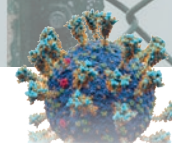


The Big Lie: How Fauci Instilled Panic and Set the Stage for Lockdowns



Anthony Fauci, left, director of the National Institute of Allergy and Infectious Diseases, and Robert Redfield, second from left, director of the Centers for Disease Control and Prevention, are sworn into the House Oversight and Reform Committee hearing on "Coronavirus Preparedness and Response," in Rayburn Building on March 11, 2020. Photo: Tom Williams/CQ Roll Call via AP



by Jeffrey A. Tucker
Brownstone Institute

[Section Editor's Note: This article was originally published by the Brownstone Institution and re-published by The Defender—the Children's Health Defense's News & Views website, the organization of attorney Robert F. Kennedy, Jr.]

Dr. Anthony Fauci, the key witness in the March 11, 2020, hearing on COVID-19, made false claims about the lethality of COVID-19, generating panic and creating the conditions for an unprecedented national lockdown.

Dr. Anthony Fauci is finally gone from his government perch. Let us recall that it was he who set this calamity in motion, squandering his credibility, while taking down public health and much else with it. More than anyone, he bears responsibility, even if he was acting on others' behalf. That is especially true if he was carrying out a hidden agenda (take your pick of theories).

There was already growing political and societal panic on March 11, 2020, when the House Oversight and Reform Committee convened a hearing on the new virus circulating. Fauci was the key witness. The only question on everyone's mind came down to the most primal fear: Am I going to die from this thing, like in the movies?

This was one day before Trump's announcement



Jeffrey A. Tucker Photo: jeffreytucker.me

of the travel ban from Europe, the U.K. and Australia, essentially sealing the borders of the U.S. to an extent never before attempted, thus separating families and loved ones and trapping billions of people in their nation-states.

It was five days before the evil declaration by all health authorities to immediately shut down all places where people could congregate.

These few days will remain a case study in irrationality and crowd madness. Fauci, on the day of his testimony, however, seemed like a paragon of stability. He was calm and clear, nearly bloodless in his tone.

The substance of what he said, at the same time, was clearly designed to generate panic and create the conditions for a full lockdown.

He had the countenance of a doctor who was tell-

ing the family that a beloved father was terminally ill with 30 days to live. In particular, and in contrast to the testimony prepared by the Centers for Disease Control and Prevention/National Institutes of Health, Fauci spoke to the severity of the virus.

To the average member of Congress, the answer here was crucial because it addressed the only two serious issues: "Am I going to die?" and "Will I be blamed and politically punished if my constituents die?"

To this, he responded with what seemed like science but was actually completely wrong, dreadfully wrong, catastrophically wrong. He claimed that we knew for sure that at best COVID-19 was 10 times deadlier than the flu. In fact, he threw around so much data confetti that a person could have easily believed that he was downplaying the severity to promote calm. His intention was the opposite.

Here is what he said, and please read carefully to catch the implications:

"SARS was also a Coronavirus in 2002. It infected 8,000 people and it killed about 775. It had a mortality of about 9 to 10 percent. So, that is only 8,000 people in about a year. In the two-and-a-half months that we have had this Coronavirus, as you know, we now have multiple multiples of that.

"So, it clearly is not as lethal, and I will get to the lethality in a moment, but it certainly spreads better. Probably for the practical understanding of the American people, the seasonal flu that we deal with

Continued on page 9

The Big Lie

Continued from page 8

every year has a mortality of 0.1 percent.

“The stated mortality over all of this when you look at all the data including China is about three percent. It first started off as two and now three.

“I think if you count all the cases of minimally symptomatic or asymptomatic infection, that probably brings the mortality rate down to somewhere around one percent, which means it is 10 times more lethal than the seasonal flu. I think that is something that people can get their arms around and understand. ...

“I think the gauge is that this is a really serious problem that we have to take seriously. I mean people always say, well the flu, you know, the flu does this, the [flu] does that.

“The flu has immortality of 0.1 percent. This has mortality of ten times that, and that is the reason why I want to emphasize, we have to stay ahead of the game in preventing this.”

Just think through the flim-flam here. He begins with the figure of a 10% case fatality rate from a similar virus. The thinking in the room is already stuck on 10. Then he says this virus has killed more in a shorter period of time, which implies more severity.

