

Dirty Truth About the Only FDA Approved COVID Prescription

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✓ Fact Checked

STORY AT-A-GLANCE

- › Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, favors using remdesivir, despite a lack of science-based evidence of it being effective against COVID-19
- › The antiviral prodrug is a nucleoside/nucleotide reverse transcriptase inhibitor and a close cousin to the HIV drug tenofovir used to fight the retrovirus that triggers AIDS
- › Although trials with remdesivir do not back the general claims from Fauci that the drug is "highly significant" and the "new standard of care," general approval by the FDA was given in October 2020, which boosted first quarter sales for its maker
- › Conversely, ivermectin, a long-used antiparasitic drug with a known profile of safety, is effective against the virus but information is being suppressed as fear strategies are used to funnel the public into vaccination programs

In the early months of 2019, the pharmaceutical industry was under fire from legislators and the media about the exorbitant prices being charged in the U.S. for drugs. According to one poll reported by Ars Technica,¹ 58% of people in the U.S. held a negative view of the industry.

The price hike on one life-saving medication — EpiPen — rose from \$50 in 2007 for a single autoinjector to \$600 in 2018 for a pack of two.² One reason the price rose so

dramatically was that the maker, Mylan, began selling the injectors in two packs only — leaving the door open to charge whatever they felt like for that double-dose package.³

The move subsequently led to a class action lawsuit alleging “the two-pack sale of EpiPens is a pretense for charging unconscionable prices” and that Mylan is “misstating the science of EpiPen dosage in order to purportedly justify its price gouging, in violation of various state deceptive and unfair trade practice and consumer protection laws,” according to MarketWatch.

Profits for the drug company rose to \$1.1 billion each year for the drug since it is next to impossible for people with severe allergic reactions to go without an EpiPen. But just when it looked like governmental agencies and legislators were considering looking at pricing policies, the pharmaceutical industry used the 2020 pandemic to reverse their public image when they were called upon to develop a vaccine for a viral infection at “Warp Speed.”⁴

Now, despite the fact the industry holds no responsibility for adverse events associated with the vaccine,⁵ including death, 2020 gave Big Pharma the needed impetus to overcome their lowest reputation score since public opinion of the industry began being measured in 2001.⁶

During 2020, Big Pharma as a whole worked hard to portray itself as a benevolent industry that poured billions of dollars into the creation of drugs and vaccines with the intent of protecting public health. As part of that group, biotech giant Gilead Sciences is no different.

The company manufactures remdesivir,⁷ which is the antiviral drug favored by Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, and the chief medical adviser to the president. However, while the chief medical officer of the U.S. promotes remdesivir, scientific evidence demonstrates the drug has a dark side, and it is not effective.

Fauci’s Favored Drug Has a Dark Secret

The FDA fully approved remdesivir October 22, 2020, for use in adults and children in the treatment of COVID-19.⁸ This came after the emergency use authorization was issued May 1, 2020, for remdesivir in patients who had “suspected or laboratory-confirmed COVID-19.”

Remdesivir is an antiviral drug that is a nucleoside/nucleotide reverse transcriptase inhibitor. It was tested in primates as a treatment for Ebola and found to have some effectiveness against the severe acute respiratory syndrome (SARS) outbreak in 2002 and the Middle East Respiratory Syndrome (MERS) outbreak in 2012.⁹

Before this, Gilead had produced a remarkably similar drug called tenofovir for HIV.¹⁰ Remdesivir is nearly a copy of Gilead’s HIV drug and is also a reverse transcriptase inhibitor. According to a paper published in *Molecules*, “Reverse transcriptase is an enzyme in the human immunodeficiency virus (HIV) and many retroviruses that convert the RNA template to DNA.”¹¹

The enzyme helps to synthesize a strand of DNA that complements the RNA template. Several nucleoside reverse transcriptase inhibitors are anti-HIV agents.¹² This may support the hypothesis that the SARS-CoV-2 virus is a chimera.

