



Fauci's Inquisition Against Safe and Effective Anti-COVID-19 Drugs

Description

WORLD : A question needs to be asked. Were the novel experimental drug treatments for SARS-CoV-2 viral infections that Anthony Fauci, the CDC and FDA advocated for and funded responsible for worsening the contagion and countless deaths?

However, at that time there were plenty of studies confirming there were pre-existing safe, inexpensive medications known to have highly effective antiviral properties to treat Covid-19 patients. Among these were ivermectin and hydroxychloroquine (HCQ).

There were also specific nutrients such as vitamin D and zinc, known to strengthen the immune system against viral infection and yet there was no recommendation from the government about the benefits of proper nutrition.

So why did Fauci along with other federal health [officials choose to](#) intentionally ignore the scientific evidence and rather condemn these repurposed drugs?

In Fauci's case, over a year and half into the pandemic, he continued to lie outright on CNN that "there is no clinical evidence whatsoever that [ivermectin] works." [1]

And could millions have been saved if these generic medications were prescribed rather than the feds doing nothing but recommending social isolation and quarantines as the world awaited an experimental Covid-19 vaccine to enter the market?

To date, between ivermectin and HCQ alone, there have been 670 published studies, analyses and papers involving over 9,800 scientists and over 682,000 patients supporting the use of these [drugs over](#) and beyond those the FDA has approved under Emergency Use Authorization (EUA) statutes.

Despite this, four years later, the FDA continues to fiercely deny ivermectin's and HCQ's efficacy and safety under proper administration. Why this blatant cover-up?

Every CDC effort to approve a novel drug treatment for SARS-CoV-2 infections has been a dismal failure. Aside from monoclonal antibody therapy, only three anti-Covid-19 drugs have been approved

under an EUA in the United States.

None met their promised expectations from either the manufacturer or our federal health agencies. With their poor efficacy rates, safety profiles and a black box warning slapped upon Pfizer's anti-Covid-19 drug Paxlovid, the CDC is scrambling to find new viable alternatives in the pharmaceutical pipeline.

Bloomberg amplifies the fake Covid-19 treatment crisis by lamenting that repurposed drugs such as ivermectin are gaining global popularity as "the world needs effective Covid drugs." [2]

Shortly after the pandemic was formally announced, the FDA recommended the cheap over the counter anti-malarial drug hydroxychloroquine but then quickly reversed its decision after Fauci publicly announced the future arrival of Gilead Sciences' novel intravenous drug Remdesivir.

The FDA's and European Union's approvals of Remdesivir baffled many scientists, according to the journal Science, who questioned its therapeutic value and kept a close watch on the drug's clinical reports about a "disproportionally high number of reports of liver and kidney problems." [3]

Even an earlier Chinese study published in The Lancet found that remdesivir had no impact on the coronavirus. The Science article notes that the "FDA never consulted a group of outside experts that it has at the ready to weigh in on complicated antiviral drug issues." [4]

Six months before remdesivir received EUA approval, Anthony Fauci had already hailed the drug as a major breakthrough that would establish a new "standard of care" in Covid-19 treatment. [5]

Today, remdesivir is being increasingly recognized as a debacle in antiviral therapeutic care. Even the WHO released a "conditional recommendation against the use of remdesivir in hospitalized patients, regardless of disease severity, as there is currently no evidence that remdesivir improves survival and other outcomes in these patients." An Italian study observed a 416 percent increase in hepatocellular injuries among hospitalized Covid-19 patients treated with Remdesivir. [6] And a smaller Taiwanese study of hospitalized unvaccinated patients reported a 185 percent higher mortality during late remdesivir treatment. [7]

Earlier this year, Pfizer's novel oral Covid-19 medication Paxlovid was given an FDA black box warning for clinically significant adverse reactions that can potentially be fatal.

Because the company does not permit independent random-controlled trials to investigate its drug, other than retrospective studies, we only have Pfizer's own data to rely upon.

