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Seventy Thousand Deaths and One Contested Inference

A source-weighted read of the partisan COVID-19 mortality gap, and what it can and cannot settle about Anthony Fauci

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About this report

Every substantive claim in this report carries an evidence classification and, where applicable, a numbered source. Facts are separated from vendor claims, third-party estimates, the author's assessments, and untested hypotheses. Forward-looking sections use scenarios with observable tripwires rather than point forecasts. Stated assumptions are listed before the analysis begins.

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Scope and evidentiary standard

This assessment examines a single widely circulated graphic and the four separate claims packed into it: that the 20 percent of Americans living in the most pro-Trump counties suffered roughly 70,000 more COVID-19 deaths than the 20 percent in the most pro-Biden counties; that the cause was refusal to mask and vaccinate; that those who died bear responsibility for it; and that Anthony Fauci is therefore not the villain. Each is a different kind of claim, and each needs a different kind of evidence.

Two features of this subject require unusual discipline. First, almost every source is politically situated, including the peer-reviewed ones, because academic public health as a field is not politically neutral in its priors even when its methods are sound. Second, the underlying question is causal, and the headline statistic is not. Raw county comparisons cannot separate behavior from age structure, chronic disease burden, poverty, or hospital access, and the same finding can be genuine and badly overstated at the same time.

The approach here is to weight sources by design quality rather than by masthead, to state which direction each source's institutional interest would push it, and to say plainly where the evidence supports part of a claim and not the rest. Numbers reported by advocacy outlets or partisan committees are labeled as such and are never used to carry a conclusion on their own. Where a figure exists only in second-hand form, it is marked and no argument rests on it.

Label	Definition	How to treat it
FACT	Verifiable in the cited primary source: a filing, press release, official documentation, or standards body announcement.	Reliable as stated. Check the source if the exact wording matters.
VENDOR CLAIM	Reported by a vendor about its own business or product. Self-measured	The vendor said it. Directionally useful, not a measurement. Definitions of the metric are

Label	Definition	How to treat it
	and not audited by any third party.	usually undisclosed.
THIRD-PARTY ESTIMATE	A research firm forecast or survey result. Methodology is proprietary and generally not reproducible.	Use for direction and order of magnitude only. Do not build a model on it.
ASSESSMENT	The author's reasoned judgment from the cited evidence. Falsifiable, and the reasoning is shown so it can be argued with.	This is analysis, not reporting. Disagree with it where your evidence differs.
HYPOTHESIS	A proposition offered for testing. Not currently supported by sufficient evidence to assert.	Treat as a research question, not a conclusion. Each one names what would confirm or refute it.
SCENARIO	A structured future state with a stated subjective probability. The probability is the author's judgment, not a calculated figure.	Use the leading indicators attached to each, not the probability. The indicators are observable; the probability is not.

Assumptions this analysis rests on

Assumption one. Reported COVID-19 death counts, while imperfect, are not systematically biased by county partisanship in a way large enough to manufacture the observed gap. If this is wrong, the entire literature collapses, not just the graphic. The strongest check on it is that the individual-level excess mortality study reaches a directionally similar answer using all-cause deaths rather than cause-coded COVID deaths, which is a different and less manipulable measurement.

Assumption two. County partisan vote share is a usable proxy for community-level behavior during the pandemic. If it is instead mostly a marker for rurality and poverty, then the county studies are measuring economic geography and calling it politics. The Wave 4 model that controls for poverty, education, insurance, physician supply, pre-pandemic mortality, and age at once, and still finds partisanship with the largest effect, is the main reason to keep this assumption.

Assumption three. The two states with usable linked voter and mortality files, Florida and Ohio, are informative about the country. This is the weakest assumption in the report. The study authors flag it themselves, and their own results split by state in a way that should make anyone cautious. Any conclusion below that depends on national generalization from those two states is labeled as assessment or hypothesis, never as fact.

Assumption four. The question of whether a partisan mortality gap existed is separable from the question of whether any particular official performed well. Almost every commentator on this topic treats those as one question. This report treats them as two, and that choice drives the final section.

Executive summary

The graphic contains one accurate number, one partially supported causal claim, one moral assertion the data cannot adjudicate, and one non sequitur. Sorting them apart is the whole exercise.

FINDING 1 The 70,000 figure is real, correctly attributed, and narrower than it sounds.

> **FACT** Pew Research Center divided US counties into five groups of roughly equal population by 2020 presidential margin and found that the most pro-Trump group had experienced nearly 70,000 more COVID-19 deaths than the most pro-Biden group. The data run through February 28, 2022, come from The New York Times county series, and are raw counts with no adjustment for age, chronic disease, income, or health care access. Pew itself attributes the pattern to mitigation and vaccine uptake, demographic differences, and other factors correlated with partisanship, in that order. [1]

FINDING 2 A partisan mortality gap survives individual-level design, which is the finding that matters.

