,*” as Lauritsen points out.

“ *First, there have been no “scientifically controlled trials” of AZT; to refer to the FDA-conducted AZT trials as ‘scientifically controlled’ is equivalent to referring to garbage as la haute cuisine. Second, AZT is not ‘safe’: it is a highly toxic drug — the FDA analyst who reviewed the toxicology data on AZT recommended that it should not be approved. Third, AZT is not known objectively to be ‘effective’ for anything, except perhaps for destroying bone marrow.*” [5]

Nevertheless, Fauci did not get tired of spreading factually unsubstantiated statements about AZT throughout the world. Even this year, at the end of April, Fauci was not afraid of promulgating the untruth about AZT during a White House meeting about Gilead's drug remdesivir, by saying **“the first randomized placebo-controlled trial with AZT... turned out to give an effect that was modest”** (more on remdesivir below).

By the way, the inventor of AZT himself, Jerome Horwitz, said he was so cloyed with the drug that he *“dumped it on the junk pile,”* he *“didn't [even] keep the notebooks.”*

His invention AZT was a chemotherapy-like drug of extreme, not to say fatal, toxicity and *“so worthless”* to him that he *“didn't think it was worth patenting,”* as former BusinessWeek journalist Bruce Nussbaum writes in his book ***Good Intentions: How Big Business and the Medical Establishment are Corrupting the Fight against AIDS, Alzheimer's, Cancer and More.***

In the mid 1980s Fauci promised the world they would *“develop a vaccine for AIDS”* rapidly. But even 35 years later such a vaccine is not yet in sight — and this despite the fact that, according to calculations since the 1980s governments alone have funded HIV research with well over half a trillion US dollars so far, with annual US Federal budgets that are now around 35 billion dollars, **compared to 0.9 billion in 1987.**

Is the Watergate phenomenon — follow the money — also evident here? To this Charles Thomas, molecular biologist and former professor of biochemistry at Harvard and John Hopkins Universities, **said:**

“ Too many people are making too much money out of it.  
And money is stronger than truth.”

## SAME OLD SCAM: FROM AZT TO “SWINE FLU” VACCINES, PREP & REMDESIVIR

The list of Fauci’s assertions, which he must know he cannot substantiate scientifically, is almost endless. This cannot be stressed often enough.

In the context of so-called “bird flu” (H5N1) which was exaggerated to a world threat by the WHO, politicians, scientists and the mainstream media between 2003 and 2005, Fauci predicted that “even in the best-case scenarios” it would “*cause 2 to 7 million deaths*” worldwide. As the journalist Michael Fumento **writes in his article**:

“ Dr. Fauci’s recurring disease ‘nightmares’ often don’t materialize.”

In fact, even the World Health Organization (WHO) estimated that by May 16, 2006, H5N1 had **killed “only” 100 people**.

Equally unsubstantiated was Fauci’s aggressive promotion of H1N1 influenza (“swine flu”) vaccine in 2009. Back then he was reassuring that serious adverse events were “**very, very, very rare**”. Unfortunately, this statement was also irresponsibly unfounded, because the underlying studies were fast-tracked ones and lacked solid double-blind placebo-controls. There were also heavy conflicts of interests.

To make matters worse, only one year later, in 2010, the Swedish Agency for the Regulation of Prescription Drugs reported cases of children and adolescents suffering from narcolepsy after a swine flu vaccination — a neurological disorder that leads to a disturbance of the circadian rhythm (the biological clock that regulates the sleep-wake cycle).

Further analysis confirmed that the Pandemrix vaccine also caused the disease in vaccinated people in other countries. That the swine flu vaccine causes narcolepsy has been **confirmed by the courts**.

Nevertheless, Fauci did not let himself be put off.

In December 2015, for instance, the NEJM published his article ***Ending the HIV–AIDS Pandemic: Follow the Science***. In this piece he made a case for “*dramatically scale up HIV testing and treatment around the world*” — including preexposure prophylaxis (PrEP), i.e. “*using ART [antiretroviral therapy] for HIV prevention in HIV negative persons.*”

That is to say, **healthy people should take highly toxic drugs**. But here again: As self-assured as he presents his statements, he was not prepared to substantiate them factually.

In my mentioned request to the NIAID, in relation to his 2015 article about PrEP I asked:

- In your NEJM article you write that the IPERGAY study showed that ‘persons who took PrEP... were 86% less likely to acquire HIV infection than those taking placebo.’ But in which study it has been shown that HIV is a very special retrovirus that causes a deadly infection?

