

Robert F. Kennedy Jr. and the Progressive American Critique of Pandemicism

A Review of 'The Real Anthony Fauci'

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No single work has influenced the American alt-Covid discussion as much as Robert F. Kennedy's [The Real Anthony Fauci](#), an extended attack on the medical-industrial complex and its purported kingpin, recently-retired National Institute of Allergies and Infectious Diseases director Anthony Fauci. Across 450 pages of narrow margins and densely-set type, Kennedy argues that the entire Covid pandemic unfolded as a second act to the AIDS scare from the 1980s and 1990s. In Kennedy's view, Fauci played a key role managing both pandemics, to steer massive profits into the coffers of corrupt pharmaceutical companies by pushing harmful proprietary drugs over vastly less profitable but more effective remedies, leading in both cases to untold unnecessary mortality.

Kennedy's discussion of Covid is split between the opening and the concluding sections of his long book. Chapter 1 on "Mismanaging a Pandemic" - at 100 pages, a small monograph unto itself - argues that most if not all of American Covid mortality arises from Fauci's cynical suppression of early treatments like Ivermectin and Hydroxychloroquine. The final two chapters expand the narrow focus of this opening barrage, by tracing the history of "phony epidemics" like the 2009 Swine Flu that have occurred under Fauci's watch (Chapter 11), as well as the strange tradition of pandemic wargaming, from Dark Winter to Event 201 (Chapter 12).

The middle chapters are wholly different. They draw on long-standing progressive critiques of Fauci's role in the AIDS pandemic, particularly his promotion of expensive and dangerous antiviral drugs like AZT over much cheaper and more readily available treatments (Chapters 2-4); his alleged role in cementing the scientific orthodoxy of HIV as the cause of AIDS over the views of "heretics" like Peter Duesberg (Chapters 5-6); ethical scandals surrounding AIDS drug trials (Chapter 7); and the campaign to reduce the maternal transmission of AIDS in Africa with Nevirapine, which culminated in the firing of key AIDS Division policy director Jonathan M. Fishbein (Chapter 8). Thereafter the focus shifts to the "Philanthrocapitalism" of the Bill and Melinda Gates Foundation in Africa (Chapter 9) and the questionable success of and controversies plaguing Gates-supported vaccination initiatives there (Chapter 10).

There's a reason this review has been much announced and much delayed: While Kennedy's book is highly readable, it covers a great deal of ground, and presents a complex series of arguments that it's taken me two readings to understand fully. This has been worthwhile, insofar as it's improved my perspective on the broader Covid debate in America, and the leading dissident voices there. A recurring thesis of the plague chronicle, is that Europe – and specifically Italy – is ground zero for Corona in the West. The American response happened somewhat later and from its earliest moments was much more deeply politicised, and this has inevitably left its mark on *TRAF*, in ways that are sometimes salutary, but sometimes also limiting.

Because much of what follows will be devoted to exploring my disagreements with Kennedy's thesis, I will open with words of praise:

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Above all, the focus that Kennedy brings to bureaucratic actors like Fauci is absolutely correct and vitally important. All of our countries spent years subject to the tyranny of an arbitrary gaggle of Corona tsars, unelected and very often unofficial advisors who became the public face of pandemic policies and the incarnation of The Science for hysterical journalists and terrified television-bound Covidians sheltering at home. This phenomenon arises from the fact that the pandemic represented in almost all of our countries a kind of bureaucratic coup, as the institutional apparatus seized the initiative from the political arm of the state. While this isn't exactly the argument that Kennedy makes, his focus is in exactly the right place, and *TRAF* includes excellent discussions of the dynamics at work, alongside good, detailed and heavily-cited accounts of how bureaucratic actors like Fauci amassed their power in the first place.

Second, Kennedy is absolutely right to point out that pandemic policies involved an enormous amount of dishonesty, scientific fraud, and misrepresentation, none of it

redounding to the health or well-being of anybody. While I differ on the details and the purpose of this massive exercise in deception and medical malpractice, one of the most vital things to understand about the pandemic (and pandemicism in general) is that it's not about human health. It's a bunch of antisocial, fundamentally unhealthy, illogical and insane policies that never had any hope of suppressing a virus. These policies were defended and implemented via the authority of avatars for The Science like Fauci, who "encouraged his own canonization and the disturbing inquisition against his blasphemous critics," and at one point even famously declared that "'Attacks on me ... quite frankly, are attacks on the science'" (xvii).

