

Touting Dubious Remdesivir Over Promising Hydroxychloroquine for Treating COVID-19

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Region: [USA](#)

Theme: [Science and Medicine](#)

An [analysis](#) published by Emory (Law) Corporate Governance and Accountability Review is appropriately titled:

“Thick as Thieves? Big Pharma Wields its Power with the Help of Government Regulation.”

Big Pharma controls the US Food and Drug Administration (FDA).

Its primary focus is on profit-making, aided and abetted by Washington with billions of dollars in handouts and tax credits for research — US taxpayers picking up the tab.

In return, Big Pharma charges exorbitant prices, far more than what consumers in other countries pay — at times for inadequately tested drugs with potentially harmful side effects.

This is one of those times, drug giants rushing to develop and market harmful to health COVID-19 vaccines and drugs with unproved efficacy to treat the disease.

The Emory Law analysis explained that “Americans are barraged by an endless flow of ads that claim to remedy medical maladies with prescribed drugs,” adding:

“The commercials depict productive and happy lives, with suggestive associations that human flourishing can be achieved via pharmaceutical intervention” — risks of their use given short shrift.

“The pharmaceutical industry spends hundreds of millions of dollars annually to market its products.”

“Direct-to-consumer prescription ads are the second-fastest growing ad category” — notably on television in Hollywood happy ending style.

Left unexplained is the limited or ineffectiveness of highly promoted drugs for many users — besides the risk of harmful side effects.

Notably widely used statins to lower cholesterol are considered gateway drugs, their side effects requiring other medications to treat them — the more taken, the greater risk to health from additional side effects.

Astonishingly in 2016, “80 prescription drug advertisements were televised every hour, totaling 1,920 drug ads directed at American viewers per day,” the Emory Law analysis explained.

It’s a bonanza for US cable and broadcast channels, providing about “8% of their ad

revenue.”

Studies show Americans on average watch about five hours of television daily — what noted journalist Edward R. Murrow long ago called “the opiate of the people.”

It has everything to sell, mostly nothing to tell about major world and national issues — propaganda masquerading as news and information.

Emory Law explained that Americans “are likely to spend more time listening to pharmaceutical advertisements than talking with their physician.”

Costs of producing things are passed on to consumers, advertising a significant cost built into their price.

A marketing maxim I was taught as an MBA student long ago, still appropriate now, is that products and services are priced according to what the market will bear.

Big Pharma takes full advantage, supported by Republicans and Dems in Washington — in return for large-scale funding of their political campaigns, the essence of an incestuous relationship at the expense of the public welfare.

Big Pharma “has inordinate power and influence over consumers’ lives,” Emory Law noted — because of its partnership with government serving its interests.

Remdesivir is the latest example of a highly touted drug with dubious efficacy in treating COVID-19 patients.

In an effort to rush it to market, it’s been inadequately tested for this purpose. At best, it may only shorten hospital stays by a few days with no curative benefits.

Its longterm effects unknown, it may do more harm than good if used as directed.

According to a study discussed by the New England Journal of Medicine, COVID-19 patients given the drug had “no marked (or ‘sufficient’) benefit” in many cases.

In its own press release, Gilead Sciences said “the odds of improvement in clinical status with the 10-day treatment course of remdesivir versus standard of care...failed to reach statistical significance.”

According to establishment media reports, the Trump regime secured nearly the entire supply of the drug through around September, enough for half a million treatment courses.

Each 5-day (6-dose) course carries an exorbitant \$3,120 price — for a drug with dubious value and possible harmful side effects, what’s true of most drugs, why they have warning labels.

The Washington Post noted that at best remdesivir may lessen hospital stays by a few days, adding:

The drug has “no statistically significant impact on survival for covid-19 patients.”

Reportedly, Indian generic drug companies said they can produce the drug for no more than

\$22 per single dose.

Cleveland Clinic Dr. Steven Nissen stressed that Gilead's "high price (is) for a drug that has not been shown to reduce mortality," adding:

"Given the serious nature of the pandemic, I would prefer that the government take over production and distribute the drug for free. It was developed using significant taxpayer funding."

Public Citizen attorney Peter Maybarduk called Gilead's price "an outrage," adding:

"Remdesivir should be in the public domain" because US taxpayer dollars funded its development.

Pharmaceutical industry analyst Michael Yee expects Gilead to earn \$525 million in sales revenue this year from the drug, \$2.1 billion in 2021 — a bonanza for the company, courtesy of US taxpayers and Big Government collusion with Big Pharma.

Hydroxychloroquine is potentially more promising in treating COVID-19 patients.

Evidence shows it inhibits coronavirus infections and their spread — why Big Pharma wants the drug falsely discredited as ineffective and dangerous.

Drug companies want nothing competing with a potential profit-making bonanza that awaits from mass-vaxxing — no matter how toxic to inoculated individuals.

According to Yale School of Medicine Professor of Epidemiology and Chronic Diseases [Harvey Risch](#), evidence from his research shows that hydroxychloroquine combined with azithromycin or doxycycline are effective in treating COVID-19 and should be "widely available" for infected patients.

Explaining his findings, he said the following:

"COVID-19 is really two different diseases. In the first few days, it is like a very bad cold."

"In some people, it then morphs into pneumonia which can be life-threatening."

"What I found is that treatments for the cold don't work well for the pneumonia, and vice versa."

"Most of the published studies have looked at treatments for the cold but used for the pneumonia."

"I just looked at how well the treatments for the cold worked for the cold."

"There are five studies done this way, four of hydroxychloroquine plus azithromycin and one with hydroxychloroquine plus doxycycline, and they all show that treating the cold part of COVID-19—the early part—works very well."

He stressed that anyone experiencing shortness of breath during normal activities like walking "should get medical care immediately."

Hydroxychloroquine and azithromycin have been used for decades in treating rheumatoid arthritis patients, he explained.

“Hydroxychloroquine alone” is unlikely to effectively enough treat COVID-19.

“It needs to be combined with azithromycin or doxycycline and probably with zinc to make it most effective.”

“The game changer is to aggressively treat people as soon as possible, before they are hospitalized...”

As of now in his view, this combination of drugs is the only effective COVID-19 treatment, perhaps others to follow later.

They’re being used abroad. In Spain nearly three-fourths of doctors treating COVID-19 patients are using them in combination, said Risch.

If remdesivir is widely used in the US, it’ll be a large-scale experiment with dubious benefits and potentially much harm from not using drugs proved effective as discussed above.

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