Single Point Failure II: The Role of Dr. Anthony Fauci in the Destruction of the National Pandemic Plan

Introduction

From 3 February 2020 through the post-inauguration transition period in 2021, I was tasked with providing almost daily outside scientific considerations to the Executive Office of the President of the United States. From a front-row seat, I watched in disbelief as a small number of senior federal employees defied orders and their oaths, joining forces with a biased mainstream media to destroy a validated National Pandemic Plan. This plan had its origins and testing in 2000 [1], crafted into its final form in 2005, and updated in 2017.

At the center of this controversy is a drug called Hydroxychloroquine (HCQ).

The evidence for the effectiveness of HCQ for the treatment of early COVID-19 is overwhelming (Figure 1). [2] Misconceptions about the safety profile of this inexpensive drug when administered early in the infection *(before a patient develops a shortness of breath that requires hospitalization and supplemental oxygen)*, has been dispelled by peer-reviewed research on early COVID patients. This was reinforced in August 2020 when early COVID-infected patients were given multiple electrocardiograms during a 5-day course of HCQ therapy. [3] **There was no change in their heart conduction after HCQ treatment…None.**

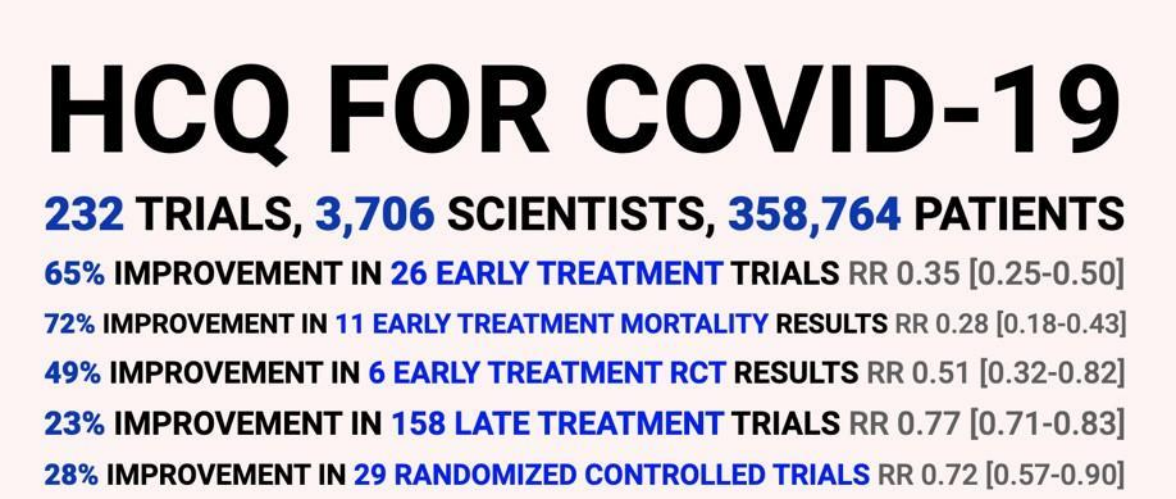

Figure 1. A recent analysis published on April 4, 2021 demonstrates that that HCQ is highly effective for COVID-19 when used early, based on a real-time meta-analysis of 232 clinical studies. [4]

In Part One of the Single Point Failure paper *(pub, 28 April 2021; PCEN MEDIA INC.)*, I outlined the blatant insubordination perpetrated by Rick Bright PhD and Dr Janet Woodcock MD to multiple layers of leadership including the White House, the Secretary of HHS, and the Assistant HHS Secretary for Preparedness. [5] (page 43)

The actions of these two federal employees began the rapid destruction of the U.S. National Pandemic Plan which included early HCQ treatment of COVID patients based on clinical suspicion *(def. physician judgment without laboratory testing)*; Case-Contact tracing *(usually within households)*; and the establishment of local *Neighborhood Emergency Help Centers* and *Alternate Care Sites* to manage community infections efficiently and effectively without overloading area hospitals. In a few short weeks, this well-crafted pandemic plan was replaced with a false doctrine that included prolonged population lockdowns resulting in devastating unemployment and the abandonment of effective early outpatient drug treatment in favor of mass vaccinations using experimental vaccines with uncertain efficacy and safety.

Throughout this crisis, Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health ("NIH"), has appeared to have little understanding of the National Pandemic Plan.

Demonstrating his ignorance of the urgency for a rapid pandemic response, he assembled a "conflicted" COVID-19 Treatment Panel to conduct lengthy clinical trials for anti-viral drugs. [6] Dr. Fauci had known some of these panel members for years, with the most prominent members having worked on HIV (AIDS) therapies years before, and not on coronaviruses (causing COVID-19). Any findings of the Panel (new COVID drugs) would then have to be approved by the FDA's Center for Drug Evaluation and Research resulting in months if not years of delays. The Director of this Center was Dr. Janet Woodcock MD. Her role in the destruction of the outpatient use of HCQ was outlined in Part One of this report.

