

Fauci's Flip Flops



Science is almost never “settled.” Science is a collection of hypotheses and theories that are challenged repeatedly to determine whether they can withstand re-examination with new tools, techniques, and methodologies.

Over the course of history, hypotheses and theories have been abandoned when the results or conclusions were later found to be based on falsified data, faulty methodology, or were not reproducible by other researchers. Often, this process takes years, particularly when findings quickly congeal into consensus – as was the case with the purported link between vaccines and autism (indeed, vaccine-induced autism is the poster child for debunked theories).

But COVID “science” is being reversed – and reversed again – at a dizzying pace. At the center of these flip flops is none other than Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, member of the White House Coronavirus Task Force and avowed Hydroxychloroquine Hater.

With the notable exception of hydroxychloroquine (HCQ), Fauci has, um... *adjusted* all of his talking points. He's been on every side of every important question about containment, mitigation, and treatment of COVID-19 – and he's not alone.

That Was Then, This Is Now: Face Masks

March 2: U.S. Surgeon General Jerome Adams warned that wearing face masks could increase risk of contracting COVID-19, and advised non-healthcare workers to “stop buying masks.”

April 1: In an article published in *The New England Journal of Medicine* (NEJM), a group of Harvard public health experts wrote: “Wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to COVID-19 as face-to-face contact within 6 feet with a patient with symptomatic COVID-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching COVID-19 from a passing interaction in a public space is

therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”

April 3: Centers for Disease Control and Prevention (CDC) recommended that healthy people – who may be asymptomatic or “pre-symptomatic” – wear cloth face coverings in public settings like groceries and drug stores where maintaining six-feet social distancing is not possible. The purpose of wearing a mask was to protect asymptomatic transmission to vulnerable populations like the elderly, particularly in communities experiencing significant outbreaks.

April 5: Asked by a reporter during the then-daily White House Coronavirus Task Force briefing why he was not wearing a face mask, Fauci offered the *opposite* explanation as the CDC’s about the value of being masked: “The major reason to wear a face mask, is to protect you from infecting you,” adding that he had tested negative for COVID-19 the day before.

April 6: Surgeon General Adams had changed his mind, and was demonstrating how to make cloth masks.

May 27: Fauci reversed himself, telling CNN’s Jim Sciutto he wears a mask in public “because I believe it is effective. . . . I do it when I am in public for the reason that I want to protect myself and protect others, and also because I want to make it be a symbol for people to see that that’s the kind of thing you should be doing.”

May 28: Since the onset of the pandemic, the World Health Organization (WHO) advised against healthy people wearing face masks, and reiterated its recommendation that people without COVID-19 symptoms need to wear a mask *only* when caring for someone who has contracted the virus. Those who are coughing or sneezing should also wear a mask.

That Was Then, This Is Now: Stay Home, Save Lives

March 15: A group of 22 public health professionals published an open letter in *USA Today* recommending steps to mitigate COVID-19 spread to ensure adequate hospital capacity to care for stricken patients, that included the advice to “STAY AT HOME as much as possible. . . . even if you have no symptoms. That

means avoiding playdates, sleepovers, bars, restaurants, parties or houses of worship. Avoid all crowds.”

May 19: A group of 600 physicians sent a letter to President Trump calling state lockdowns that have kept businesses closed and kids home from school a “mass casualty incident” with “exponentially growing health consequences” and urging him to reopen the country.

May 20: An Italian study contradicted conventional wisdom that keeping elders socially isolated from their families has a protective effect against contracting and dying from COVID-19.

May 21: The head of trauma at John Muir Medical Center in Walnut Creek implored California Governor Gavin Newsom (D) to end his lockdown orders because “we’ve seen a year’s worth of suicide attempts in the last four weeks.”

May 22: A J.P. Morgan strategist published a report concluding that “flawed scientific papers” panicked governments into imposing “inefficient or late” lockdowns administered with “little consideration that they might not only cause economic devastation but potentially more deaths than COVID-19 itself . . . the fact that re-opening did not change the course of the pandemic is consistent with studies showing that initiation of full lockdowns did not alter the course of the pandemic either.”

The same day, Fauci changed his mind about the lockdowns in an interview with CNBC’s Meg Tirrell: “We can’t stay locked down for such a considerable period of time that you might do irreparable damage and have unintended consequences, including consequences for health.”

May 26: A month after reopening gyms, hair and nail salons, and parks, Georgia hasn’t seen the spike in new COVID-19 cases public health experts warned about. The same is true in Florida after the state began easing lockdown restrictions on May 4 – as well as in Arizona, Colorado, and other states.

May 30: Dr. John Carlo, former medical director of Dallas County’s health department, told *The Dallas Morning News* that looters, rioters, and arsonists laying waste to entire neighborhoods nationwide are less at risk of contracting or passing on COVID-19 than people attending an indoor gathering (like a church

service, maybe?).

That Was Then, This Is Now: Surface Contamination

March 17: A study published in *NEJM* suggested that COVID-19 can remain infectious on surfaces for hours to days under consistent laboratory conditions (room temperature, 65 percent humidity). For instance, coronavirus was viable on cardboard for up to 24 hours, and on plastic and stainless steel for up to 72 hours.

March 26: CDC notes, “Current evidence suggests that [COVID-19] may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.”

May 22: CDC updates its guidance: “It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.”

