

Coronavirus: Why Is Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, Lying to Congress and the American People?

By [Target Liberty](#)

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Region: [USA](#)

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Dr. Anthonu Fauci, the director of the National Institute of Allergy and Infectious Disease, testified before Congress on Wednesday and said that the Wuhan coronavirus (COVID-19) is "10 times more lethal than seasonal flu."

Dr. Fauci, the director of the National Institute of Allergy and Infectious Diseases:

"People always say the flu does this, the flu does that..."

COVID-19 is "10 times more lethal than seasonal flu"

"I think that's something that people can get their arms around & understand."
pic.twitter.com/43zp90silf

— Breaking911 (@Breaking911) [March 11, 2020](#)

He doesn't know this, it is a flat out lie that only fuels the current hysteria about COVID-19.

Any honest scientist studying the disease will tell you that it is unknown as to what the death rate from the virus is because we don't have enough data on cases that are mild, where people might have thought they had a cold or just the common flu and didn't report to a healthcare facility.

Dr. Jeremy Samuel Faust, an emergency physician at Brigham and Women's Hospital and an instructor at Harvard Medical School, has [written](#):

The public is behaving as if this epidemic is the next Spanish flu, which is frankly understandable given that initial reports have staked COVID-19 mortality at about 2-3 percent, quite similar to the 1918 pandemic that killed tens of millions of people.

Allow me to be the bearer of good news. These frightening numbers are unlikely to hold. The true case fatality rate, known as CFR, of this virus is likely to be far lower than current reports suggest. Even some lower estimates, such as the 1 percent death rate recently mentioned by the directors of the National Institutes of Health and the Centers for Disease Control and Prevention, likely substantially overstate the case.

We shouldn't be surprised that the numbers are inflated. In past epidemics, initial CFRs were floridly exaggerated. For example, in the 2009 H1N1 pandemic some early estimates were 10 times greater than the eventual CFR, of 1.28 percent. Epidemiologists think and quibble in terms of numerators and denominators—which patients were included when fractional estimates were calculated, which weren't, were those decisions valid—and the results change a lot as a result. We are already seeing this. In the early days of the crisis in Wuhan, China, the CFR was more than 4 percent. As the virus spread to other parts of Hubei, the number fell to 2 percent. As it spread through China, the reported CFR dropped further, to 0.2 to 0.4 percent. As testing begins to include more asymptomatic and mild cases, more realistic numbers are starting to surface.

Indeed, in areas where testing appears to be more aggressive, the CFR number is much lower. In Germany, the number is almost in line with the flu at 0.15 percent.

Below is a much more sound way of presenting the current situation, via Dr. William Schaffner, Professor of Preventive Medicine in the Department of Health Policy as well as Professor of Medicine in the Division of Infectious Diseases at the Vanderbilt University School of Medicine.

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