Considering the numerous conflicts-of-interest infecting these governmental agencies, there should have been an independent, mixed, panel of scientists and clinicians tasked with providing oversight. The COVID-19 Task Force of which Dr. Fauci was a member, proved inadequate for this purpose. He ignored the positive effects of early-use HCQ that were being observed in COVID patients by investigators in multiple countries and he refused to acknowledge the fact that patients given early outpatient treatment with the drug were largely avoiding hospitalization. [7]

In a heated White House Situation Room meeting on 4 April 2020, Dr. Fauci refused to consider the use of HCQ for COVID-19 treatment. He dismissed the ever-accumulating positive reports from China, South Korea, and France as being simply *"anecdotal"*. In response, frustrated senior White House advisor Dr. Peter Navarro flung my HCQ report with attached research across the table at him yelling, *"this is science – not anecdotal information"*. [8]

Who is Dr. Anthony Fauci MD?

Dr. Fauci, is a medical doctor with an internal medicine residency completed a half century ago. He brought bureaucratic vaccine and clinical trial experience to his position on the COVID-19 Task Force. However, he had no practical experience in managing a fast-moving acute respiratory pandemic. Nevertheless, at the beginning of the U.S. COVID response, he quickly positioned himself to become America's de-facto pandemic *"Czar"*. The mainstream media embraced him because he argued with President Trump,

and they further elevated his status by exaggerating his actual level of knowledge and expertise.

To naïve, ignorant journalists, he became the nation's anointed infectious disease expert. However, Dr Fauci is no stranger to medical controversy, and his history of bad decisions coupled with his strategy of *"empire building"* at the NIH proved to be disastrous once again.

In 1987, he had been the subject of significant discussion with his decision regarding the drug combination of *Pentamidine* and *Bactrim*, used to treat a deadly lung infection in AIDS patients. [9]

During the AIDS crisis, physicians began using an inexpensive antibiotic called *Bactrim* as a prophylaxis to prevent AIDS victims from developing Pneumocystis carinii pneumonia (PCP). This use was pioneered by Dr. Walter Hughes at St. Jude Research Hospital who had used the antibiotic to prevent PCP in immune-compromised children. There was evidence that the antibiotic should be used as a prophylaxis whenever the recurrence rate of PCP for a given condition was over 15 percent. The recurrence rate of PCP in HIV-positive patients was *over 60 percent*. Despite the science, Dr. Fauci declined to conduct a clinical trial for Bactrim in AIDS patients. Activist Richard Jefferys stated that Dr. Fauci *"went as far as telling AIDS activists attending a 1987 meeting that there was no data to suggest PCP prophylaxis was beneficial and that it may, in fact be dangerous."* [10] Ultimately, the matter was resolved two years later when the independent company Lyphomed, fueled by public donations, bypassed Dr. Fauci and his multi-million-dollar NIH drug-testing system, and conducted a successful clinical trial. Unfortunately, in the interim, 16,929 AIDS patients died horribly from fatal PCP infections.

In 2014, Dr. Fauci demonstrated either his ignorance of infectious diseases or his willingness to bow to political pressure when on national television, he supported the inaccurate concept that a single pair of gloves was safe for nursing Ebola patients. In reality, *double* gloving is a basic precaution for dealing with any dangerous communicable disease. His promotion of this practice and other glaringly inaccurate recommendations nearly resulted in

the death of two nurses from Ebola infection, and the rapid implementation of corrective protocols by the CDC. [11]

By January 2020, the first ***recognized*** case of COVID-19 appeared on US soil. By mid-March, research studies from China, South Korea and later France, were demonstrating that the early use of HCQ could have a major effect in COVID patients. Dr. Fauci was once again disinterested in this emerging scientific evidence, and he continued his apparent focus on a singular option: the compound Remdesivir that was in clinical trial in China. With this action, he failed in his primary task of informing the President of possible solutions to an out-of-control pandemic. *Remdesivir* is administered intravenously over several days requiring hospitalization, and thus it played no role in halting the spread of the COVID virus in communities. Curiously, many members of the COVID-19 Treatment Panel at NIH had both declared and undeclared conflicts-of-interest with the drug or the company that patented it Gilead Sciences. [6]

Dr. Fauci demanded what he called the *"gold standard"* NIH-compliant, randomized, controlled clinical trials (RCT) for any COVID drug. This is the same argument he made back in the 1980's concerning new AIDS drugs resulting in the deaths I previously quantified. It is apparent that Dr. Fauci is nothing if not consistently wrong in his medical assessments and administration of public health practices. Conducting prolonged and expensive RCT during an explosive pandemic is idiotic. This is further supported by current peer-reviewed medical literature, as well as a comprehensive Cochrane Study and several papers by a former CDC Director. If there are good observational studies for a drug, with good study design and modern statistics, a lengthy RCT is not necessary during a fast-moving global infectious disease outbreak. [12]

By April 2020, the number of papers showing a positive benefit for early HCQ therapy were at a level of statistical significance that could not be ignored, and the magnitude of benefit in some of the HCQ observational trials was so overwhelming, the results were unlikely to be due to simply a lack of randomization. In this respect, Dr. Fauci was himself was refusing to *"follow the science"*. Soon there were enough observational studies to indicate that

intentionally withholding the early use of HCQ in a high-risk patient with COVID for a clinical study, could lead to death. An early outpatient RCT for HCQ use in COVID, could be considered unethical.

This begs the question: Why would Dr. Anthony Fauci, purportedly THE foremost authority on infectious diseases; ignore the science in favor of promoting Remdesivir, an ineffective drug treatment later discredited by the WHO; resulting in the explosive spread of COVID-19 causing countless deaths in the United States and abroad?

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