> **FACT** Linking 2017 Florida and Ohio voter files to 538,159 individual death records and adjusting for age, county, and state, researchers found excess death rates 15 percent higher for registered Republicans than registered Democrats across the pandemic. This is not a county average. It compares people of the same age in the same state in the same week, which defeats the standard objection that red counties are simply older. [3]

FINDING 3 The gap opened after vaccines, not during the masking era.

> **FACT** Before all adults were vaccine eligible, the adjusted difference was negative 0.9 percentage points, with a prediction interval crossing zero. After open eligibility it was positive 7.7 points, or 43 percent higher excess mortality among Republican voters. The gap was concentrated in counties with the lowest vaccination rates. This is the single most important temporal fact in the literature and it supports one half of the graphic's causal claim while undercutting the other half. [3]

FINDING 4 The strongest study's effect is concentrated in Ohio and is not significant in Florida.

> **FACT** Pooling March 2020 to December 2021, Republican voters in Florida did not show a statistically significant excess death rate relative to Florida Democrats. The headline result is carried by Ohio. Florida is the state most identified with rejecting mandates, which means the cleanest natural test of the governance-driven version of the story does not return the expected answer. [3]

FINDING 5 Republican-leaning counties were already dying faster before COVID existed.

> **FACT** Between 2001 and 2019 the age-adjusted all-cause mortality gap between Republican-voting and Democratic-voting counties widened from 16.7 to 107.1 deaths per 100,000, driven by heart disease, cancer, and chronic lower respiratory disease. Any raw pandemic county comparison inherits this pre-existing divergence. The 70,000 figure is therefore an upper bound on the behavioral component, not an estimate of it. [5]

FINDING 6 After full adjustment, partisanship still carries the largest single coefficient, which is the strongest evidence for the graphic.

> **ASSESSMENT** A county model of the Delta-Omicron wave controlling for age composition, pre-pandemic mortality, poverty, education, race, insurance, broadband, physician supply, and prior case rates found that a one standard deviation increase in Trump vote share was associated with about 20 additional deaths per 100,000, a larger effect than age structure, poverty, or vaccination rate. Adjustment shrinks the raw gap substantially; it does not eliminate it. [6]

FINDING 7 The claim that the vaccines failed is not supportable, and the strongest source against it is a Republican-led committee.

> **FACT** The House Select Subcommittee on the Coronavirus Pandemic, which concluded that COVID-19 likely emerged from a laboratory accident and that NIH funded gain-of-function work in Wuhan, also found in the same report that Operation Warp Speed was a success and that the vaccines undoubtedly saved millions of lives by reducing severe disease and death. Commentary asserting the vaccines were an expensive failure is contradicted by the most adversarial official body to examine the question. [13]

FINDING 8 The mortality data cannot acquit or convict Anthony Fauci, and treating it as if it can is the graphic's actual error.

> **ASSESSMENT** Whether a partisan behavioral gap contributed to deaths and whether a specific official erred on school closures, distancing guidance, or origins communication are logically independent questions with different evidence bases. A finding about aggregate voter behavior in 2021 has no bearing on transcribed testimony about the six-foot rule. Both sides of this argument are using one question to answer the other. [3] [15]

The graphic, decomposed

The image bundles four assertions into a single visual unit, which is what makes it effective as persuasion and useless as analysis. Separated, they have very different evidentiary standing.

FACT The graphic reproduces a post published by David Frum on August 1, 2026, drawn from an essay of his in The Atlantic. The Pew attribution appears in the essay, not in the image, which is part of why the number circulated for days before anyone traced it. [2] [16] [23]

Assertion in the graphic	Kind of claim	Verdict	Basis
70,000 more deaths in the most pro-Trump quintile than the most pro-Biden quintile	Descriptive statistic	Accurate as stated	Matches the Pew primary source exactly, including the quintile construction and the February 2022 cutoff
Red America obeyed those who told them not to mask, not to vaccinate	Causal claim	Half supported	The vaccine half survives individual-level adjustment. The mask half does not appear in the pre-vaccine period, where the adjusted gap was indistinguishable

Assertion in the graphic	Kind of claim	Verdict	Basis
			from zero
They died for it	Moral attribution	Outside the data, and partly contradicted	Mortality in high-Republican counties was not confined to people who declined vaccination; the same counties recorded deaths among children, health care workers, and the immunocompromised
No, Fauci is not the villain here	Verdict on an individual	Non sequitur	No mortality statistic can establish whether a named official's specific decisions were sound. Different question, different evidence

Where the number comes from

FACT The 70,000 figure originates in a March 3, 2022 Pew Research Center data essay by Bradley Jones. Pew sorted roughly 3,000 counties into five groups of approximately equal population using 2020 presidential vote margins purchased from Dave Leip's Election Atlas, then attached county death counts from The New York Times series pulled on March 1, 2022. Alaska is excluded because it does not report results at the county level. [1]