He quickly dials that back but warns that this is more easily spread, which suggests that perhaps it is even higher. Then he dials that back and says that so far the mortality rate is 3%.

But then he quickly adds in “minimally symptomatic or asymptomatic infection” and comes to a rough number of 1%, thus failing completely here to distinguish between cases and infections, which used to be a core metric that he and so many others completely obliterated.

That’s a side point but an important one. The distinction between cases and infections has been crushed, leaving us in utter data chaos.

Fauci spoke this final number with so many other numbers before it that no one could figure out which way was up. The main takeaway anyone would have is that there is going to be vast bloodshed.

It’s best to watch this. You can almost feel the fear in the room as he blinds these political critters with fake science.

So what do we do? Fauci here was quick with the answer:

“How much worse it will get will depend on our ability to do two things, to contain the influx in people who are infected coming from the outside and the ability to contain and mitigate within our own country.”

In other words: lockdown.



Restaurant closed due to COVID-19. Photo: MGN Online

Thus was the stage set. To be sure, there is some mental connection between severity and policy response but there probably should not be. Even if this virus had a 10% fatality rate, what does locking down achieve? It was never even clear what the point was.

The “spread” could not be stopped forever. The hospitals weren’t really overcrowded, as we’ve seen. There was never a chance for “zero-COVID,” as the catastrophic experience of China and New Zealand has shown.

In the end, the pandemic of a respiratory virus is solved through exposure, upgraded immune systems and herd immunity, regardless of severity. And again, please recall that biological evolution has made such pandemics self-limiting: there is a trade between severity and prevalence subject to latency.

Latency here was never a factor, contrary to the lies in the early weeks. So the more infectious this virus would be, the less severe it would be, nearly by definition.

Fauci could have used his time in Congress to give a basic explanation. He did not. He chose to spread irrational fear instead.

So how can we evaluate Fauci’s murky suggestion that SARS-CoV-2 will have a 1% fatality rate? What



Lockdown protest over COVID-19 pandemic, May 1, 2020. Photo: MGN Online

actually happened? These data are pretty settled by now.

0-19 years: 0.0003%

20-29 years: 0.002%

40-49 years: 0.035%

50-59 years: 0.123% (flu)

60-69 years: 0.506% (bad flu)

Let’s just assume that Fauci is correct about the flu, though there is plenty of controversy about his chosen figure of 0.1%. If he is right, for the most affected demographic from COVID-19, he was off by two times.

For youth, he was off by 3,333 times—an exaggeration of more than 300,000%! And he did it with a straight face. The rest of the population falls between there for a total of 0.095%. So in general for the whole population, he was off by 10 times, meaning that the actual infection fatality rate is just slightly less (if this is right) than the seasonal flu.

Throughout the entire pandemic, from the beginning to now, the average age of the 0.09% of infected people who died remained at the median age of death in absence of the pandemic. If this same virus arrived decades early, it would have hardly been noticed at all.

Which is to say: Fauci was correct on Feb. 28, 2020, when he wrote that this is more or less the flu, except with a large age gradient. His change of mind in the course of two weeks prior to this testimony is based on absolutely no evidence. What changed was his tactics, but why?

We mapped out many times already that there was plenty of information available, even in the popular press, that this bug would be more-or-less like the flu, except with an extreme age gradient — which we knew already in mid-February. All the misinformation that followed was just that. And they knew it. Certainly Fauci knew it. No doubt about it.

So why? Here we get into interesting theorizing. Brownstone has done a lot of this for the better part of 18 months, and we will continue to do so. We can talk all evening about this. We already do. And we continue to collect evidence too.

The point is that the world is not the same. Fauci pulled the lever on the wall that set this in motion. He never should have been given that deference, that power, that influence. There should have been a check on him. And some people tried but the censors then flew into action.

The entire mess began not just with a bad prediction but an outrageously bad falsehood—spoken in front of deeply ignorant and terrified politicians—one that was followed by an egregious demand that we get rid of normal social and market functioning.

The consequences are for the ages. Fauci had his own masters and minions but it is impossible to avoid the reality that he bears primary responsibility as the voice of panic that shut down freedoms hard won over a millennium.