Third and finally, *TRAF* is best seen as an attempt to revive an older, increasingly forgotten progressive tradition of regime-critical activism and thought. It is one massive reminder, page after page, that many of the very same left-leaning Americans currently worshipping at the altar of St. Fauci were, not that long ago, openly opposed to the machinations of public health bureaucrats and deeply sceptical of heavily promoted proprietary pharmaceuticals. They were some of the first to complain about things like regulatory capture and exorbitant pharma profits. The entire Western world has undergone a massive political transformation since 2020, one which has conveniently aligned compromised regulators, powerful corporations, and their erstwhile leftist critics, and Kennedy is one of very few left-leaning progressives to have taken notice.

But this is also where my praise must end, because I think there are important limitations to Kennedy's perspective here, and that this is a strength that also entails some substantial weaknesses.

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TRAF was not the book I expected. On first reading, I was surprised to find that key pandemic policies such as lockdowns and mask mandates play such a small part in his account, as do the misuse of propagandised disease statistics to terrorise the populace, gain-of-function research and the origins of SARS-2, the failed predictions of virus modellers, the overuse of ventilators and many other themes in this vein. To be sure, Kennedy acknowledges and condemns all of this, but the bulk of his analysis is focused elsewhere. I was also surprised to find that such a well-known vaccine sceptic should have so little to say about the Covid vaccines, confined mostly to a brief discussion of pathogenic priming in Chapter 1.

In many ways, those chapters that Kennedy devotes to Corona are his least impressive and original. His argument here is heavily indebted to American critics of pandemic policy like Pierre Kory, Ryan Cole and especially Peter McCullough, who are quoted in extenso to make the case for early treatment and the dire consequences of its suppression. Kennedy is at his strongest in the middle sections of *TRAF*, on Fauci's role in the AIDS crisis. Here citations to contemporary reporting abound, and while he covers controversial ground - like Duesberg's thesis that HIV is not the cause of AIDS - his approach is entertaining and also in many ways careful and sensitive to a broad range of possibilities.

Kennedy shares the view of many gay activists that much early AIDS mortality is to be laid at the feet of public health managers like Fauci, who were more interested in promoting expensive proprietary antivirals than saving lives, leaving the gay community to fend for itself (149f.):

[B]ustling networks of community-based AIDS doctors mushrooming in cities like San Francisco, Los Angeles, New York, and Dallas [became] specialists in treating the symptoms of AIDS. As Dr. Fauci swung for the fences – the miraculous new antiviral ‘cure’ for AIDS – these community doctors were achieving promising results with off-label therapeutic drugs that seemed effective against the constellation of symptoms that actually killed and tormented people with AIDS. These included off-the-shelf remedies like ribavirin, alpha interferon, DHPG, Peptide D, and Foscarnet for retinal herpes; and Bactrim, Septra and aerosol pentamidine for AIDS-related pneumonias.

The toxic Fauci-promoted antiviral azidothymidine, or AZT – which HIV sceptics like Duesberg invoke to explain early AIDS mortality – becomes in Kennedy’s telling a direct precedent for the failed and toxic antiviral Remdesivir, which Fauci and others promoted as a Covid treatment according to the very same “worn rabbit-eared playbook” (67) from the AIDS era. In this analysis, ivermectin and hydroxychloroquine are cast accordingly as the 21st-century counterparts to the off-the-shelf drugs procured for informal AIDS treatment by the buyers’ clubs of activist legend.