The term chimera comes from mythology and describes an organism or individual in which the body has cells from genetically distinct organisms. In Greek mythology,¹³ a chimera was a fire-breathing monster that had the face of a lion, the tail of a snake and the wings of a dragon. In a review of the use of remdesivir for COVID-19, one research team wrote:¹⁴

“Other clinically approved nucleoside/nucleotide analogues, such as the hepatitis C drug sofosbuvir and HIV drugs alovudine and zidovudine, have also been shown to be active against the SARS RdRp [RNA dependent RNA polymerase] in in vitro biochemical assays and might have the potential to be repurposed against COVID-19.”

The Mountain View Voice¹⁵ reports Fauci believes the remdesivir trials were reminiscent of research that had been conducted nearly 34 years ago when he and his colleagues were analyzing the human immunodeficiency virus (HIV).

The relationship between SARS-CoV-2 and human retroviruses is complex. To date, there are three retroviruses that scientists have identified that infect humans. Retroviruses are RNA genetic material that changes the host DNA. In 2019, the three known retroviruses that may cause human illness were HIV and types 1 and 2 human T-cell lymphotropic viruses.¹⁶

In “[The Many Ways in Which COVID Vaccines May Harm Your Health](#),” you can watch my interview with Stephanie Seneff, Ph.D., and Judy Mikovits, Ph.D., where we discuss one of the more dangerous parts of SARS-CoV-2 — the spike protein envelope, common in retroviruses, that causes many of the disease challenges doctors are fighting from COVID-19.

Despite Negative Trial Results FDA Approved Remdesivir

Pharmaceutical company Gilead Sciences was given at least \$70.5 million in taxpayer money to develop remdesivir, and that number may be higher.¹⁷ The recommended treatment dose for remdesivir spans five to 10 days, all of which must be administered in the hospital.¹⁸

Gilead Sciences charges the government \$2,340 and private insurance \$3,120,¹⁹ which is well above the drug maker’s estimated cost for production, which is between \$10 and \$600 for a 10-day course.²⁰

But the price tag does not reflect the effectiveness of the drug. There were several negative trial results, and yet the FDA approved the drug anyway. A few [trials were stopped early](#) when participants experienced significant side effects. Some scientists believed the data suggested the drug could shorten recovery time.²¹

However, the drug has not produced adequate results or proved to reduce the potential for death in those with severe disease. Worse yet, the treatment comes with an added price tag of potential kidney damage.²²

While Fauci called the results of studies that had not been peer-reviewed from a pharmaceutical-sponsored clinical trial “highly significant” and referred to remdesivir as

the “new standard of care,”²³ the World Health Organization had a different recommendation. Based on evidence from the SOLIDARITY trial, the WHO conditionally recommended against using remdesivir in hospitalized patients.²⁴

Fauci’s support of an antiviral drug that hasn’t lived up to the hype helped support the company’s falling revenues. During the first quarter of 2021, remdesivir grossed \$1.5 billion in sales, helping boost Gilead’s total bottom line of \$6.4 billion in revenue during that same quarter — a 16% increase over the first quarter of 2020. But when revenue for remdesivir was excluded, revenue actually plummeted 11%, at a disappointing \$4.9 billion.²⁵

Remdesivir Not Backed by Results

The data from science trials for remdesivir have been disappointing. One study published in *The New England Journal of Medicine*²⁶ concluded that the drug worked better than a placebo and so was stopped early for benefit. However, as Peter Gotzsche from The Institute for Scientific Freedom wrote, this benefit was not a reduction in mortality from COVID-19, but rather shortened hospital days.²⁷

The placebo-controlled study demonstrated the drug could reduce hospital stays from 15 days to 11 days. Yet, other physicians were finding the drug was keeping people in the hospital longer. Although Dr. George Ralls with Orlando Health reported they saw positive benefits with the drug, he also attributed it to longer hospital stays in order to complete the course of treatment.²⁸

As I reported in “[The New COVID-19 Medication Isn’t Backed by Results](#),” in the middle of the study (April 20, 2020), the researchers changed the primary outcome measures so patients only had to meet three of an original eight categories,²⁹ and none of the three included measurement of mortality.

In the last update to Clinical Trials³⁰ before publication, the researchers had one primary outcome measurement — time to recovery. The idea for the drug was to keep people from dying, but the researchers stopped measuring that important outcome.