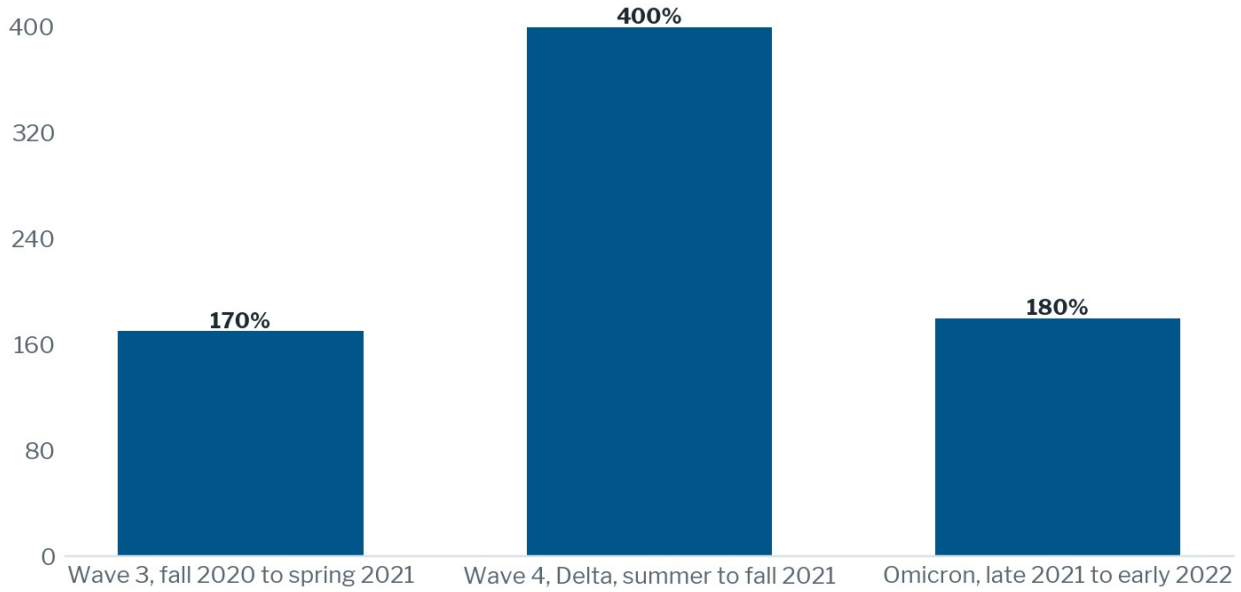
FACT Pew reports the overall rate difference alongside the count difference: 326 COVID-19 deaths per 100,000 across all counties Trump won in 2020 against 258 per 100,000 across counties Biden won, as of the end of February 2022. [1]

FACT Pew states the reversal is likely the result of several factors including differences in mitigation efforts and vaccine uptake, demographic differences, and other differences correlated with partisanship at the county level. The graphic reproduces the first factor and drops the rest. [1]

ASSESSMENT The provenance is clean and the arithmetic is not in dispute. The criticism that Pew is a polling operation rather than a medical body misses the point, because Pew did not estimate mortality. It sorted counties and summed published death counts, which is a data-handling task rather than an epidemiological one. The real weakness of the figure is not who produced it but that it is unadjusted. [1] [16]

THIRD-PARTY ESTIMATE One right-leaning commentary reports the component totals as 238,791 deaths in the most pro-Trump quintile against 170,084 in the most pro-Biden quintile. Those precise figures do not appear in the Pew text and are reproduced here only as second-hand. They are consistent with Pew's 'nearly 70,000' but nothing below depends on them. [16]

FIGURE 1 **The partisan gap is a story about timing, not the whole pandemic**



FACT Death rate in the most pro-Trump population quintile as a percentage of the most pro-Biden quintile. A value of 100 would mean parity. The first wave, roughly the first 125,000 deaths from March to June 2020, ran the other way and was concentrated in the New York City region; Pew does not publish a ratio for it, so it is omitted rather than estimated. The Wave 4 figure is Pew's 'about four times' stated as 400. [1]

What survives adjustment

FACT The most demanding study on this question linked 2017 Florida and Ohio voter registration files to individual mortality records covering 538,159 deaths at age 25 and older between January 2018 and December 2021. Party affiliation came from registration in Florida and from primary participation in Ohio. Independents and third-party registrants were excluded. Excess deaths were computed against a Poisson baseline fitted to 2018 and 2019. [3]

FACT Adjusted for age group and state, excess death rates were 2.8 percentage points, or 15 percent, higher for Republican voters across the pandemic period, with a 95 percent prediction interval of 1.6 to 3.7 points. [3]

FACT Split at open vaccine eligibility, the adjusted difference was negative 0.9 points before and positive 7.7 points after. In level terms the Republican excess death rate rose from 19.4 percent to 25.8 percent while the Democratic rate fell slightly from 18.8 percent to 18.1 percent. [3]

ASSESSMENT This is the strongest single piece of evidence for the graphic's underlying claim, and it is stronger than the county data by a wide margin. Comparing people of the same age in the same state in the same week removes the age-structure objection that dominates informal criticism of the 70,000 figure. The objection is a good one against Pew and a bad one against this study. [3]