That Was Then, This Is Now: HCQ

March 28: Food and Drug Administration (FDA) issued an emergency use authorization (EUA) allowing HCQ and chloroquine (CQ) to be used to treat certain patients hospitalized with COVID-19.

April 24: FDA warned that HCQ and CQ, alone or combined with azithromycin, are associated with heart rhythm problems and issued a warning that they should be “limited to clinical trial settings or for treating certain hospitalized [COVID-19] patients under the EUA.

April 27: The Arizona chapter of the Association of American Physicians and Surgeons sent a letter to Governor Doug Ducey asking him to rescind his executive order forbidding prophylactic use of CQ or HCQ based on “clear and convincing evidence of benefit both pre-exposure and post-exposure.” A press

release announcing the letter states that studies show the drugs can “decrease the number of days when a patient is contagious, reduce the need for ventilators, and shorten the time to clinical recovery.”

May 19: After President Trump divulged that he had begun taking HCQ prophylactically after his butler tested positive for coronavirus, FDA Commissioner Stephen Hahn said, “The decision to take any drug is ultimately a decision between a patient and their doctor.” By the way, on May 26, El Salvador President Nayib Bukele said he also uses HCQ prophylactically, and that “most” world leaders do as well.

May 22: *The Lancet* published a retrospective observational study that found no therapeutic benefit associated with HCQ or CQ, and increased risks of ventricular arrhythmias and in-hospital death with COVID-19.” As a result, WHO suspended its clinical trial of HCQ on May 27.

May 30: More than 160 clinicians, medical researchers, statisticians, and ethicists worldwide signed an open letter addressed to *The Lancet* pointing to serious problems with the study design and data sets underlying the findings. “In the interests of transparency” they requested the pre-publication peer review comments on the manuscript be made public.

That Was Then, This Is Now: Second Wave

April 29: During a White House Coronavirus Task Force presser, Fauci said a second wave of coronavirus in the United States is “inevitable,” and that if states ease lockdown restrictions too soon new infection rates could skyrocket and deaths could outpace projections.

May 27: Fauci said, “I want people to really appreciate that [a second wave] could happen, but it is not inevitable. If we do the kinds of things that we’re putting in place now, to have the workforce, the system, and the will to do the kinds of things that are the clear and effective identification, isolation and contact tracing, we can prevent this second wave that we’re talking about.”

That Was Then, This Is Now: COVID Antibodies

April 14: David Walt, professor of pathology at Harvard Medical School, told *Bloomberg News*, “There is no proof at this point that the development of an antibody response will be protective. There is no evidence yet that people can’t be re-infected with the virus.”

April 24: WHO issued a statement warning that “There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.”

April 25: WHO walked back its April 24 statement: “We expect that most people who are infected with #COVID-19 will develop an antibody response that will provide some level of protection.”

April 29: A study published in *Nature Medicine* found that people who recovered from COVID-19 developed antibodies against re-infection within two to three weeks of the onset of symptoms.

May 12: Asked by Senator Rand Paul (R-Ky.) during a Senate hearing whether recovering from coronavirus confers immunity to re-infection, Fauci said, “[W]hen you have antibodies present it very likely indicates a degree of protection . . . but natural history studies over a period of months to years will then definitively tell you if that’s the case.”

That Was Then, This Is Now: When a Vaccine Will be Available

March 3: Fauci pooh-poohed the idea of speeding up development of a vaccine against COVID-19: “The whole process is going to take a year, a year and a half, at least.”

May 18: Biotechnology firm Moderna released preliminary phase-one clinical trial data showing its COVID-19 vaccine was safe and produced protective antibodies in eight healthy volunteers ages 18 to 55 years old.

May 22: Fauci told NPR, “I think it is conceivable . . . that we could have a vaccine that we could be beginning to deploy at the end of this calendar year, December 2020, or into January 2021.”

May 27: Fauci predicted on CNN that “We have a good chance—if all the things fall in the right place—that we might have a vaccine that would be deployable by the end of the year, by November-December.”

May 29: Moderna’s vaccine enters phase-two clinical trials. Roughly 600 participants in eight states were recruited, half of them between 18 and 55 years old and half older than 55. They will be tracked for 12 months after receiving either a placebo or two doses of the vaccine 28 days apart.

Scientists are still trying to figure out this never-before-seen virus, so we should cut them some slack. Unfortunately, public health officials seize on each study finding to refute or validate policy and guidelines that they seem to be making up as they go along.

Not to be outdone, politicians are spewing contradictory and seemingly capricious edicts issued in the name of “science.” For instance, Mayor Eric Garcetti told Los Angeles beachgoers that it’s “safe” to be on wet sand but not on dry sand, whereas New York City Mayor Bill De Blasio said the opposite and threatened to have police forcibly remove people from the water.

Americans are understandably starting to question the judgment of public health officials and elected officials, and losing patience with nonsensical prohibitions on planting a garden, getting a mammogram, and joining their congregation in worship.

Thousands of people around the country are taking to the streets to demand that their states reopen schools, small businesses, and workplaces. Some intrepid business owners whose communities are not coronavirus hot spots are also defying lockdown orders – even at the risk of license suspension or being jailed.

The science is “evolving,” and the demands of Americans to resume their lives are as science-based – if not more so – as the prohibitions, they are seeking to have rescinded.

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Ruth Papazian

Ruth Papazian is a Bronx-based health and medical writer, and a political junkie.

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