In another study published in The Lancet,³¹ researchers evaluated remdesivir in patients with severe COVID-19. The primary endpoint measurement was how long it took for clinical improvement. The drug was stopped early because 12% of the patients experienced adverse events and researchers found there were no statistically significant clinical benefits.

Just before the release of the studies in The New England Journal of Medicine and The Lancet, Bloomberg³² reported the WHO accidentally posted results of a third study. The summary was removed, but details showed "the drug wasn't associated with patients getting better more quickly; and 13.9% of patients getting the drug died, versus 12.8% getting standard care."

Ivermectin Is Effective but Intentionally Suppressed

While researchers using remdesivir struggle to identify and prove the drug is effective against COVID-19, data clearly show ivermectin can prevent it and when used early can keep people from progressing to the hyper inflammatory phase of the disease.

In fact, [ivermectin](#) can even be used late in the disease to help critically ill patients recover. The drug has a long history of use as an antiparasitic³³ and has a known safety profile as compared to remdesivir, which has a short history of use.

In the early months of COVID-19, a group of physicians formed the Frontline COVID-19 Critical Care Alliance (FLCCC).³⁴ The collaboration of the five founding physicians in the group resulted in a protocol that can be used in the hospital and another that can be used as an outpatient. Each of the five founding members has treated critical illness for decades.

The two protocols are available for download on the FLCCC alliance website in multiple languages.^{35,36} Ivermectin was added to the outpatient and inpatient protocols. Although many of the drugs used in the protocols are now accepted standards of care in many places, the same is not true of ivermectin.

It is important to remember that as others clamor for randomized controlled trials to demonstrate that ivermectin is effective, these become more or less unethical when you can see from clinical evidence that something is working, and you know you're condemning the control group to poor outcomes or death.

In fact, this is the same argument vaccine makers are using now to justify the **elimination of control groups** by giving everyone the vaccine.

While the WHO recommended that remdesivir not be used in hospitalized patients based on a systematic review and meta-analysis of pooled data from four randomized trials, the evidence³⁷ they used to recommend that ivermectin not be used in patients with COVID-19 except in clinical trials is based on what they admit is a “high degree of uncertainty.”³⁸

You can read more about the benefits of using ivermectin and how this information is being purposefully suppressed in “**COVID, Ivermectin and the Crime of the Century.**” In the article is a video from DarkHorse podcast host Bret Weinstein, Ph.D., in which he interviews Dr. Pierre Kory about the importance of early treatment of COVID-19 and the shameful censoring of information about ivermectin.

It's no small irony, then, that YouTube deleted this interview, which is why I embedded a Bitchute version. How this interview could possibly be labeled as misinformation is a mystery, considering the entire conversation is about published research and they are both credentialed medical science experts.

Steps to Help Reduce the Severity of the Disease

As I've discussed, **fear is contagious** and is being used to control your behavior. One strategy initially used to funnel the public into vaccination programs revolved around using PCR testing to demonstrate a rising number of cases. However, as I've written several times, **PCR testing** does not accurately diagnose an active infection.

During lockdown, many people put on **pandemic pounds** that contribute to increasing your risk of getting sick. Instead of depending on drugs and vaccines, I recommend you

proactively work to support your immune system using strategies that evidence demonstrates reduces your risk of severe disease.

It has become evident that optimizing your vitamin D level may be the least expensive, easiest and most beneficial strategy to minimize your risk. Making simple lifestyle changes to normalize your blood sugar levels can also help reduce your risk of heart disease, Type 2 diabetes and viral infections such as COVID-19 and flu.

Comorbid conditions that are related to severe disease with COVID-19 include cardiovascular disease and Type 2 diabetes. In [“Nearly Half of American Adults Have Cardiovascular Disease,”](#) I summarize strategies that improve the microcirculation in your heart as well as mitochondrial function and insulin resistance, which are related to strong heart health.

It is difficult to control Type 2 diabetes when you rely strictly on medication and do not change the underlying lifestyle factors that have caused the problem. If properly addressed, Type 2 diabetes can be entirely reversible in most people. In [“Diabetes Can Increase the Complications of COVID-19,”](#) I discuss some of those dietary and lifestyle choices and offer suggestions for change.

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