FACT The same study reports three results that complicate the simple reading. The effect was primarily observed in Ohio, with smaller and generally non-significant weekly differences in

Florida. Pooled across the study period, Florida Republicans did not show a significantly higher excess death rate than Florida Democrats. And in the 65 to 74 age band, Democratic voters had significantly higher excess death rates than Republican voters. [3]

FACT The authors state directly that party affiliation may be a proxy for other risk factors they could not adjust for, including underlying medical conditions, race and ethnicity, socioeconomic status, and insurance coverage, and that their two-state sample may not generalize. [3]

FACT The published paper reports smaller effects than the working paper that preceded it. The working paper reported an overall gap of 5.4 percentage points, or 76 percent, and a post-vaccine gap of 10.4 points. The peer-reviewed version reports 2.8 points and 7.7 points. Commentary citing the 76 percent figure is citing a superseded pre-publication estimate. [3] [4]

ASSESSMENT The shrinkage between working paper and publication is a point in the study's favor, not against it, because it is what peer review is supposed to do. It is also a warning about the ecosystem: the larger number circulated widely for a year and is still quoted, including in later peer-reviewed papers. [4] [6]

ASSESSMENT Three letters were published in response, including one from a group known for methodological skepticism about pandemic-era claims. The exchange did not overturn the central finding, and the authors' reply stands. A reader should treat the result as contested at the margins and durable at the core. [11] [12] [25]

FIGURE 2 **The gap opened after vaccines became available to all adults**

FACT Adjusted difference in excess death rate between registered Republican and registered Democratic voters, Florida and Ohio, in percentage points. In level terms the Republican excess death rate went from 19.4 to 25.8 percent while the Democratic rate went from 18.8 to 18.1 percent. The first-period interval crosses zero. Weakness: no individual vaccination status was available, so the mechanism is inferred from county vaccination rates rather than observed. [3]

What does not survive: the mortality gap that predates the virus

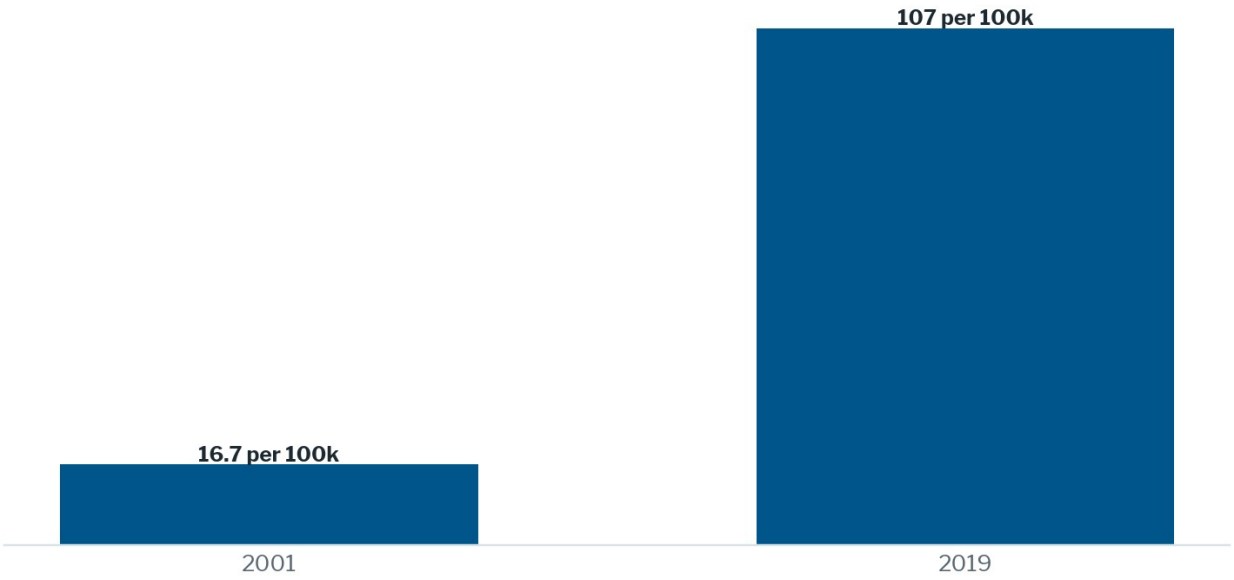
FACT Analysis of CDC WONDER mortality data linked to county presidential results across five election cycles found that between 2001 and 2019 the age-adjusted all-cause mortality gap between Republican-voting and Democratic-voting counties widened from 16.7 to 107.1 deaths per 100,000. Democratic counties cut their age-adjusted mortality rate by 22 percent over the period; Republican counties cut theirs by 11 percent. [5]

FACT The largest contributors to the widening gap were heart disease, cancer, and chronic lower respiratory disease, followed by unintentional injuries and suicide. The divergence began accelerating after 2008 and was concentrated in white populations. [5]