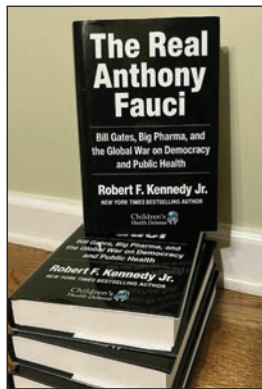
Nation of Islam Research Group

DePopulation Briefs

"The fact that fasting is the cure to 90 per cent of our ills is known by the medical scientists. But, they do not teach you that." —The Most Honorable Elijah Muhammad

RFK Jr. on Masking, Social Distancing, and Lockdowns

Masking, by amplifying everyone's fear, helped inoculate the public against critical thinking. By serving as persistent reminders that each of our fellow citizens was a potentially dangerous



and germ-infected threat to us, masks increased social isolation and fostered divisions and fractionalization—thereby impeding organized political resistance. The impact of masking on the national psyche reminded me of the subtle contribution of the "duck and cover drills" of my youth, drills that sustained and cemented the militaristic ideology of the Cold War. Those futile exercises reinforced what my uncle John F. Kennedy's Defense Secretary, Robert McNamara, called "National Mass Psychosis."

Social distancing mandates also rested on a dubious scientific footing. In September 2021, former FDA Commissioner Dr. Scott Gottlieb admitted that the six-foot distancing rule that Dr. Fauci and his HHS colleagues imposed upon Americans was "arbitrary," and not, after all, science backed.

Finally, the lockdowns of the healthy were so unprecedented that WHO's official pandemic protocols recommended against them. Some WHO officials were passionate on the topic, among them Professor David Nabarro, Senior Envoy on COVID-19, a position reporting to the Director General. On October 8, 2020, he said: *We in the World Health Organization do not advocate lockdowns as a primary means of controlling this virus. We may well have a doubling of world poverty by next year. We'll have at least a doubling of child malnutrition because children are not getting meals at school and their parents in poor families are not able to afford it. This is a terrible, ghastly, global catastrophe, actually, and so we really do appeal to all world leaders: Stop using lockdowns as your primary control method... lockdowns just have one consequence that you must never ever belittle—and that is making poor people an awful lot poorer.*

"Safe and Effective" is not a lie— It's 2 lies.

WHO Flip-Flops on Vaxing Children

Healthy children and teens don't need COVID-19 vaccinations, according to updated guidance posted on the website of the World Health Organization (WHO).



WHO's Strategic Advisory Group of Experts on Immunization (SAGE) met recently to create a revised roadmap for COVID vaccinations. It defines three priority groups — high, medium and low — based on the "risk of severe disease and death" when contracting the virus. Healthy children between 6 months and 17 years old are now deemed low priority.

Previously, WHO's major funder, the depopulator Bill Gates (in photo), has said that "for the world at large, normalcy only returns when we largely vaccinated the entire global population." So the WHO's new "guidance" just a few months later is stunning: "Countries should consider their specific context in deciding whether to continue vaccinating low-risk groups, like healthy children and adolescents..."

Still, the WHO pushes the unknown chemicals for "infants under 6 months" and pregnant women "for full protection of the mother and fetus."

In slavery Black women were forced to be "breeders" by plantation owners like Pres. George Washington. After slavery destroying a Black women's womb became a matter of national security.

Reports Hospitals Often Sterilize Poor Women Without Consent

WASHINGTON (AP) — A survey released Tuesday shows that teaching hospitals, where many federally funded sterilizations for poor women are performed, may still fail to obtain "voluntary and informed consent" before performing the procedures. Public Citizen Health Research Group, a Ralph Nader consumer organization, questioned the 300 teaching hospitals in the United States which have approved obstetrics-gynecology departments about their practices. Only 83 of them replied, but of that number, 70 percent failed to comply with one or more of the major features of the government's 1974 sterilization consent regulations, the survey said. Regulations which are even more stringent replaced the 1974 guidelines last year. But both sets of rules bar sterilizations of women under 21, impose a waiting period between consent and performance of sterilization, prohibit obtaining consent during labor and require that patients be informed that their welfare benefits are not jeopardized if they refuse sterilization. The survey found that 18 percent of the responding hospitals still obtain consent during labor, 14 percent do not inform the patient that their Medicaid and welfare payments are not at stake and 12 percent do not require a "cooling-off" period. The Medicaid program pays for about 100,000 sterilizations a year. In a letter to Joseph A. Califano Jr., the secretary of health, education and welfare, the research group recommended that the state Medicaid agencies be required to inform doctors and hospitals of the latest government regulations. They also suggested that teaching programs where sterilizations are performed with government funds be monitored more closely.

