



LETTER TO
THE EDITOR

COVID: Orthodoxy or Conspiracy: Can the Center Hold?

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The conversation¹ between Walach and Bobrow about *The Real Anthony Fauci. Bill Gates, Big Pharma, and the Global War on Democracy and Public Health* by Robert F. Kennedy, Jr., deserves to be continued. It raises quite general issues about the role of science in modern society and the influence of politics. The two questions posed by Walach are a useful framework for discussion:

Is it true that we were faced with a “pandemic”?

Can we really trust our institutions?

A large factor in the contemporary dilemmas about COVID is that disagreeing groups offer their various dogmatic answers that are seemingly influenced more by guesswork and political attitudes than by facts of the matter.

The reality is that currently available data are not sufficiently complete or reliable to answer the first question. As Walach points out, the magnitude of the infection fatality rate (IFR) is a critical issue, and currently available data are inadequate, in particular as to the variation of IFR with age *and a detailed comparison of those numbers with the corresponding numbers for other respiratory infections*. Another important needed comparison with other infections is the overall excess mortality, where reliable data are again not yet available; that latter comparison is quite crucial in order to avoid distracting arguing about the basis for reporting COVID deaths, which varies by geographic region within countries as well as between countries and over time.

It does seem undeniable that *something relatively new* started happening towards the end of 2019, but it remains uncertain exactly what that has been, in particular whether it is radically different from the usual “flu season.” The information promulgated by official agencies and the popular media is simply not yet reliable or complete.

That does present an answer to the second question, however: We cannot trust our institutions on this matter because they do not really know what they are talking about. That has been demonstrably obvious since expert advice and official actions have been different in different places and at different times: convincing, let alone conclusive, data are not yet available for deciding even in retrospect how effective or counterproductive were the various measures taken in different places such as masking, social distancing, closing of schools, and more.

A strong additional reason for not trusting the orthodox view is that the same authorities were wrong and continue to be wrong about HIV and AIDS. In particular, virology as a whole became unreliable over “HIV” by:

- adopting tests for which there is no gold standard because the virus itself has never been isolated in pure form from a supposedly infected individual without the intervention of purported amplification by growth in a culture medium
- enshrining the presence of apparent antibodies as proof of active infection
- unproven reliance on PCR as a supposed proof of active infection and measure of viral load

The contrarian claim that the very existence of the “HIV” virus has never even been established is increasingly supported by the lack of success *over four decades* to make a vaccine against it.

A significant point regarding COVID is the lack of cooperation and transparency from China, as well as the seeming inability of the Chinese authorities themselves to handle whatever is going on.

However, a strong argument against conspiracy theories is that incompetence is so much more common than active malice. There is also the sheer improbability that a conspiracy coordinated among Bill Gates, Anthony Fauci, the World Health Organization, and other actors and institutions could remain unexposed for a couple of years by leaks from internal whistleblowers.

Active malice is fortunately not common, but it is exemplified by Putin over Ukraine. It is not unlikely that deliberate spreading of misinformation about COVID is also occurring at Putin’s behest, for example, the allegation that the United States has bio-weapons-research institutes inside Ukraine.

That illustrates the damaging influence of politics on matters of fact and science. One clear example of such influence over COVID is the case of Scott Atlas, who was for a brief few months an advisor in the Trump administration. Politically left-leaning media denigrated

Atlas as unqualified and motivated by right-leaning political attitudes rather than by factual evidence; yet undeniable credentials show that Atlas was eminently qualified on matters of public health, and the record also shows that he criticized COVID orthodoxy from the very beginning, long before he joined the Trump Administration.²

Political preferences do unfortunately influence science in general nowadays.^{3,4} For instance, dissent from HIV/AIDS or climate-change orthodoxy gets published (other than in the *Journal of Scientific Exploration*) only in politically right-of-center outlets.⁵

NOTES

¹ Book review commentaries in *Journal of Scientific Exploration*, 36(1), pp. 195–201.

² Scott Atlas, “Will trust return?” in: *A plague upon our house: My fight at the Trump White House to stop COVID from destroying America*. Bombardier Books, 2021. https://www.youtube.com/watch?v=4mtz-GBgbS0&list=PLhYf_udPMpwyT6HUDD-vxjnC75diQVdpw&index=1&t=3186s

³ Anna I. Krylov, The peril of politicizing science, *J. Phys. Chem. Letters*, 12 (2021) 5371–5376. <https://pubs.acs.org/doi/full/10.1021/acs.jpcllett.1c01475>; <https://quillette.com/2021/12/18/scientists-must-gain-the-courage-to-oppose-the-politicization-of-their-disciplines>

⁴ Climate-change beliefs are politically and not scientifically determined. <https://scimedskptic.wordpress.com/2015/05/09/climate-change-beliefs-are-politically-and-not-scientifically-determined/>

⁵ For example: Henry H. Bauer, The mystery of HIV/AIDS, *Quadrant*, July–August 2006, 61–3; HIV tests are not HIV tests, *Journal of American Physicians and Surgeons*, 15(2010), 5–9; Fact checking is needed in science also, *Academic Questions*, 34(2021), 18–30.