ASSESSMENT This is the most important fact that neither side of the argument raises. A country in which Republican-voting counties already carried an excess age-adjusted death rate of 107 per 100,000, from exactly the comorbidities that predict severe COVID-19 outcomes, was going to record more COVID deaths in those counties even if every resident had behaved identically to residents of Democratic counties. Some unknown share of the 70,000 is that pre-existing curve continuing through a respiratory pandemic. [5]

HYPOTHESIS The behavioral component of the raw 70,000 is materially smaller than the raw figure, and plausibly less than half of it. Confirm by an individual-level replication that adjusts for baseline comorbidity as well as age. Refute by a design that shows the pre-pandemic mortality differential is fully absorbed by the covariates already included in the Wave 4 county models. No published study currently settles this either way, which is why the claim is offered as a hypothesis rather than an estimate. [5] [6]

FIGURE 3 **The county mortality gap was already widening for two decades before the pandemic**



FACT Age-adjusted all-cause mortality gap, Republican-voting counties minus Democratic-voting counties, deaths per 100,000. Weakness: county political classification is coarse and shifts between cycles, and the study is ecological, so it describes places rather than individuals. [5]

The county evidence after full adjustment

FACT A multilevel model of 2,854 counties across 47 states and the District of Columbia examined the Delta-Omicron wave, running from June 14, 2021 to March 15, 2022. It added explanatory blocks in stages: population health, then vaccination and Trump vote share, then socioeconomic composition, then structural factors including broadband and physician supply, with state fixed effects throughout. [6]

FACT Unadjusted, the most remote rural counties had a Wave 4 mortality rate 52 percent higher than the most urban counties. Fully adjusted, the sign reversed: had rural counties matched urban counties on health, behavior, and socioeconomic profile, the model predicts they would have had a mortality advantage. [6]

FACT In the fully adjusted mortality model, a one standard deviation increase in Trump vote share, equal to 16 percentage points, was associated with roughly 20 additional deaths per 100,000. That was the largest effect in the model, ahead of the share of population over 50, the poverty rate, pre-pandemic all-cause mortality, college attainment, and the vaccination rate. [6]

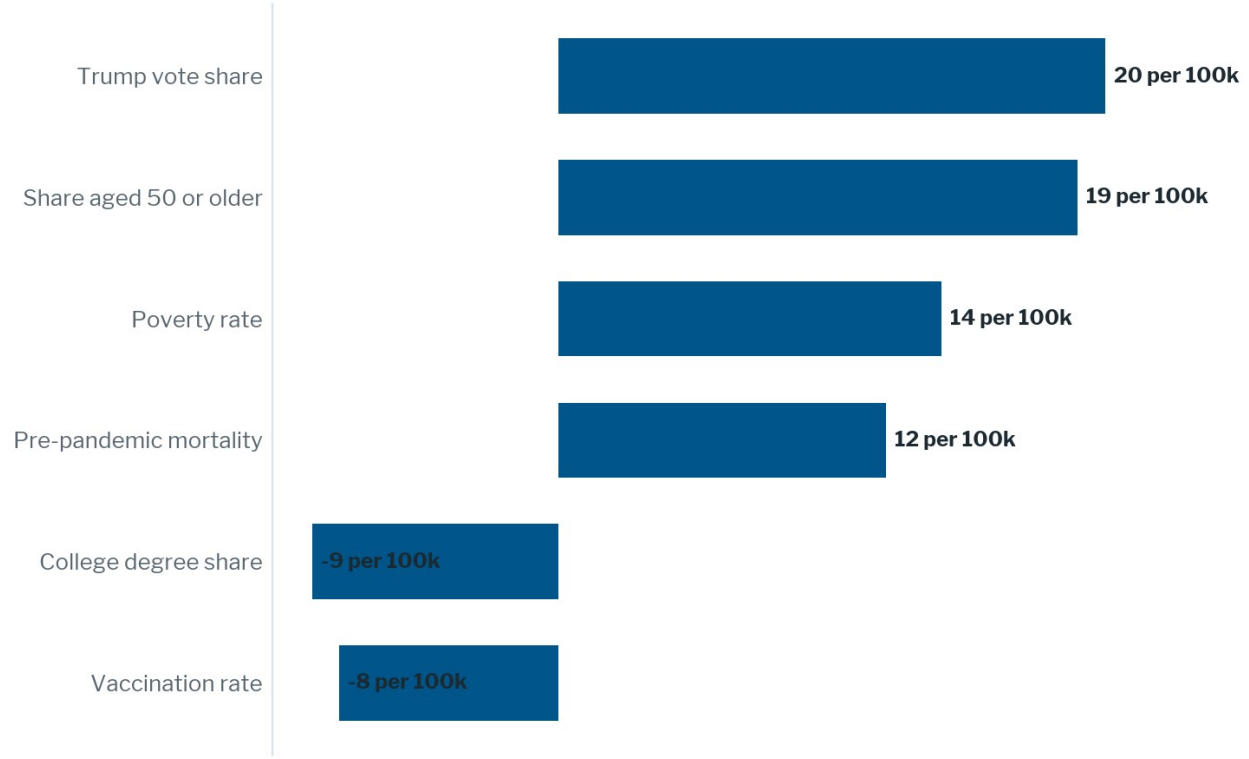
FACT The authors state plainly that casting a vote for Trump did not directly cause additional cases or deaths, and that the relationship is mediated by engagement with prevention behaviors. They also flag the ecological fallacy as a limitation: associations at the county level need not hold at the individual level. [6]