St. Louis Post-Dispatch, 22 July 1979

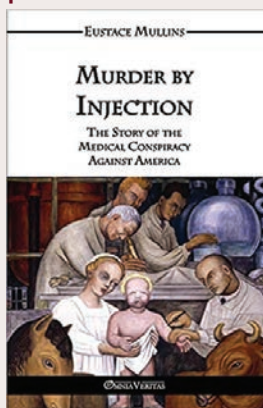
The COVID-19 VACCINE: "We Have No RIGHT to Trust Them."

Vaccine Corner

Excerpt from the book MURDER BY INJECTION: The Story of the Medical Conspiracy Against America, by EUSTACE MULLINS

Edward Jenner (1796-1839) "discovered" that cowpox vaccine would supposedly inoculate persons against the eighteenth century scourge of smallpox. In fact, smallpox was already on the wane, and some authorities believe it would have vanished by the end of the century, due to a number of contributing factors. After the use of cowpox vaccine became widespread in England, a smallpox epidemic broke out which killed 22,081 people. The smallpox epidemics became worse each year that the vaccine was used. In 1872, 44,480 people were killed by it. England finally banned the vaccine in 1948, despite the fact that it was one of the most widely heralded "contributions" which that country had made to modern medicine. This action came after many years of compulsory vaccination, during which period those who refused to submit to its dangers were hurried off to jail.

Japan initiated compulsory vaccine in 1872. In 1892, there were 165,774 cases of smallpox there, which resulted in 29,979 deaths. Japan still enforces compulsory vaccination; however, since it is a militarily occupied nation, its present government can hardly be blamed for submitting to the Rockefeller Medical Monopoly. Germany also instituted compulsory vaccination. In 1939 (this during the Nazi regime), the diphtheria rate increased astronomically to 150,000 cases. Norway, which never instituted compulsory vaccination, had only fifty cases during the same period. Polio has increased 700% in states which have compulsory vaccination. The much quoted writer on medical problems, Morris Beale, who for years edited his informative publication, *Capsule News Digest*, from Capitol Hill, offered a standing reward during the years from 1954 to 1960 of \$30,000, which he would pay to anyone who could prove that the polio vaccine was not a killer and a fraud. There were no takers."



2

“As I live, my desire is to destroy the so-called medical profession, because it is not a profession of healing; it is a profession of drugs.”

—The Most Honorable Elijah Muhammad

PPE to the Dump: Masks, aprons, gloves by the billions Wasted

Doctor Sued for Coercing Minor Children to Get Shots

Director of Boston Children's Gender Clinic Says Puberty Blockers Cause Infertility, Are Given Out 'Like Candy'

The UK government got rid of more than three billion pieces of personal protective equipment (PPE) that it bought during the “pandemic,” to reduce storage cost, including items such as aprons, masks, gloves, coveralls, eye protectors, and body bags. The Department of Health and Social Care (DHSC) had removed 269,500 pallets, or 3.14 billion items, of PPE.

British officials say they “make no apology” for buying more than 30 billion PPEs and they claim to have delivered more than 25 billion items “to front-line staff and other eligible users.”



Around 133,000 pallets of PPEs, or 1.4 billion items, were burnt, including more than 571 million aprons, 454 million masks, and 362 million eye protectors.

The government has repeatedly faced criticism over its handling of PPE, including the purchase of useless items. Last year, accountants reported that the government had lost 75 percent of the £12 billion it spent on PPE in the first year of the “pandemic” to price-gouging contractors who sold shoddy goods.

The National Vaccine Information Center reports that a mother in Washington, DC, is suing a doctor for allegedly forcing her teenaged daughter and son to receive COVID-19 shots without her consent. **NaToya McNeil** claims that **Janine Rethy, MD, MPH**, chief of community pediatrics at MedStar Georgetown University Hospital, isolated her children in a room in a mobile clinic and refused to let them leave until they were forcibly vaccinated for COVID.

