

Fauci Successor at NIAID Peddled Dangerous Remdesivir Drug as ‘Silver Bullet’ Against COVID-19

Dr. Jeanne Marrazzo tried to use unsafe antiviral IV drug on every covid hospitalized patient at UAB.

By [Jordan Schachtel](#)

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Dr. Jeanne Marrazzo, the newly minted successor to **Dr Anthony Fauci** at the National Institute for Allergy and Infectious Diseases (NIAID), was recently one of America’s chief hype women for an antiviral drug that is now unanimously considered an unsafe and catastrophically failed treatment for Covid-19.

Prior to moving to her Government Health post, Marrazzo was the longtime director of the Division of Infectious Diseases at the University of Alabama at Birmingham (UAB).

In partnership with Big Pharma drugmaker Gilead, UAB played a [major role](#) in the research and development of Remdesivir. The drug was developed over a decade ago with the hopes to treat Hepatitis C and respiratory syncytial virus (RSV), but was suddenly repurposed to “treat” Covid-19 when coronavirus hysteria reached the United States.

Given the UAB-Gilead partnership, one would think that Dr. Marrazzo would refrain from commenting on issues through which she maintained a clear conflict of interest. Or at the very least, she had the duty to disclose her conflict of interest when speaking to the media about the UAB-developed “wonder drug.” She did no such thing.



Jeanne Marrazzo @DrJeanneM · May 27, 2020

[@NerdmannID](#) [@AadiaMd](#) [@goepfert_paul](#) strong evidence to help us allocate [#remdesivir](#) to more patients with [#COVID19](#) [@uabmedicine](#) [@UABSOM](#) [@UAB_ID](#) Also, super proud of [#JasonGoldman](#) [@UWVirology](#)

Even worse, Dr. Marrazzo bashed harmless and low cost alternatives like

hydroxychloroquine, while hyping the super expensive Gilead-UAB competitor drug.

“The hope was maybe, if you treat early in the disease, you don’t need a silver bullet” such as remdesivir, she [told](#) The Washington Post in a July 2020 piece. “Hospitals are on the razor’s edge,” she added, contributing to the fear and paranoia that was enveloping the nation at the time.

In interview after [interview](#), Dr. Marrazzo had nothing but good things to say about remdesivir, despite the incredible lack of data available to support her outandish claims about the drug.

On social media, Marrazzo lavished endless praise upon Remdesivir, declaring it the best agent against coronavirus disease, and boasting that her hospital tries to use it on every covid-hospitalized patient.

The image shows a screenshot of a tweet and a letter. The tweet is from Jeanne Marrazzo (@DrJeanneM) dated May 6, 2020. She is proud to be a member of @IDSInfo Board of Directors and @HIVMA member in support of a strong statement on #remdesivir allocation for #COVID19. The tweet includes a quote from IDSA (@IDSInfo) dated May 6, 2020, stating: "The plan for distributing #remdesivir should be transparent and based on state and regional #COVID19 case data and hospitalization rates." Below the quote is a link to a letter: @VP:bit.ly/3b4DRJu. The letter is dated May 6, 2020, and is addressed to The Honorable Mike Pence, Office of the Vice President, 1600 Pennsylvania Avenue, NW, Washington, DC 20500. The letter is signed by Thomas M. File, Jr., MD, MSc, President of IDSA, and Judith Feinberg, MD, Chair of HIVMA. The letter discusses the significant demands on frontline providers and the need for a streamlined emergency use process for remdesivir. It also mentions that IDSA and HIVMA represent over 12,000 infectious diseases and HIV physicians, scientists, and other healthcare and public health professionals. The letter states that the U.S. Food and Drug Administration's emergency use authorization of remdesivir on May 1 will expand its use in hospitals across the country. It also mentions that Gilead Sciences announced they would donate 1.5 million individual doses of remdesivir, with a 10-day treatment course, to treat 140,000 patients. The letter concludes with a statement that the plan for distributing remdesivir should be transparent and based on state and regional COVID-19 case data and hospitalization rates.

“We don’t have enough remdesivir to treat everybody who’s in the hospital,” she said in a late 2020 news conference about the state of her hospital system. “It’s a really challenging situation.”

Her predecessor at the NIAID, Mr. Fauci, infamously paraded Remdesivir as the “[standard of care](#)” for Covid-19 treatment, adding that it can “block the virus.”

Unsupported pseudoscientific claims about very expensive drugs (a full course of remdesivir costs the patient [thousands of dollars](#)) is nothing new for NIAID officials, who, under Fauci's leadership, have created an agency that acts as a government marketing department for pharmaceutical companies.

Fauci on remdesivir for COVID-19: 'This will be the standard of care'

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**Anthony S.
Fauci**

National Institute of Allergy and Infectious Diseases Director **Anthony S. Fauci, MD**, said today that data from a multinational randomized control trial showed that Gilead's investigational antiviral remdesivir "has a clear-cut significant positive effect in diminishing time to recovery" for patients with COVID-19.

"This will be the standard of care," Fauci, a White House advisor on the pandemic, said during comments from the Oval Office. Fauci said the results, which have not yet been peer-reviewed, prove "that a drug can block this virus."

Undoubtedly, Marrazzo's Remdesivir maximalism had disastrous implications for patients hospitalized at UAB. The so-called silver bullet later took on a morbid nickname, "run, death is near," because of the severe side effect portfolio associated with the IV drug.

The headlines speak for themselves:

The 'very, very bad look' of remdesivir, the first FDA-approved COVID-19 drug

The Food and Drug Administration held no advisory meeting on antiviral, and the European Union signed contract without knowing of failed trial

28 OCT 2020 • BY [JON COHEN](#), [KAI KUPFERSCHMIDT](#)

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Why Remdesivir Failed: Preclinical Assumptions Overestimate the Clinical Efficacy of Remdesivir for COVID-19 and Ebola

Authors: [Victoria C. Yan](#)   [Florian L. Muller](#) | [AUTHORS INFO & AFFILIATIONS](#)

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Remdesivir Fails to Prevent Covid-19 Deaths in Huge Trial

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WHO Guideline Development Group advises against use of remdesivir for covid-19

Currently no evidence that it improves survival and other important measures

The antiviral drug remdesivir is not suggested for patients admitted to hospital with covid-19, regardless of how severely ill they are, because there is currently no evidence that it improves survival or the need for ventilation, say a WHO Guideline Development Group (GDG) panel of international experts in [The BMJ](#) today.

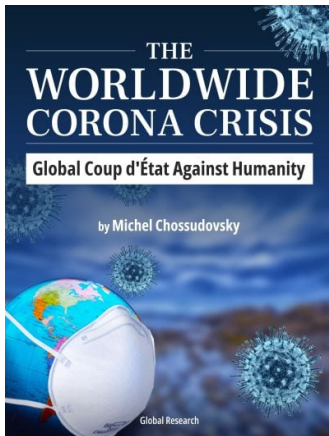
Remdesivir not only failed, but actively harmed hospitalized patients, who were being injected with the antiviral agent following the recommendations of Dr. Marrazzo.

The most exhaustive studies on the Gilead-UAB drug show that there are [zero clinical benefits](#) to injecting patients with remdesivir. Many studies show that Remdesivir can severely injure vital organs such as the [heart](#) and kidneys.

Dr. Marrazzo has never publicly expressed remorse for her longtime promotion of the drug she once described as a “silver bullet” against Covid-19. She last promoted the unsafe drug in December, 2021, long after most hospital systems stopped treating patients with the Gilead-UAB disaster drug.

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The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

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