FACT A separate county-level study covering deaths through October 2021, controlling for demographics and social determinants with state fixed effects, found a dose-response relationship between Republican vote share and mortality, and reported that only about 10 percent of the difference could be explained by differences in vaccination rates. [7]

THIRD-PARTY ESTIMATE A widely circulated press analysis found that from May 2021, counties voting at least 60 percent for Trump had 2.26 times the COVID-19 death rate of counties voting by the same margin for Biden. This is a raw ratio with no adjustment of any kind and should be read as a headline rather than a finding. [8]

ASSESSMENT These two studies point in the same direction but disagree about mechanism, and the disagreement matters. The Wave 4 model finds partisanship operating over and above vaccination, implying non-pharmaceutical behavior did real work. The individual-level study finds no gap at all during the period when non-pharmaceutical behavior was the only tool available. Both cannot be fully right, and the individual-level design is the more credible of the two on that specific point because it does not have to infer individual behavior from county averages. [3] [6] [7]

FIGURE 4 **Fully adjusted drivers of county COVID-19 mortality during the Delta-Omicron wave**



FACT Change in COVID-19 deaths per 100,000 associated with a one standard deviation increase in each predictor, from the fully adjusted model including state fixed effects. Negative values are protective. Weakness: this is county-level, so it describes community exposure rather than individual risk, and the predictors are correlated with one another. [6]

Weighing the sources

Every source below has a direction it would prefer the answer to point. Naming that direction is not an accusation and does not by itself discount a finding. What discounts a finding is design weakness. The table records both, so a reader can see where the two coincide and where a source reaches a conclusion against its own interest, which is the most informative case of all.

Source	Type	Direction of interest	How it is weighted here
Pew Research Center, March 2022	Nonpartisan research organization	Broadly neutral, methodologically transparent	High weight for the arithmetic, low weight for causation. Pew publishes its methodology and states its own confounders. It is the origin of the number and does not claim it proves anything about vaccines
Wallace, Goldsmith-	Peer-reviewed, Yale	Left-leaning	Highest weight here. Individual-level

Source	Type	Direction of interest	How it is weighted here
Pinkham and Schwartz, JAMA Internal Medicine 2023		field; result reported against a conservative-coded behavior	design, published limitations, effect sizes reduced during peer review, and the authors publish the Florida null that weakens their own headline
Jones, Bhattar, Henning and Monnat, Social Science and Medicine 2023	Peer-reviewed, sociology	Left-leaning field, rural health advocacy framing	High weight for the adjustment sequence, medium for causal reading. Ecological, and it treats Trump vote share as a behavior proxy without measuring behavior
Warraich et al., BMJ 2022	Peer-reviewed, clinical	Left-leaning field	High weight. Covers 2001 to 2019, so it cannot be reverse-engineered from pandemic politics, and it is the source that most damages the raw 70,000 figure
Sehgal et al., Health Affairs 2022	Peer-reviewed, health policy	Left-leaning field, explicit policy argument against federalism	Medium weight. Ecological, and the paper carries an openly normative policy conclusion that its design does not support
House Select Subcommittee majority report, December 2024	Congressional, Republican-led	Right	Used only where it concedes against interest, principally its finding that vaccines saved millions of lives, and as primary evidence of what the case against Fauci actually alleges
Select Subcommittee Democrats report, December 2024	Congressional, Democratic-led	Left	Used symmetrically, as the statement of the opposing position rather than as a finding of fact
David Frum, The Atlantic, August 2026	Opinion journalism	Anti-Trump; author is a former Republican speechwriter writing for a left-of-center masthead	Zero evidentiary weight. It is the object of analysis. Its factual citation to Pew checks out; its causal and moral claims are the author's own
Right-leaning blog and aggregator commentary, August 2026	Opinion	Right	Zero evidentiary weight, but useful for identifying which objections are being raised. Two of those objections, on age structure and on unadjusted data, are

Source	Type	Direction of interest	How it is weighted here
			legitimate; the claim that the vaccines were a failure is not
Brown, Harvard and Microsoft preventable-death modeling, 2022	Modeled counterfactual	Pro-vaccination framing	Low weight. A simulation is not a measurement. Reported here with its assumption stated and never used to support a conclusion on its own
Independent press coverage, 2022 to 2026	Mainstream reporting, mostly center-left	Left-leaning framing	Used for verifiable event facts such as hearing dates and votes, not for interpretation

