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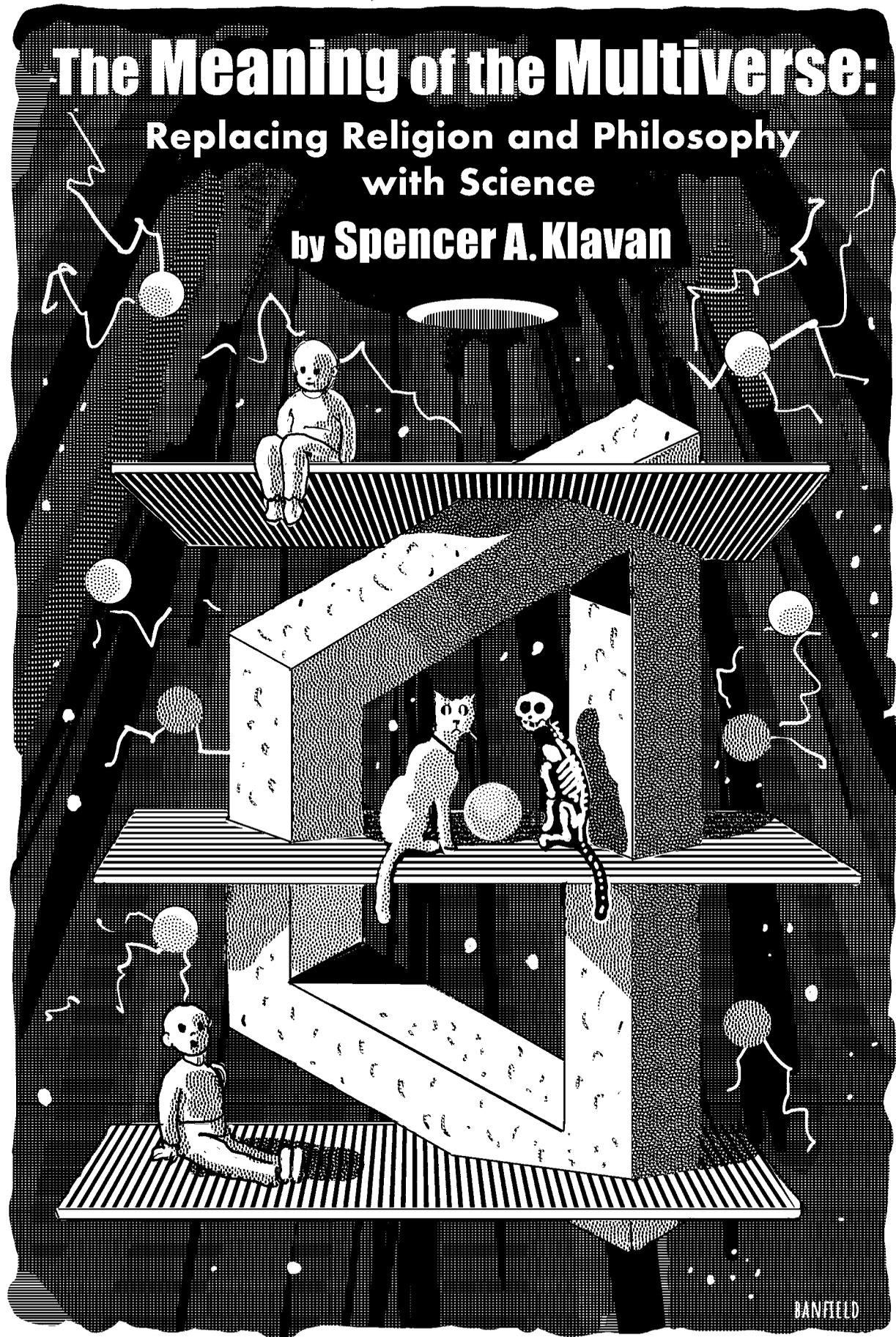
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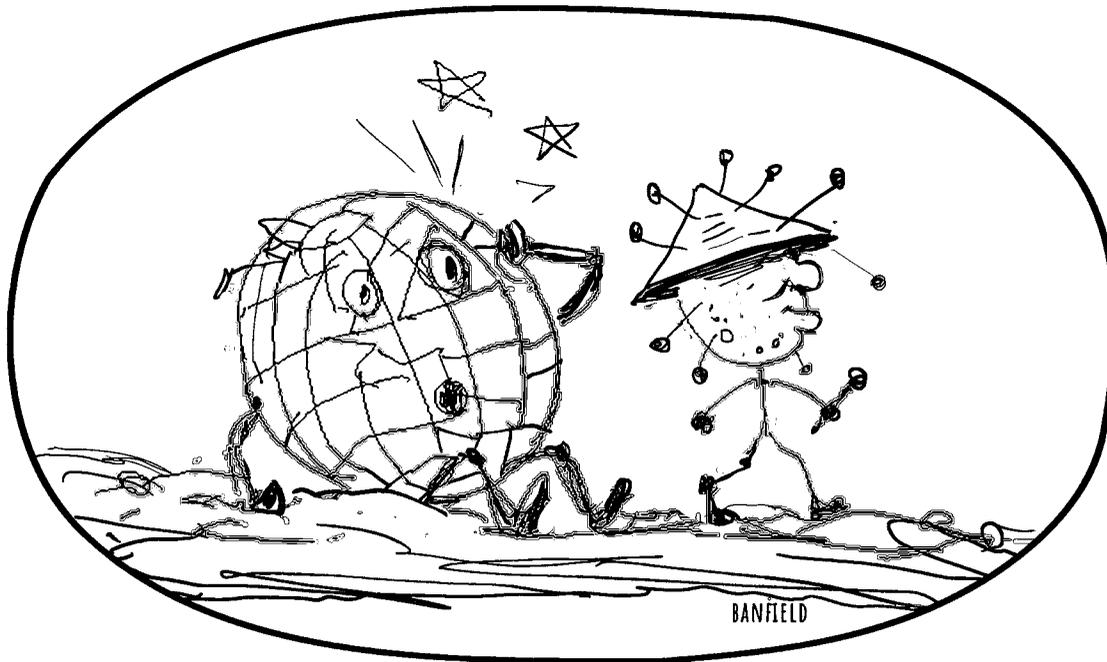