This brings me to the most serious disagreement I have with my many American readers. Just as I’m very sceptical that the Covid vaccines were any kind of success, I am also unconvinced that early treatments could have significantly ameliorated or stopped the pandemic. This doesn’t mean I’m happy with their suppression; doctors should be given wide latitude to treat diseases as they see fit. But, I don’t believe that this is the central knot in the pandemic tapestry, and I cannot bring myself to believe, like many of Kennedy’s informants, that any of these proposed treatments are likely to be “miraculous.”[1]

Kennedy is surely right in suspecting that attacks on ivermectin and hydroxychloroquine were related in part to the heedless promotion of Remdesivir, but I also can’t buy the associated thesis of regulatory wrangling to pave the way for vaccine emergency use authorisations. The pandemicists violated all kinds of laws and rules in their eccentric three-year crusade, and fudging an EUA would rank among their lesser offences. I’d also suggest that respiratory viruses like SARS-2 and influenza are an old, pervasive phenomenon, which afflict livestock as well as humans and against which a century of obsessive research has uncovered no very effective remedies. I know there are studies that show the opposite, but there are also studies that show the vaccines are safe and effective. Because Covid isn’t actually that dangerous and wasn’t even that transmissible before Omicron, a lot of interventions, from masks to lockdowns, will at times seem to work, and I have no trouble believing that doctors who eschewed first-wave over-ventilation of patients saw substantially better results for that reason alone.

But the empirical question, of what we can reasonably hope that any specific drug will achieve, is for me almost a side issue. Far graver is the framing that the entire discourse on early treatments assumes. The advocates whom Kennedy quotes and people like Fauci appear to be in agreement not only that Covid presented a serious danger, but that it was a *problem to solve*. They differ merely on the solutions, with public health technocrats on the side of lockdowns, masks, vaccines and remdesivir; and early treatment advocates on the side of ivermectin and hydroxychloroquine. This has uncomfortable consequences, as when Kennedy uncritically cites Covid mortality statistics to demonstrate Fauci’s failure in pandemic management, or when he attributes falling mortality to things like the authorisation of hydroxychloroquine. This is exactly how pandemic managers themselves argued, and I submit this entire ideological system around viruses as a thing to prevent and manage – whether via ivermectin or masks or anything else – is the root of all evil. This is a

natural blindspot for progressive critics of pandemic policy like Kennedy, who generally support the mission of modern bureaucratized liberal democracies; it's why he laments the "global war on ... public health" in his subtitle. After the hell of the past three years, I think there are few things we ought to welcome more enthusiastically than a war on public health, which is no longer by or for the public and no longer about health.

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As I said above, *TRAF* includes some excellent discussions of the malign public health bureaucracy that rules us. The managers who dominate our institutions are manifestly not selected for their vision, their compassion or their scientific knowledge, but rather for their abilities to ascend byzantine bureaucratic hierarchies and defend their positions in them. Thus we read (132) that

[Fauci's] gifts were his aptitude for bureaucratic infighting; a fiery temper; an inclination for flattering and soft-soaping powerful superiors; a vindictive and domineering nature towards subordinates and rivals who dissented; his ravenous appetite for the spotlight; and finally, his silver tongue and skilled tailor.

Kennedy also provides a wealth of apposite remarks on what he calls the "medical cartel," namely the complex and intertwined system of "pharmaceutical companies, hospital systems, HMOs and insurers, the medical journals, and public health regulators" (135), along with a detailed and well-cited analyses of how this system works (120):

Dr. Fauci's drug development enterprise is rife with ...corrupting conflicts. Most Americans would be surprised to learn, for example, that pharmaceutical companies routinely pay extravagant royalties to Dr. Fauci and his employees and to NIAID itself. Here's how the royalty system works: Instead of researching the causes of the mushrooming epidemics of allergic and autoimmune diseases ... Dr. Fauci funnels the bulk of his \$6 billion budget to the research and development of new drugs. He often begins the process of funding initial mechanistic studies of promising molecules in NIAID's own laboratories before farming the clinical trials out to an old boys' network of some 1,300 academic "principle investigators" ... who conduct human trials at university affiliated research centers and training hospitals, as well as foreign research sites. After these NIAID-funded researchers develop a potential new drug, NIAID transfers some or all of its share of the intellectual property to private pharmaceutical companies, through HHS's Office of Technology Transfer. The University and its PIs can also claim their share of patent and royalty rights, cementing the loyalty of academic medicine to Dr. Fauci.