ASSESSMENT The pattern worth noticing is that the two findings most damaging to a clean partisan narrative come from left-leaning institutional sources: the Florida null and the 65 to 74 reversal appear in the Yale paper, and the pre-pandemic 107 per 100,000 mortality gap appears in the BMJ. Meanwhile the finding most damaging to vaccine skepticism appears in a Republican-led congressional report. On this topic the research base is more honest than the commentary layer built on top of it, in both directions. [3] [5] [13]

Reading the four claims against the evidence

On the number

FACT The figure is accurate, correctly sourced, and correctly stated. Anyone dismissing it as fabricated is wrong. It is a raw count difference between two population quintiles through February 2022 and it says what it says. [1]

On vaccination

ASSESSMENT The vaccination half of the causal claim is supported. Individual-level excess mortality diverged sharply after open eligibility and not before, the divergence was concentrated in low-vaccination counties, and vaccination rates differ by partisanship by a wide margin. This is about as close to a natural experiment as this question is going to get without randomization. [3]

THIRD-PARTY ESTIMATE Independent modeling puts vaccine-preventable US deaths after vaccines became widely available in the range of 232,000 to 318,000, with one analysis finding that roughly 60 percent of adult COVID-19 deaths after June 2021 were preventable by a primary series. These are counterfactual simulations with contestable assumptions, and at least one published critic argues that the most expansive versions of this class of model imply implausible baseline death tolls. They establish an order of magnitude, not a number. [9] [10] [20] [21]

On masking

ASSESSMENT The masking half is not supported by the best available design. During the year when masking, distancing, and gathering restrictions were the only tools, the adjusted excess

death gap between Republican and Democratic voters was indistinguishable from zero. The county evidence points the other way, but the county evidence cannot separate individual behavior from community composition, which is precisely the failure mode at issue. Stating this half of the claim with the same confidence as the vaccination half is an overreach. [3] [6]

On 'they died for it'

ASSESSMENT This is a moral attribution rather than an empirical finding, and the empirical record complicates it. Higher mortality in high-Republican-vote counties was not restricted to people who declined vaccination or mitigation. Children, immunocompromised residents, health care workers, and elderly residents in those counties died at higher rates as well. Communicable disease does not distribute consequences to the people who made the choices. Whatever one concludes about responsibility, the phrasing describes a world in which risk was individual, and it was not. [7]

On the verdict about Fauci

ASSESSMENT This does not follow, and it would not follow even if every other claim in the graphic were fully established. The proposition 'partisan behavior contributed to excess deaths' and the proposition 'Anthony Fauci made no consequential errors' are independent. Both could be true, both could be false, and the mortality data speak to only the first. [3]

Why the Fauci question is a different question

FACT The formal case assembled against Fauci is not primarily about mask and vaccine uptake in red counties. The December 2024 House Select Subcommittee majority report concluded that NIH funded gain-of-function research at the Wuhan Institute of Virology, that the virus likely emerged from a laboratory or research-related accident, that school closures will have enduring effects, and that overly broad lockdowns caused avoidable harm. A separate committee release states that the six-foot distancing guidance, in the chairman's characterization of a fourteen-hour transcribed interview, appeared without sufficient scientific basis. [13] [15]

FACT The committee's minority reached opposing conclusions on the central charges, finding that the origins investigation did not establish the virus's origins and that Fauci did not organize a campaign to suppress the laboratory hypothesis. Science coverage of the majority report noted it offered no new direct evidence of a laboratory leak and summarized a circumstantial case. [14] [19]

FACT On July 29, 2026, Fauci appeared before a Senate committee chaired by Rand Paul and declined to answer questions, invoking the Fifth Amendment. He had received a preemptive pardon from President Biden in January 2025. The committee subsequently voted to hold him in contempt. Legal commentary is divided on whether a pardon extinguishes the privilege, and the pardon does not cover statements made after January 2025 or state prosecutions. [17] [18] [22]

ASSESSMENT None of this is adjudicated by county death counts, and no honest reading of the mortality literature bears on it. The strongest version of the case against Fauci concerns process, candor, and specific guidance, and it is currently unresolved in the sense that the two congressional accounts contradict each other and the origins question remains open across intelligence assessments. The strongest version of the case for him is that the vaccines

developed under the administration he served in were the single largest life-saving intervention of the pandemic, a claim the adversarial committee itself endorses. [13] [14] [19]

ASSESSMENT The graphic and its critics are making the same category error in opposite directions. One uses aggregate mortality to acquit an individual. The other uses an individual's alleged failures to discredit an aggregate statistic. Neither move is valid, and a reader who wants to know what happened has to hold the two files open separately. [1] [13]

Scenarios for how this evidence base resolves

The probabilities below are the least reliable content in this report. They are subjective and should be treated as ordering rather than measurement. The tripwires are the useful part, because they are observable without access to anything private.

SCENARIO A Replication confirms and narrows 40 percent

Additional states release linked voter and mortality files, and individual-level replication reproduces a post-vaccine excess mortality gap of similar direction but smaller magnitude once baseline comorbidity is included.