- Or in other words: If **even Luc Montagnier admits**, that on the images done by electron microscopy of the cell culture that he used he *“saw some particles but they did not have the morphology typical of retroviruses”*<sup>xxxii</sup> — in which study it has been proven that HIV, which is said to be a retrovirus, is a deadly retrovirus?
- In your article you are making a case for “dramatically scale up HIV testing”—but in which study it has been proven that so-called HIV tests **are in fact HIV tests?**
- Do you agree that:
  - 1 so-called HIV tests respond “positive” to a wide range of physiological conditions
  - 2 HIV test kits were approved only for blood screening
  - 3 these tests do not claim to diagnose infection
  - 4 proteins such as p18 or p24 are not specific for HIV, and that
  - 5 there is no gold standard for an HIV test?

If not, which of these statements is wrong, and why is it wrong? If yes, why should we *“dramatically scale up HIV testing”*?

- You say in your article that “the early promise of durable effects from combination therapy has been realized for many patients.” But how can we conclude

that ART being introduced in 1995/1996 is life-prolonging and responsible for having decreased the number of AIDS deaths in industrialized countries if:

- 1 in 1995/1996 only a fraction of patients received ART
- 2 statistics from the CDC and the RKI clearly show that the number of AIDS deaths actually reached the peak (mortality summit) **as early as 1991**,
- 3 no reliable statements can be made as to whether a single drug and ART are life-prolonging, since the basic prerequisite for this is lacking: a solid placebo-controlled study that has demonstrated the superiority of the drug/ART?

Unfortunately, as mentioned, Hillary Hoffman from NIAID just let me know that:

“*Dr. Fauci respectfully declines to respond to the questions that you emailed.*”[6]

Another example of a Fauci farce is Gilead Sciences' rapid-release drug remdesivir, which was approved on May 2, 2020 in the context of COVID-19 for emergency use only. A few days before, the NIAID director claimed that a study found remdesivir would reduce recovery time and reduce mortality.

This can only be described as another scandal in which Fauci plays a central role—especially when you look at the fraudulent way in which the drug was approved and which is very similar to the way AZT was authorized in 1987.

An article from the Alliance for Human Research and Protection (AHRP) — *Fauci's Promotional Hype Catapults Gilead's remdesivir* — brought up the following painful subject:

Fauci has a vested interest in remdesivir. He sponsored the clinical trial whose detailed results have not been peer-reviewed. Furthermore, he declared the tenuous results to be 'highly significant,' and pronounced remdesivir to be the new 'standard of care.' Fauci made the promotional pronouncement while sitting on a couch in the White House, without providing a detailed news release; without a briefing at a medical meeting or in a scientific journal — as is the norm and practice, to allow scientists and researchers to review the data.

When he was asked about a recently published Chinese study on remdesivir, in *The Lancet* (April 29th , 2020); a trial that was stopped because of serious adverse events in 16 (12%) of the patients compared to four (5%) of patients in the placebo group, Dr. Fauci dismissed the study as 'not adequate.'

But while the Chinese study that Fauci denigrated, was a randomized, double-blind, placebo-controlled, multi-center peer-reviewed, published study in a premier journal, *The Lancet*, with all data available, the NIAID-Gilead study results the remdesivir approval is based on have **not been published in peer-reviewed literature** — nor have details of the findings been disclosed.

*“However, they were publicly promoted by the head of the federal agency that conducted the study, from the White House,”* as the AHRP underlined. *“What better free advertisement?”*

By the way, regarding Fauci’s financial relations with Gilead, there is a petition that requests that he discloses them, **since he hasn’t done it yet.**

What the virus tsar also failed to disclose to the public in his promotional pronouncement of remdesivir was that the primary outcomes of the study that led to its emergency use approval were changed on April 16, 2020. Changes in the primary outcome are posted on [clinicaltrials.gov](https://clinicaltrials.gov).

Where previously there was an 8-point scale, which also included the deceased patients, from then on there has been only a 3-point scale, which leaves the deceased patient out of the equation and which at the same time only measures the time until recovery or being released from the hospital.

*“Changing primary outcomes after a study has commenced is considered dubious and suspicious,”* as the AHRP pointed out. And Reuters News reported that respected prominent leaders in the medical community — such as Steven Nissen MD, the chief academic officer at the Cleveland Clinic and Eric Topol MD, director and founder of the Scripps

Research Translational Institute in California — were unimpressed by remdesivir's tentative, modest benefit at best.

