Admission of guilt by the American health bureaucracy regarding mistakes in coronavirus measures and reorientation towards ‘autoimmunity’

Personnel changes within the US health authorities have resulted in new priorities. Jay Bhattacharya has been director of the National Institutes of Health since 2025, the super-agency that conducts its own research and funds much of the research in the US through large programmes. In addition, Anthony Fauci was replaced by Jeffery Taubenberger as director of the National Institute of Allergy and Infectious Diseases (NIAID) after a brief interim period.

The coronavirus measures were wrong and have damaged the reputation of the NIH and science

In an editorial in *Nature Medicine* describing the new direction of this institute, Bhattacharya, Taubenberger and their co-author Powers now clearly distance themselves from basically everything that constituted pandemic management in the US and, as a result, almost the entire world [1].

The authors write:

“… many of the recommended policies, including lockdowns, social distancing, school closures, wearing masks and vaccine mandates, lacked robust confirmatory evidence and remain the subject of debate about their overall benefits and unintended consequences. Where enforced, vaccine mandates contributed to decreased public confidence in routine voluntary immunizations. We recognize that much of the American public lost trust in the NIAID, the National Institutes of Health (NIH; of which the NIAID is a part), and in the greater scientific community. As current leaders of the NIH and the NIAID, we acknowledge this breach of trust…”

Let us pause for a moment to consider these words. They describe nothing less than the acknowledgement that the core elements of the so-called ‘*pandemic response*’, i.e. the political response to the pandemic, were devoid of scientific basis.

It is time for our editorial writers, press commentators, politicians, and judges to take note of this fact. These words are the equivalent of an admission of guilt, a kind of scientific ‘nostra culpa, nostra culpa, nostra maxima culpa – through our fault, through our fault, through our most grievous fault’, as they say in the Catholic Church.

This is nothing new for Bhattacharya. While he was still a professor of health economics at Stanford, he co-authored several critical studies with his colleague Ioannidis [2, 3]. He co-initiated the Great Barrington Declaration, which was published on 4 October 2020 and quickly received more than half a million signatures from scientists and doctors, and now has more than 940,000 signatures. It called for careful consideration, protection of the elderly and no blanket measures. If people had listened to him and his supporting colleagues back then, many things would certainly have turned out differently.

But for health policy as a whole, this statement in Nature Medicine is revolutionary. The acknowledgement that an entire political strategy had been misguided for years is a rarity in the political landscape. Usually, there is a barely noticeable backtracking. Not here. Here, there is a complete reversal. The other, earlier priorities of the NIAID are also being scrapped. These included ‘civil bio-defence and pandemic preparedness’ and several other priorities. The only priority that is being retained is the focus on HIV and AIDS. The HIV epidemic was one of Fauci’s daring exploits at the time. With it, he managed to bring his institution, which was on the verge of dissolution, back into the limelight and thus into the flow of money, as various authors have pointed out [4, 5].

Autoimmunity and vaccination

The second focus is a big one. It has always been there, but somewhat in the background. Now it is moving into the spotlight: the epidemic of autoimmune diseases. The authors have recognized that the real problem of our time in the Western world is no longer infections and pandemics, even if the WHO and others, along with a poorly informed, compliant press, would have us believe otherwise. The real concern is autoimmune diseases, which are triggered by excessive medical treatment, xenobiotics, i.e. substances that are new and foreign to humans, and misguided hygiene. Autoimmune diseases are poorly researched and the proverbial elephant in the room. It is courageous of Taubenberger and Bhattacharya not only to focus on this issue, but also to dare to name it.

This is because the main cause is the accumulation of vaccination programmes, primarily in the United States, but now also in Europe. No one knows for sure because it has been very poorly researched. There are no studies that would observe vaccinated and unvaccinated children in randomised long-term studies. And the non-randomised studies that Kennedy and Hooker recently summarised [6] speak for themselves: Unvaccinated children are consistently healthier.

This was also shown by a study recently made public through a court case [7]. The lead author, Zervos, an infectious disease specialist at Wayne State University in Detroit, had conducted the study because he had been provoked to do so by vaccine-sceptical parents.

They had asked him to test the claim that vaccinated children were healthier. This was made possible by the large insurance system of the Henry Ford Health System in Detroit. All 18,468 children born between 2000 and 2016 and insured in this system were included in the study and observed for at least two years, most for longer. The insurance system keeps data on diseases and vaccinations for all children treated in the system. It was found that the incidence rate ratio, i.e. the risk of contracting a disease standardised to 1 million patient years, was higher for vaccinated children in all categories. Overall, the risk of developing any chronic disease was 2.5 times higher for vaccinated children. For autoimmune diseases and developmental disorders, the risk was 6 times higher. If we add the atopic diseases asthma and neurodermatitis, the risk was also 4 and 2.6 times higher, respectively.

It is particularly interesting that this study was never published regularly, even though a manuscript obviously prepared for publication is available. We do not know whether it was not published because some journal editors rejected it and the authors no longer wanted to pursue it, or whether it was never submitted for other reasons. I asked the author, but did not receive a reply.

This is just a small glimpse from below at the belly of the elephant in the room. With their editorial, Taubenberger and Bhattacharya have opened a big door. If they want to carefully investigate the causes of autoimmunity, there is no way around asking, scientifically, with the help of careful studies: what exactly are the advantages and disadvantages of the huge vaccination programme to which children in Western countries are exposed.

It is anything but clear that these are only beneficial. My colleague Andreas Sönnichsen has just pointed this out in an open letter to Health Minister Warken: The risk of suffering vaccine damage as a result of a measles vaccination is approximately 200 times higher than the lifetime risk of suffering damage from the disease itself. This is probably due to the various adjuvants that must be added to all vaccines in order for the immune system to respond to the vaccination at all. In the past, methyl mercury, which is extremely toxic, was often added to vaccines for preservation purposes [8]. Today, it is mainly aluminium compounds that are problematic, especially when they enter the organism of infants in excessively high doses [9-11].

Bhattacharya and colleagues are thus heralding a new era in health research. The fact that they begin with a frank admission of guilt is encouraging. I hope for them and for us that the elucidation of autoimmunity will indeed become a central issue in the future, and for the long term. This could bring about a decisive change in the state of public health. At the same time, they have declared war on the most powerful enemy one can have apart from the military-industrial complex: the big pharmaceutical giants. For they have understood that in

the future, the only way to make really big money is to monetise the healthy body, from the very beginning and throughout life. This works through vaccinations. If the person still gets sick, there is a second lever for creating value. If you take away the first one, the second lever becomes much shorter. And the returns dwindle. Will it work? I would be delighted if it did.

P.S.:
I have just received news that two US organisations, ‘Children’s Health Defence’ and the medical organisation ‘Stand for Health Freedom”, are suing the ‘American Academy of Paediatrics’ based on US Mafia laws (RICO – Racketeer Influenced Corrupt Organisation). The reason: it has allowed itself to be bought by the pharmaceutical industry, ignored warnings about the lack of safety of vaccines and intimidated whistleblowers. Since US Health Secretary Kennedy is behind ‘Children’s Health Defence’, this is a court case that could bring down this ‘vaccine empire’, as Robert Malone calls it.

Sources and Literature

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