He also rehearses standard and useful left-leaning critiques of major philanthropists like Bill Gates, with an equal awareness of the broader system in which they participate and the dividends their apparently charitable activity pays them (291):

Gates strategically targets [the Bill and Melinda Gates Foundation's] charitable gifts to give him control of the international health and agricultural agencies and the media, allowing him to dictate global health and food policies so as to increase profitability of the large multinationals in which he and his foundation hold large investment positions. Following such tactics, the Gates Foundation has given away some \$54.8 billion since 1994, but instead of depleting his wealth, those strategic gifts have magnified it. Strategic philanthropizing increased the Gates Foundation's capital corpus to \$49.8

billion by 2019. Moreover, Gates's personal net worth grew from \$63 billion in 2000 to 133.6 billion today. Gates's wealth expanded by \$23 billion just during the 2020 lockdowns that he and Dr. Fauci played key roles in orchestrating. ...

In 2017, the *Huffington Post* observed that the Gates Foundation blurs "the boundaries between philanthropy, business and nonprofits" and cautions that calling Gates's investment strategy "philanthropy" was causing "the rapid deconstruction of the accepted term.

These are, again, attacks from a forthrightly progressive perspective, which is fine and in view of Kennedy's audience maybe even a strength, but I see these matters in broader terms.

What we have before us are not so much hierarchies, with managers like Fauci at the top commanding an army of loyal principal investigators in the trenches, as they are complex densely interconnected networks of personal and institutional relationships and loyalties, which extend beyond the institutional confines of government agencies to embrace broad swathes of academia, NGOs, pharmaceuticals, and philanthropists. When money flows in one direction across a given node, power very often flows in the other direction. NIAID grants are a way of extending the institutional influence of the public health institutions to academia, while academics and pharmaceuticals are in turn increasingly important in often informal and difficult-to-assess roles in formulating policy. This is one instance of a pervasive phenomenon I have returned to many times, namely the diffusion of political power downwards, out of the bureaucratic institutions and into an ever wider range of corporate, university and media actors.

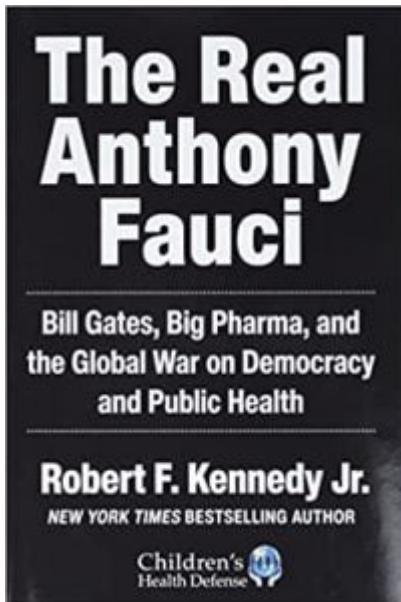
It is a complicated system, not a fiefdom managed by any single person, and while I accept that there may be rhetorical advantages in focusing critique on a single emblematic personality like Fauci, there is also a cost in the concomitant tendency to overstate the importance of specific individuals. The "quarantine of the healthy" which "would kill far more people than COVID" can't be laid entirely or even primarily at Fauci's feet; nor was he alone responsible for "obliterat[ing] the economy, plung[ing] millions into poverty and grievously wound[ing] constitutional democracy globally" (xviii). Fauci is one face of a widely distributed bureaucratic consensus, and his personal significance, while surely substantial, is also often obscure.

To take one of many possible examples, it wasn't Fauci who "dispatched the handpicked elite of virology's officer corps to draft and sign the consequential editorials published in *Nature* and *The Lancet* ... assuring the world that the lab leak hypothesis was a 'crackpot' conspiracy" (297). As [later emails leaks](#) (not available to Kennedy at the time of writing) seem to suggest, he was merely one participant in a broader discussion involving Jeremy Farrar and key virologists, and far from the most active contributor. From the partial view that we have, it seems that Christian Drosten, not Fauci, was the most strident voice in favour of natural origins early on. Relatedly and in another connection, I find the oft-repeated thesis - hardly original to Kennedy - that "Gates controls the WHO" (300) or that he exercises "dictatorial authority" (302) over the global vaccinator cabal known as GAVI far too limited. Gates's agenda with respect to third-world medical interventions and vaccines is not even all that original. This is an agenda he supports to transform some of his wealth into social and cultural regard. Gates is a follower even more than he is a leader.

