

How Fauci Fooled America

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When the pandemic hit, America needed someone to turn to for advice. The media and public naturally looked to Dr. [Anthony Fauci](#)—the director of the National Institute of Allergy and Infectious Diseases, an esteemed laboratory immunologist and one of President [Donald Trump](#)’s chosen COVID advisers. Unfortunately, Dr. Fauci got major epidemiology and public health questions wrong. Reality and scientific studies have now caught up with him.

Here are the key issues:

Natural immunity. By pushing vaccine mandates, Dr. Fauci ignores naturally acquired immunity among the COVID-recovered, of which there are more than 45 million in the United States. Mounting evidence indicates that natural immunity is stronger and longer lasting than vaccine-induced immunity. In a study from Israel, the vaccinated were 27 times more likely to get symptomatic COVID than the unvaccinated who had recovered from a prior infection.

We have known about natural immunity from disease at least since the Athenian Plague in 430 BC. Pilots, truckers and longshoremen know about it, and nurses know it better than anyone. Under Fauci’s mandates, hospitals are firing heroic nurses who recovered from COVID they contracted while caring for patients. With their superior immunity, they can safely care for the oldest and frailest patients with even lower transmission risk than the vaccinated.

Protecting the elderly. While anyone can get infected, there is more than a thousand-fold difference in mortality risk between the old and the young. After more than [700,000 reported COVID deaths](#) in America, we now know that lockdowns failed to protect high-risk older people. When confronted with the idea of focused protection of the vulnerable, Dr. Fauci admitted he had no idea how to accomplish it, arguing that it would be impossible. That may be understandable for a lab scientist, but public health scientists have presented many [concrete suggestions](#) that would have helped, had Fauci and other officials not ignored them.

What can we do now to minimize COVID mortality? Current vaccination efforts should focus on reaching people over 60 who are neither COVID-recovered nor vaccinated, including hard-to-reach, less-affluent people in rural areas and inner cities. Instead, Dr. Fauci has pushed vaccine mandates for children, students and working-age adults who are already immune—all low-risk populations—causing tremendous disruption to labor markets and hampering the operation of many hospitals.

School closures. Schools are major transmission points for influenza, but not for COVID. While children do get infected, their risk for COVID death is minuscule, lower than their already low risk of dying from the flu. Throughout the 2020 spring wave, Sweden kept daycare and schools open for all its 1.8 million children ages 1 to 15, with no masks, testing or social distancing. The result? Zero COVID deaths among children and a COVID risk to teachers lower than the average of other professions. In fall 2020, most European countries followed suit, with similar results. Considering the devastating effects of school closures on children, Dr. Fauci's advocacy for school closures may be the single biggest mistake of his career.

Masks. The gold standard of medical research is randomized trials, and there have now been two on COVID masks for adults. For children, there is no solid scientific evidence that masks work. A Danish study found no statistically significant difference between masking and not masking when it came to coronavirus infection. In a study in Bangladesh, the 95 percent confidence interval showed that masks reduced transmission between 0 percent and 18 percent. Hence, masks are either of zero or limited benefit. There are many more critical pandemic measures that Dr. Fauci could have emphasized, such as better ventilation in schools and hiring nursing home staff with natural immunity.

Contact tracing. For some infectious diseases, such as Ebola and syphilis, contact tracing is critically important. For a commonly circulating viral infection such as COVID, it was a hopeless waste of valuable public health resources that did not stop the disease.

Collateral public health damage. A fundamental public health principle is that health is multidimensional; the control of a single infectious disease is not synonymous with health. As an immunologist, Dr. Fauci failed to properly consider and weigh the disastrous effects lockdowns would have on cancer detection and treatment, cardiovascular disease outcomes, diabetes care, childhood vaccination rates, mental health and opioid overdoses, to name a few. Americans will live with—and die from—this collateral damage for many years to come.

In private conversations, most of our scientific colleagues agree with us on these points. While a few have spoken up, why are not more doing so? Well, some tried but failed. Others kept silent when they saw colleagues slandered and smeared in the media or censored by Big Tech. Some are government employees who are barred from contradicting official policy. Many are afraid of losing positions or research grants, aware that Dr. Fauci sits on top of the largest pile of infectious disease research money in the world. Most scientists are not experts on infectious disease outbreaks. Were we, say, oncologists, physicists or botanists, we would probably also have trusted Dr. Fauci.

The evidence is in. Governors, journalists, scientists, university presidents, hospital administrators and business leaders can continue to follow Dr. Anthony Fauci or open their eyes. After 700,000-plus COVID deaths and the devastating effects of lockdowns, it is time to return to basic principles of public health.

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