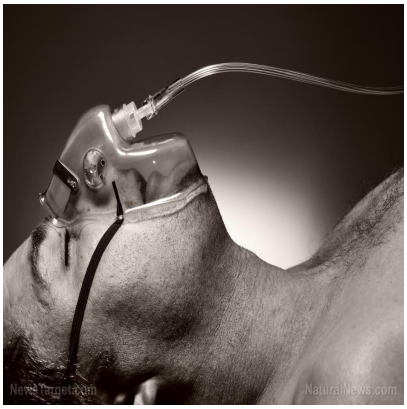

Approximately 100,000 US covid-19 deaths could be attributed to renal failure caused by Remdesivir

Description

Over the past three years, approximately 100,000 covid-19 deaths in America could be attributed to Remdesivir-induced renal failure. This estimate was extrapolated from a Massachusetts investigation conducted by John Beaudoin that looked into the causes of death on individual death certificates before and during the covid-19 scandal.

Beaudoin filed a Freedom of Information Act request and received all death certificates in Massachusetts from 2015 to 2022. After analyzing all the data on the causes of death, Beaudoin found that there were 1,840 EXCESS deaths from acute renal failure in Massachusetts alone from January 1 2021 to November 30, 2022. He believes these excess cases of acute renal failure are the result of mandated hospital protocol that begins with the highly toxic Remdesivir. His analysis does not even include the risk of cardiac events caused by Remdesivir, which is a safety signal detected by the European Spontaneous Adverse Event Reporting System.

John Beaudoin in calling for a criminal investigation.

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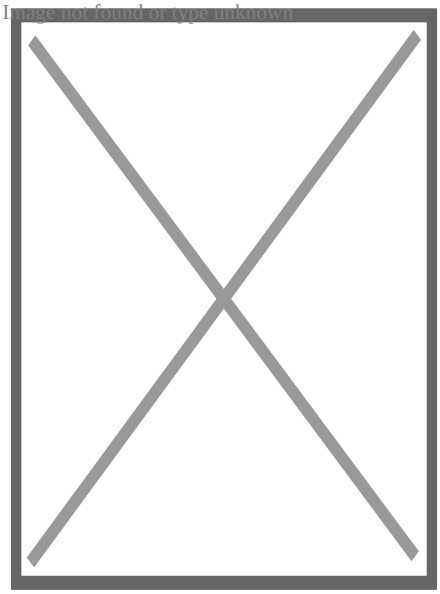

Remdesivir drives organ damage, covid-19 fatalities

In May of 2020, the US Food and Drug Administration (FDA) authorized American hospitals to use a failed Ebola drug named Remdesivir (brand name Veklury). The drug was proven the least effective and the deadliest in a large study in 2019; however, the FDA provided full approval for Remdesivir by October of 2020. In the study, Remdesivir had the highest mortality rate, greater than 50%.

Additionally, a large study on US veterans found that Remdesivir treatment was “not associated with improved survival but was associated with longer hospital stays.” Even though the drug can cause high rates of renal failure, it was eventually granted full approval for pediatric covid-19 cases and is still the primary treatment for covid-19 diagnoses in hospitals today.

According to studies by the World Health Organization (WHO), Remdesivir increases one’s risk of kidney failure 20-fold, and increases one’s risk of dying by four percent. WHO advised against the use of Remdesivir for covid-19 back in November of 2020, yet American hospitals continue to pump this toxin into patients. Sadly, WHO would eventually go on to re-recommend Remdesivir in mild or moderate covid patients who are at high risk of hospitalization.

When patients are isolated from their family members and nurse advocates, when they are sedated and ventilated unnecessarily, then the negative effects of Remdesivir are compounded. No matter how deadly this protocol is, it is the protocol that gave hospitals their payout throughout the covid-19 emergency; it is the protocol that paved the way for emergency use of the mRNA vaccine platform. Sadistically, liability protections remain for hospitals, covering their provably harmful protocols and their deleterious vaccine programs.

Remdesivir pushed due to clinical fraud conducted by the NIAID

During the covid-19 emergency, hospitals were granted immunity under the PREP Act. Hospitals were also paid financial incentives for listing covid-19 as the cause of death on the death certificates. The

underlying factors and iatrogenic errors that went into these deaths were ignored, and they continue to be ignored to this day.

Dr. Anthony Fauci and the National Institute of Allergy and Infectious Diseases (NIAID) repurposed Remdesivir after it failed to treat Ebola. The NIAID also manipulated the primary and secondary objectives of Remdesivir studies for covid-19, to obscure the findings and falsely promote it as an antiviral drug for covid-19.

Initially, the primary objective of the study was to “evaluate the clinical efficacy of different investigational therapeutics relative to the control arm in adults hospitalized with COVID-19.” This was changed during the study to calculate “time to recovery by Day 29.” The secondary objectives of the study were initially to “evaluate the clinical efficacy of different investigational therapeutics as compared to the control arm as assessed by clinical severity, hospitalization, and mortality, and evaluate the safety of different investigational therapeutics as compared to the control arm,” yet these were later changed to “evaluate treatment-related improvements in the 8-point ordinal scale at Day 15.” In other words, safety and efficacy was never proven, but the drug was pushed onto the population by the NIAID anyway.

In 2016, a Johns Hopkins research team found that medical errors were the third leading cause of death, at 250,000 deaths per year in the US. The team warned that the CDC’s way of collecting national health statistics FAILED to classify medical errors separately on the individual’s death certificate. The researchers advocate for updating official criteria for classifying deaths on the death certificates. These updates are desperately needed, as Remdesivir-induced renal failure appears to be a serious issue of medical malfeasance across the entire medical system. In any case, this spike in excess death from acute renal failure must be investigated.

As Remdesivir use continues with no apology, much of the ongoing covid-19 deaths can be best described as *premeditated murder*, considering the fact that the NIAID manipulated the clinical trials and knew full well in 2019 that Remdesivir was a dangerous poison.

by: Lance D Johnson

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