Referring to the Lancet report, Topol stated:

“*That’s the only thing I’ll hang my hat on, and that was negative.*”

As for the NIAID modest results, Dr Topol was unimpressed:

“*It was expected to be a whopping effect. It clearly does not have that.*”

The change in primary outcome measures raised serious red flags for scientists; but was largely ignored by the mainstream media which mostly repeated Fauci's promotional script.

Steve Nissen told **The Washington Post**:

“*I think that they thought they weren’t going to win, and they wanted to change it to something they could win on. I prefer the original outcome. It’s harder. It’s a more meaningful endpoint. Getting out of the hospital early is useful, but it’s not a game-changer.*”

As you can guess, all the questions I have asked the NIAID regarding remdesivir have remained unanswered as well...[7]

How toxic remdesivir is, is also shown by the fact that just recently, on October 2, the European Medicines Agency (EMA), the regulator of medicinal products of the European Union, started a safety review of remdesivir. Reason: Some patients taking the drug reported **serious kidney problems**.

About two weeks later, on October 15, the WHO reported that in its own trial named “Solidarity” which started in March this year remdesivir not only failed to produce any measurable benefit in terms of mortality reduction, but that it also didn’t reduce the need for ventilators, or the **length of hospital stays**.

Robert F. Kennedy Jr’s organization Children’s Health Defense pointed this out on October 23 **on its website**. Fauci, by contrast, again remained silent about this study.

But Gilead shot ahead and **commented in all seriousness** “*it is unclear if any conclusive findings can be drawn from the [Solidarity] study results,*” because the trial hadn’t been peer reviewed or published in a scholarly journal.

But this comment is downright ridiculous.

On the one hand, it was no less a figure than Tedros Adhanom Ghebreyesus, Director-General of the WHO, who initiated this multi-center, global Solidarity trial (more than 11,300 adults with Covid-19 in 405 hospitals in 30 countries) for **the very reason that**:

“ *Multiple small trials with different methodologies may not give us the clear, strong evidence we need about which treatments help to save lives. This large, international study is designed to generate the robust data we need, to show which treatments are the most effective.*”

Moreover, Gilead forgot to mention in its statement that the pivotal trial of remdesivir **leading to its emergency use approval**, as outlined, **had not been peer reviewed and published in a solid journal on the day of its approval (May 2nd), either**, and that it was seriously flawed.

Nevertheless, the study funded by Fauci’s NIAID has been finally published on October 8 in the ***New England Journal of Medicine*** (ie in the same journals as the fraudulent pivotal trial of AZT). The only alleged benefit reported was a shorter recovery time for patients receiving remdesivir compared to those in the placebo group.

But this result has no validity, not only because of the seriously flawed underlying data. The way in which this drug got its approval is very reminiscent of the outlined fraudulent way in which AZT received its approval in 1987 in an alleged placebo trial. But in reality, almost from the beginning, everyone knew who was getting what (AZT or placebo) and patients even had their pills analyzed in the craving for the alleged miracle drug.

Who wants to rule out that this did not happen with remdesivir as well?

Especially since the placebo subjects in the remdesivir study **did not receive a real placebo**. Instead, the bulk of the patients **got a “placebo” containing the same ingredients** as remdesivir except the agent, for example **sulfobutylether-beta-cyclodextrin**, which can **cause serious damage**.

## HYDROXYCHLOROQUINE ILLUSTRATES FAUCI'S MENDACITY

The story of the drug hydroxychloroquine also illustrates Fauci's phoniness. At the end of March, US president Trump called this agent **“a gift from God”**, while Fauci warned against jumping on conclusions.

On May 27, Fauci even stated on CNN about hydroxychloroquine, *“The scientific data is really quite evident now about the lack of efficacy.”*

And his comments came days after the *Lancet* **published a 96,000-patient observational study** that concluded that hydroxychloroquine had no effect on Covid-19 and may have even caused some harm.

Too bad that shortly after, **this *Lancet* study was retracted**, because:

“ **several concerns** were raised with respect to the veracity of the data and analyses conducted by Surgisphere Corporation and its founder and our co-author, Sapan Desai.”

Hence, Fauci's assertion on May 27, "*The scientific data [about hydroxychloroquine] is really quite evident now about the lack of efficacy,*" was definitely a voluntary false statement, simply because at that date Fauci must have known that scientific data backing his claim did not exist.