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Book Review by Theodore Dalrymple

WHAT'S UP, DOC?

The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health,
by Robert F. Kennedy, Jr. Skyhorse Publishing, 480 pages, \$32.50



JUST AS THE WAR IN UKRAINE CALLED forth many people's inner military strategist, so the COVID-19 pandemic called forth many people's inner epidemiologist. Never before had medical statistics been examined by so many with such close attention. People started to look at the numbers of daily deaths in the obsessive way that traders look at stock prices. The certainty with which they put forward their own analysis of the problem was not necessarily proportional to the strength of the evidence in its favor, and many held divergent positions with an almost religious fervor.

If there is one lesson that the pandemic ought to have taught, it is intellectual modesty. Unfortunately, this is not the main characteristic of Robert F. Kennedy, Jr.'s *The Real Anthony Fauci*. Kennedy refers to his career as a tort lawyer as if this stood as a guarantor of righteousness, and accordingly wherever bad motives can be imputed to those with whom he disagrees, he imputes them. He lives in a world in which there are fighters for truth (he and those with whom he agrees) and conspirators who are in the pay either of Bill Gates or the pharmaceutical companies, or both. That there is skulduggery in the world and much that is murky which only

time will reveal is true, but Kennedy's book has all the objectivity of *The Protocols of the Elders of Zion*.

I WAS MYSELF SKEPTICAL OF MUCH OF what was done in the name of public health. When I went from France to the Netherlands at the height of the lockdown, for example, all shops in France except for groceries were closed, whereas they were open in the Netherlands, where nevertheless there was a curfew. What could have been the scientific basis for this discrepancy? Masks were first deemed useless and then obligatory, more in accordance with their availability than with the evidence for or against their efficacy.

Kennedy, however, is not skeptical but suspicious and even paranoid. He sees conspiracy everywhere and sprays his insults about like confetti. For example, he calls Neil Ferguson, the epidemiologist at Imperial College, London, a scammer without providing the slightest proof of dishonesty on his part. (I suppose this does not count as libel because it is common abuse.) Toward the end of the book, he says that in his projections of mortality rates Professor Ferguson was off by more than an order of magnitude,

which is simply not true. He said that if his suggested policies were not followed, there might be up to 500,000 deaths in Britain. There have in fact been 175,000 deaths in Britain attributed to COVID, which is not an order of magnitude different from his worst-case projection (and some of his suggested policies were followed, though whether they did any good is another question).

Although Kennedy accuses many of dishonesty—many times with many epithets, presumably on the grounds that vehemence reinforces truth—he is far from scrupulous in the matter of truth himself. He needlessly exaggerates over and over again, damaging his own case. “Dr. Fauci,” he writes, “doesn't do public health. By every metric, his fifty-year regime has been a catastrophe for American health.” But this is absurdly, if characteristically, hyperbolic. In Kennedy's own argument, public health depends on much more than medical care. But if we take two “metrics,” life expectancy and infant mortality rate, the former increased by nine years and the latter decreased by almost three quarters during that “catastrophe” that lasted half a century. This may not be as good as in some other countries, but it is not what is normally understood as a catastrophe.

WHEN I LOOKED UP AT RANDOM five of the medical papers Kennedy cites, I found that he had misrepresented all of them. For example, an Argentinian trial which he describes as randomized and controlled specifically says in its text that it was unrandomized. In another instance, he claims “[t]he UK government’s latest Office for National Statistics report on mortality rates by COVID vaccination status shows that for age-adjusted mortality rate, the death rate by October was higher among the vaccinated than the unvaccinated.” This is misleading. There are only numbers, no rates: Kennedy evidently believes in numerators without denominators. Furthermore, the age-adjustment to which he refers was not exactly fine-honed: it divided the population into those under 50 and those over 50. This is important, given the age distribution of risk of death. And Kennedy omits the following from the paper:

Two doses of vaccine remain highly effective, with 60-80 per cent effectiveness against infection, 90-99 per cent effectiveness against hospitalization, 90-95 per cent against mortality, and 65-99 per cent against symptomatic disease.