McNeil alleges that the children, 14 and 16 years old, were misinformed that if they did not get the COVID shots they would not be able to attend school. The daughter was also injected with the meningococcal vaccine and the son was given the DTaP (diphtheria, tetanus and pertussis) vaccine. The mother who was right outside the clinic was not informed about the shots and never received a vaccine information statement for any of the products injected into her children, which is a violation of a safety provision in the **National Childhood Vaccine Injury Act of 1986.**

The daughter submitted to the doctor's demand because she was afraid that she would no longer be allowed to attend school. The son reportedly was not even asked whether he wanted the shots at all and was injected without any discussion. He thought he had to get them because he saw that his older sister received them.

The chemical assault on gender includes the prescribing of a class of drugs known as “puberty blockers,” which impede the onset of the bodily changes in the teenage years. These drugs are given out “like candy,” according to **Dr. Jeremi Carswell** (in photo), current director of **Boston Children's Hospital GeMS** (Gender Management Service). This “treatment” is for a condition they call gender dysphoria (formerly known as gender identity disorder) and is defined by “strong, persistent feelings of identification with another gender and discomfort with one's own assigned gender and sex.” It is a trendy “condition” that the popular media have provoked and encouraged in youth facing puberty. Even the US Army has sponsored cross-dressing “drag shows” for children on its bases.



Dr. Carswell, who refers to men as “testicle-bearing persons,” presents a graph showing a sharp increase in the number of patients to the clinic and she adds, “I expect that number to go higher.” Carswell explains the puberty blockers' effect on fertility:

“If you are giving something that shuts down your estrogen or shuts down testosterone entirely, you're going to stop either—if you had already been producing sperm or eggs, you're going to stop doing that—and if you never started, you're not going to be able to advance the gonads to be able to do that.”

Additionally, puberty blockers stunt development of the male genitalia and have been shown to have serious side effects, which include a decline in bone density, neurological effects, and psychiatric problems.

Masks Cause Headaches, Itching, and Lower Oxygen Intake: Study

Prior to the “pandemic,” existing data on respiratory viruses had shown that there was no basis for wearing masks to prevent their spread. “All the studies done in the world until 2020 showed that there is no justification for this.”

Yoav Yehezkeili, a specialist in internal medicine and a lieutenant colonel in the **Israel Defense Forces**, said in an interview with *The Epoch Times*.

The **U.S. Centers for Disease Control and Prevention (CDC)** and the WHO issued guidelines that there was no need for wearing masks in the general public, he pointed out.

But in 2020 following the COVID-19 outbreak, recommendations on mask-wearing around the world suddenly changed “without having any new professional support to confirm that it does indeed have effectiveness against respiratory infection.”

Now the Epoch Times reports that **a systematic review of 2,168 studies** that looked into the adverse

effects of wearing masks during the COVID-19 pandemic has found that the practice led to negative health consequences, including itching, headaches, and restriction of oxygen.

“We found significant effects in both medical surgical and N95 masks, with a greater impact of the second,” states the review, published in the “Frontiers in Public Health” on April 5. A meta-analysis of multiple studies found that headache was the “most frequent symptom” among mask wearers, with a prevalence of 62 percent for general mask use and up to 70 percent when using N95 masks. Shortness of breath was observed at 33 percent for general mask use and 37 percent among N95 users.

While 17 percent of surgical mask wearers experienced itching, this number was at 51 percent among users of N95. Acne prevalence among mask users was at 38 percent and skin irritation was at 36 percent. Dizziness was found to be prevalent among 5 percent of subjects.

“Masks interfered with O₂-uptake and CO₂-release and compromised respiratory compensation,” the review states. “Though evaluated wearing durations are



shorter than daily/prolonged use, outcomes independently validate mask-induced exhaustion-syndrome (MIES)” and other long-term consequences, especially for vulnerable groups.

The restriction of oxygen uptake and hindrance in carbon-dioxide release was identified as more significant among users of N95 masks. The review also said that several mask-related symptoms may have been misinterpreted as symptoms of long COVID. “In any case, the possible MIES contrasts with the WHO definition of health,” it states, referring to the World Health Organization.

It suggested that the side effects of face masks be assessed based on risk-benefit analysis after taking into consideration their effectiveness against viral transmissions. If “strong empirical evidence” showing the effectiveness of masks is absent, the study recommended that wearing masks should not be mandated, “let alone enforced by law.”