Or as Politico **put it on May 27:**

“ *There is no data yet from randomized, controlled clinical trials of hydroxychloroquine—the gold standard for evaluating potential treatments.*”

In fact, in 2005 the *Virology Journal* published an article concluding that chloroquine (of which hydroxychloroquine is a slightly milder derivative) is a "**potent inhibitor of SARS coronavirus**" dubbed SARS-CoV-1, as health care expert **Kevin Corbett** points out in a **Twitter post on October 26**. And so-called SARS-CoV-2 is claimed to be genetically related to so-called SARS-CoV-1.

Of course, the *Virology Journal* study lacks validity because the science behind SARS-CoV-1 and SARS-CoV-2 is **totally unfounded**, and not least also because the study was **just a cell culture and not a patient trial**.

But Fauci is the world's number one herald of the official corona narrative, and the study has been conducted by CDC scientists. So he should actually be totally convinced that chloroquine (and thus also hydroxychloroquine) is helpful in the context of corona.

Nevertheless, Fauci was unequivocal on Wednesday May 27, saying that “*the data are clear right now*” that hydroxychloroquine is **not effective against the coronavirus**.

This is why I asked Fauci’s NIAID, “*How did Anthony Fauci come to his conclusion on May 27?*”[8]. But I have not received an answer to this question, either.

Conversely, this does not mean that the effectiveness of the drug has been properly proven. Let’s not forget that hydroxychloroquine is far from a candy, it can have many serious side effects and even be fatal by **causing cardiac arrhythmias**, for example. Especially if it is given in **higher doses**, which is what happened in the treatment of **so-called COVID-19 patients**.

As mentioned, the experimental administration of high doses of potentially lethal drugs such as hydroxychloroquine is the major factor for the excess mortality **observed in some (but not all!) countries**. “*I agree about hydroxychloroquine overdosing, both from a reduced function point of view and toxicity,*” writes me Yale epidemiologist Harvey Risch by e-mail.[9]

Risch belongs to the best-known researchers who **see a potential curative effect in the drug**. The relevant studies with COVID-19 patients “*all showed significant benefit for high-risk outpatients,*” says Risch.[10]

A view that is also expressed, for example, in the almost 40-page **inquiry of Paul V. Sheridan** to Fauci with copies sent to President Trump and others.

But even if we assume that administering hydroxychloroquine in lower doses alone, or in combination with an antibiotic and possibly

zinc, to so-called COVID-19 patients may help decreasing the hospitalization and mortality risk, for instance, there is definitely **no solid proof that this is due to an antiviral/anti-SARS-CoV-2 effect**, as claimed. So the only conclusion would be that the positive effect is due to hydroxychloroquine having an anti-inflammatory effect, antibiotics clearing pathogenic bacteria and zinc boosting the immune system and metabolism function.

Furthermore, it must be considered in this context that administering hydroxychloroquine alone or in combination with an antibiotic and maybe zinc cannot be at all a sustainable long-term therapy nor does it represent a real causal therapy.

This approach also just follows “*modern biomedicine’s basic formula with its monocausal-microbial starting-point and its search for magic bullets: one disease, one cause, one cure,*” as American sociology professor, Steven Epstein, writes in his book *Impure Science — AIDS, Activism and the Politics of Knowledge*. An approach that finally is just escapist.

This was expressed by Allan Brandt, a medical historian at Harvard Medical School, **stating in his book** *No Magic Bullet: The promise of the magic bullet has never been fulfilled*.

Apart from that, there is only one way to prove that a drug or a combination of agents help reducing mortality or hospitalization or is effective in relation to any other clinical endpoint, that is if you do compare it with a *real* placebo.

As Marcia Angell, former Editor in Chief of the New England Journal of Medicine, states quite rightly in her book *The Truth About the Drug Companies*:

“ If there is really doubt about whether a standard treatment is effective, the FDA should require that clinical trials of new treatments have three comparison groups—new drug, old drug, and placebo.”

Unfortunately, there is no such placebo-study for hydroxychloroquine and COVID-19 showing that this drug is superior compared to doing nothing.

In this context, Robert F. Kennedy Jr. **wrote on August 2 on Instagram**, Fauci “insists he will not approve HCQ [hydroxychloroquine] for COVID until its efficacy is proven in ‘randomized, double blind placebo studies.’”

On this point one can indeed only agree with the virus tsar. And at the beginning of June, researchers reported the results of the first gold-standard clinical trial of hydroxychloroquine in Covid-19, concluding that it **did not perform any better than placebo**.

But here as well Fauci’s hypocrisy shows up in the end. Not only did the results of the said **“first gold-standard” placebo study** become known only at the beginning of June — thus a couple of days after Fauci made his unfounded claim that “The scientific data [about hydroxychloroquine] is really quite evident now about the lack of efficacy.”