Consequence. The behavioral component of the partisan gap becomes a settled empirical finding, at a size well below what the raw 70,000 implies, and both the graphic and its loudest critics end up partly wrong in public.

Earliest visible sign. A second peer-reviewed individual-level linkage study appears using a state outside Florida and Ohio.

SCENARIO B The effect fragments by state 35 percent

Replication finds the gap is highly heterogeneous, large in some states and absent in others, following the Florida-Ohio split already visible in the published data.

Consequence. The national framing collapses. The story becomes one about specific state health systems, specific vaccination campaigns, and specific local conditions, which is less usable as political argument and more usable as policy.

Earliest visible sign. A published analysis reports state-level heterogeneity as the headline finding rather than as a subgroup footnote.

SCENARIO C The question stops being researched 25 percent

Federal data access, research funding priorities, or voter-file availability tighten to the point that individual-level linkage studies become impractical, and no further replication appears.

Consequence. The 70,000 figure hardens into folklore. Each side keeps citing the version of the literature that suits it, and the unresolved decomposition between behavior and pre-existing health never gets done.

Earliest visible sign. A federal mortality or vaccination dataset used by the existing studies is withdrawn, restricted, or ceases to be updated.

Leading indicators

These are observable events that would shift the assessment. None requires private information.

If this happens	It means	Moves toward	Where to watch
An individual-level study links voter records to mortality with comorbidity controls	The behavior-versus-baseline-health decomposition finally becomes estimable	Scenario A	JAMA Internal Medicine, Health Affairs, NBER working paper series
A third state's linked results are published and match Florida rather than Ohio	The pooled national effect is being carried by a minority of states	Scenario B	Peer-reviewed replication and state health department data releases
The Fauci contempt referral produces a court ruling on pardon and privilege	The legal question separates cleanly from the epidemiological one, in public	Neutral to all three	Federal court dockets, Senate Homeland Security Committee filings
A federal agency restricts access to county vaccination or mortality series	The replication path narrows	Scenario C	CDC data portals, NCHS release schedules
A peer-reviewed reanalysis materially revises the Wave 4 partisanship coefficient	The strongest adjusted county finding is less stable than it appears	Scenario B	Social Science and Medicine, American Journal of Public Health
Intelligence community assessments on origins converge rather than split	The central factual dispute underlying the Fauci case moves	Neutral to all three	ODNI public assessments, congressional testimony

What this document cannot answer

Four questions matter and are not settled by anything cited here. First, how much of the 70,000 is behavior and how much is the pre-existing mortality differential. No published study decomposes it, and answering it needs individual-level records that carry both party affiliation and baseline health status. Second, why the effect appears in Ohio and not Florida. The candidate explanations, including differences in age structure among registered voters, in party definition between the two states, in vaccination campaign design, and in the timing of local waves, have not been tested against each other.

Third, what share of the post-vaccine gap runs through vaccination specifically rather than through correlated behaviors such as care-seeking, testing, or treatment uptake. The strongest study had no individual vaccination status and had to infer the mechanism from county rates. Fourth, whether the pattern persisted beyond December 2021, when the published individual-

level data end, and beyond February 2022, when the Pew series ends. The pandemic ran for years after both cutoffs and no equivalent analysis covers that period.

Half-life of this assessment

Decays within six months: the legal status of the contempt referral, the pardon and privilege question, and anything about ongoing state subpoenas. This part of the report is the most perishable and the least analytically important.

Decays within twelve to twenty-four months: the scenario probabilities, and the claim that no individual-level replication exists outside Florida and Ohio. If a third state publishes, several assessments above need rewriting.

Architectural, and unlikely to change: the 70,000 figure and its provenance, the pre-versus-post-vaccine timing of the individual-level gap, the two-decade pre-pandemic county mortality divergence, and the logical point that a mortality statistic cannot settle a verdict on an individual official. Those four should survive whatever else moves.

Limitations

This report was produced without commercial relationship to any organization cited, and without funding from any party with an interest in the outcome. It reflects the author's reading of published sources as of August 2026 and nothing more.

The evidence base has three structural weaknesses that no amount of careful reading fixes. Most of it is ecological, meaning it describes places rather than people, and the one strong individual-level study covers two states. Excess mortality models rest on untestable assumptions about what deaths would have occurred absent the pandemic. And the mortality data set used in the linkage study covers roughly 83.5 percent of CDC-counted deaths, with no way to verify that the missing share is distributed evenly across parties.

One asymmetry is worth naming. Research funding, journal editorial preference, and academic composition in public health all lean in one direction, which means findings that flatter that direction face less friction on the way to publication than findings that do not. That is a reason to weight design quality over conclusion, and to give extra credit to results that cut against the producing institution's priors. It is not a reason to discount peer review, and the substitute on offer, partisan blog commentary asserting that vaccines were an expensive failure, is worse by every standard applied in this report.

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