In another case, he cites a trial that he claims showed a “dramatic” effect of the drug ivermectin. Again, it showed no such thing; one would have to be a hysteric to call the effect dramatic. What’s more, the trial was of 12 patients in each arm, so it was practically useless from a statistical point of view, even had the results been less trifling and more dramatic than they were.

He contradicts himself. He spends pages denying that HIV causes AIDS, and then says that he believes that it does. He calls America’s media “bought, brain-dead and scientifically illiterate,” and then frequently quotes from the *New York Times*, the *Washington Post*, and the *Wall Street Journal*, as well as from television channels.

He is no great scientific thinker himself. He assumes that Koch’s postulates (formulated to determine whether a particular microbe causes a disease) are still universally upheld in their original form, which they are not; and very early in the book he gives what

he calls “Anthony Fauci’s report card,” which consists of raw death rates per million from COVID-19 of 19 countries, with the United States the worst and Tanzania the best (Dr. Fauci being responsible for the former). He shows no awareness that these figures require some qualification, in fact so many qualifications that they are useless as presented, and evidence only of his own scientific illiteracy or his extreme *parti pris*.

HE ASSERTS THINGS THAT ARE simply not true. For example, he says that Ukraine’s low death rate from COVID is attributable to the availability there of hydroxychloroquine. In fact, Ukraine has a high death rate from COVID.

He claims that the measures taken against the pandemic—lockdown, social distancing, etc.—caused far more deaths than the disease itself. A glance at the Nightingale Diagram of Mortality for England and Wales (at www.cebm.net) should have been enough to alert him to how implausible (to put it mildly) his claim is. The dramatic increase in deaths, rising to twice their normal rate for two or three weeks, followed by an equally precipitous fall back to normal, was precisely what one would expect of an epidemic of infectious disease. The diagram does not tell us the cause of the excess deaths, of course, or how many years of human life were lost—a baby dying at 6 months causes the loss of as many human life-years as the deaths of 80 85-year-olds—but the excess deaths occurred at precisely the time that hospitals were almost overwhelmed by patients with the disease.

Kennedy makes wild claims for the efficacy of two drugs, hydroxychloroquine and ivermectin, further alleging that they have not been used because of the Judeo-Masonic—sorry, the Pharmaco-Fauci-Bill-Gates—conspiracy. He several times calls them miracle drugs, which should alert us to the fact that we have entered the realm of religious belief rather than that of normal therapeutics. He calls Professor Didier Raoult’s studies on hydroxychloroquine “powerful” when, again, they were nothing of the kind, but—from the scientific point of view—useless. He makes much of the fraud practiced on or by the *Lancet* with regard to hydroxychloroquine, but nothing of the frauds perpetrated on the

other side. He makes much of the need for disinterested Cochrane reviews but fails to mention the Cochrane review of ivermectin which came to the conclusion that there was no evidence of its efficacy (but also none of harmfulness). In short, what he writes reads as the pleading of a tort lawyer—which, of course, is what Mr. Kennedy is.

IT IS A PITY THAT THE BOOK IS SO FULL OF errors and gross misrepresentations that nothing the author says can be taken as true unless known for certain to be so by the reader, because there are indeed many questions to be answered about the pandemic, its origins, and the worldwide response to it. It is rare that conspiracy theorists such as Kennedy have absolutely no evidence in support of what they say, albeit that they make two plus two equal a thousand. For example, Kennedy’s damnation of remdesivir seems to me justified. When I read a paper in the *New England Journal of Medicine* (*NEJM*) about this drug, I thought that the paper was so bad that it smacked more of stock manipulation than of medical science: and then, of course, the question arose as to how so obviously worthless a paper could have been published in the first place, especially when the *NEJM* must receive scores of better papers hoping for publication every week. I am not in a position to answer this question definitively, but I would not be human if I had no suspicions.

Future social and economic historians, if there be any, will study this pandemic as closely as the Black Death has been studied (though the latter caused incomparably more deaths). All things considered, populations accepted heavy restrictions and abrogation of their freedoms, to which they were supposedly deeply attached, with surprising docility. Protest was extremely limited (it might not be again if the same restrictions were re-imposed). Limitation of medical freedom to prescribe and piecemeal censorship were imposed, again with very little protest. This book, however, will be of very little use to future historians, except as an example of the strain of extreme paranoia that is an ineradicable, but not admirable, part of human nature in response to crisis.

Theodore Dalrymple is a physician and psychiatrist, and a contributing editor to City Journal.

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