Also, “to date, Dr Fauci has never advocated such [placebo] studies for any of the 72 vaccine doses added to the mandatory childhood schedule since he took over NIAID in 1984,” as Robert F. Kennedy Jr. also notes in **his Instagram post**. “Nor is he requiring them for the COVID vaccines currently racing for approval. Why should chloroquine be the only remedy required to cross this high hurdle?”

# FAUCI FOLLOWS BIG PHARMA'S TRACK

Additionally, the following question must be asked: Why do Fauci and his compliant companions focus on a “*magic bullet*” oriented symptom treatment medicine and not on causal therapies that take lifestyle factors such as nutrition, industrial toxins, exercise and psyche into account?

That can only be because people who occupy the highest positions of power such as Fauci obviously are on the side of pharmaceutical companies.

*“Dr Fauci’s peculiar hostility towards HCQ is consistent with his half-century bias favoring vaccines and patent medicines,” as Robert F. Kennedy Jr. states. “Dr. Fauci’s double standards create confusion, mistrust and polarization.”*

In this context, Kennedy Jr. **points out that:**

“ *HCQ’s patents are long expired; pills cost 30¢. [And] HCQ might compete with Dr Fauci’s vaccines including the Moderna vaccine for which his agency owns half the patent and Dr Fauci has invested \$500 million in taxpayer dollar.”*

The emperor of worldwide virus research also has ties with the Bill and Melinda Gates Foundation, who in turn is associated with Big Pharma and other **powerful industries**, and the **Global Alliance for Vaccines and Immunization (GAVI)** that **is associated** with powerful **industries as well**.

In 2012 Fauci was named one of the five Leadership Council of the Gates Foundation-created **Global Vaccine Action Plan**.

The Gates Foundation also **invests directly in Fauci's NIAID** (around \$1.5 million in 2020 and around \$7.5 million in 2019). And not least through Fauci's vested interest in remdesivir, the circle closes when one realizes that the Gates Foundation owns more than \$1.3 million in Gilead stock and more than \$3.2 million in Gilead bonds.

So it is just jaw-dropping how Fauci can bloviate in the interview with German news magazine Der Spiegel mentioned at the beginning of this article:

“ *I stay completely apolitical. I never, ever, get involved in politics... I have been neutral throughout the six presidents that I have served.*”

With this assertion Fauci conveys a completely unrealistic picture of the reality which resembles a Fata Morgana in which politicians rule, companies keep the economy going and science tracks down the facts in completely independent manner — without getting significantly in each other's way or even corrupting each other.

Besides, scientists are in no way immune to careerism, greed, and thirst for glory. Even though they are often perceived as such, scientists are not saints, they are humans with virtues and faults. Even Robert Koch and Louis Pasteur whose claims laid the foundation for the whole virus mania, were demonstrably **career-obsessed science fraudsters**.

No doubt, we are living in times in which politicians are less and less in control of politics and in which the influence of powerful industries is so great that the independence of research is no longer guaranteed in many areas.

As a 2004 *Lancet* review of Judson's aforementioned book *The Great Betrayal: Fraud in Science* **points out:**

“ *Judson paints a dark picture of [biomedical] science today, but we may see far darker days ahead as proof and profit become inextricably mixed.*”

Fauci himself is the personified expression of this alarming development and thus far from being “*completely apolitical*,” in fact the opposite. Against this background, it seems just comprehensible that there is even a petition titled “**#Fire Fauci.**”

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#### NOTES:

[1] Steven Epstein. *Impure Science—AIDS, Activism and the Politics of Knowledge* (University of California Press, 1996, p. 73)

[2] Author's email communication with the NIAID media team (among them Hillary Hoffman) between January 9 and 30, 2018

[3] John Lauritsen. *The AIDS War. Propaganda, Profeteering and Genocide from the Medical-Industrial Complex* (Asklepios, 1993, p. 77)

[4] Author's emails to the NIAID on August 24 and 27, 2020

[5] John Lauritsen. *The AIDS War. Propaganda, Profeteering and Genocide from the Medical-Industrial Complex* (Asklepios, 1993, pp. 71-79)

[6] Author's email communication with the NIAID media team (among them Hillary Hoffman) between January 9 and 30, 2018

[7] Author's email to the NIAID on August 27, 2020

[8] Personal email from September 11, 2020

[9] Personal email from September 9, 2020

[10] *ibid.*

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