One cost of this focus, is the fact it sidelines a lot of key actors whose motivations to this

day await adequate explanation. This is especially the case with Neil Ferguson at Imperial College, who is cast in his all-too-brief cameo here as a mere agent of Farrar and Bill Gates (361f.). Ferguson's role in promoting virus panic over decades is a crucial one, and it's probably not a good idea to discount him as the mere agent of other, bigger men.

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Summing up, I would say there's a narrowness in the approach that *TRAF* takes to the pandemic, which is easy to miss because Kennedy's scope is so broad in other respects. The final chapters on "Hyping Phony Epidemics" and "Germ Games" read like efforts to include topics otherwise excluded by the internal logic of Kennedy's argument. It's absolutely right and necessary to draw attention to the failed panic mongering of the pandemic establishment, and there's a particularly valuable account here of the overhyped 1976 Swine Flu, which all too many (including myself) have neglected. Far more important for understanding Corona, however, are very real outbreaks like SARS-1 in Asia from 2003/4 and Ebola in West Africa from 2014. These events drew vast funding and attention to the pandemicist programme and made their virus apocalypse scenarios much more credible in the eyes of the public. The most proper precedents and parallels to the 2020 Covid response lie here, rather than with the AIDS crisis that first brought Fauci to prominence.

In Kennedy's final chapter, meanwhile, Fauci all but disappears in favour of new personalities like Peter Daszak and Robert Kadlec. Here, the civilian bureaucrat responsible for organising the catastrophic pandemic response is displaced by much different theses about the biosecurity aspects of pandemic wargaming and Covid as "a military project" (from 433). I find that the book is at its weakest in these pages. Particularly the discussion of pandemic wargaming is too superficial; as I've said many times, what's significant about these exercises is not that they planned mass containment policies in advance, but precisely that overtly coercive virus suppression is missing from them. They often toy with the prospect of authoritarian measures, it is true, but a sensitive reading shows that they do so largely to provoke handwringing histrionic discussions about the importance of civil liberties. Mass containment was not Fauci's invention, but an insanely repressive and largely theatrical exercise in virus suppression that originated in China, to which Fauci was a relatively late convert.

Because these matters are fairly far from Kennedy's most central concerns, I don't want to

press too hard here; and to those readers who are irritated, I'll extend at the end of this review the concession that has been implicit throughout: Kennedy is a long-time political activist, and it's probably true that his approach has important tactical advantages. My concerns are much more empirical. I want to understand the pandemic response, how it arose and how it persisted for so long. It's up to other people to find the most effect ways to discredit pandemic policies before the voting public.

There is one point that I won't concede, though, and that the plague chronicle will insist upon so long as there are still bits flowing through the internet. This is that the overgrown overcomplicated self-serving bureaucracies of Western states must be kept, in future, as far as possible from preventing or mitigating virus outbreaks. The problem is not that they alighted upon the wrong solution in this case; it is that they assumed the project of solving pervasive seasonal respiratory viruses in the first place. Even if ivermectin worked as well as its advocates argue, the technocratic leviathan would hardly be satisfied with that, and the reason is not merely pharmaceutical profits. It's the predilection of our institutions for intractable problems and highly complicated solutions via which they justify their own existence and ensure their propagation and the expansion of their jurisdiction. Once they get ahold of something like a virus, which spreads via social contact, you will see nothing but the proliferation and brutal enforcement of anti-social anti-human policies again and again.

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Note

[1] The assertion occurs repeatedly in the first chapter, where I wish the argument were much more moderate. See p. 8, where Pierre Kory claims that "The efficacy of some of these drugs as prophylaxis is almost miraculous"; p. 17, where we hear that "McCullough used his own money ... to teach doctors the miraculous benefits of early treatment with HCQ and other remedies"; p. 18, for Ryan Cole on the "miraculously effective medicines to treat this virus"; p. 24 for "miraculous results following early treatment with HCQ"; p. 39 on the "miraculous efficacy" of ivermectin; p. 46 about Andrew Hill's research supporting "IVM as a miraculous cure for COVID"; p. 52, where Tess Lawrie is found "endorsing the miraculous efficacy of IVM"; p. 56, where a "dying woman miraculously began to recover" following the administration of ivermectin; p. 62, for McCullough once more on ivermectin as "a molecule that is miraculously effective against parasites and viral infections along multiple pathways and mechanisms of action."

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