Nevertheless, The Lancet published a study by a team of Chinese scientists at Shanghai Jiao Tong School of Medicine that managed to look at Paxlovid's use among critically ill patients hospitalized with Covid-19. The study reported a 27 percent higher risk of the infection progressing, a 67 percent increased risk in requiring ventilation, and 10 percent longer stays in ICU facilities. [8]

Paxlovid is a combination of a novel SARS-CoV-2 protease inhibitor and the HIV protease inhibitor ritonavir. The FDA approved Paxlovid under a EUA with the claim it was safe.

However, on the government's HIV.gov website for ritonavir it is clearly stated that the drug "can cause serious life-threatening side effects. These include inflammation of the pancreas (pancreatitis), heart

rhythm problems, severe skin rash and allergic reactions, liver problems and drug interactions.”[9]

Perhaps due to the drug’s serious side effects, it is no longer used solely against HIV, but rather is given in smaller doses as a booster for AZT-related drugs. Being highly toxic, ritonavir is also not recommended for pregnant women and has been shown to interfere with hormone-based birth control efficacy.

Paxlovid only received FDA EUA approval in May 2023. At that time, the agency claimed there was no evidence that patients who were treated with the drug rebounded and came down with Covid. However, shortly thereafter this was determined to be untrue.[10]

A Harvard analysis found that 21 percent of Paxlovid recipients will remain contagious and likely succumb to a viral rebound compared to only 1.8 percent who did not take the drug.

Merck’s anti-Covid-19 drug molnupiravir (Lagevrio) also has an FDA black box warning for potential fetal harm when administered to pregnant women. Why the drug was ever approved under an EUA seems to be an enigma.

The drug’s antiviral activity is based upon a metabolite known as NHC, which for many years has been known to create havoc in an enzyme crucial for viral replication by inserting errors into the virus’ genetic code.

The theory is: produce enough errors and the virus kills itself off. However, molnupiravir can cause hundreds of mutations thereby “supercharging” the manufacturing of new Covid-19 viral strains.

Moreover, according to a Forbes article, the drug’s mutagenic powers may also interfere with our own body’s enzymes and DNA.[11] Another Forbes article points out that Merck’s clinical trial only enrolled around 1,500 participants, which is far too “small to pick up on rare mutagenic events.”[12]

Molnupiravir has a poor efficacy rate across the board including viral clearance, recovery, and hospitalizations/death (68 percent).[13] One trial, funded by Merck, concluded the drug had no clinical benefit.[14]

More worrisome, the drug also has life-threatening adverse effects including mutagenic risks to human DNA and mitochondria, carcinogenic activity and embryonic death.[15]

Each of these drugs have been outrageous cash cows for their manufacturers. Remdesivir is priced at \$3,120 per treatment and earned Gilead \$5.6 billion in sales for 2021.

Pfizer’s Paxlovid is priced at \$1,390 per treatment. Last year, the company’s revenues for its Covid products—Paxlovid and the Comirnaty vaccine—came in at \$12.5 billion, and, according to Fierce Pharma, Pfizer wrote off an additional \$4.7 billion on its overstocked Paxlovid inventory.[16]

Merck’s molnupiravir’s sales for 2022 cashed in almost \$5.7 billion. Despite their profits, none of these drugs have been shown convincingly to have measurably lessened the pandemic nor the spread of SARS-CoV-2.

Despite all the attention and medical hype about novel experimental antiviral drugs to treat Covid-19, Anthony Fauci and other federal officials had full knowledge that other FDA-approved drugs existed

that could have been quickly repurposed at minimal expense to effectively treat Covid-19 infections.

Repurposing existing drugs to treat illness is a common occurrence. The antiparasitic and antiviral drug Ivermectin best stands out. Its effectiveness was observed to be so remarkable and multifaceted that researchers started to investigate its potential for treating human diseases.

The mainstream media, including many liberal news sources who pride themselves on their independence, continue to channel the voices of Anthony Fauci, the CDC and FDA to demonize ivermectin and other generic drugs for treating Covid-19 and to reduce hospitalization and deaths.

This propaganda campaign, however, has completely ignored the large body of medical literature that shows ivermectin's statistically significant efficacy against symptomatic and asymptomatic SARS-2 infections.

Originally developed for veterinarian use, in 1987, the FDA approved ivermectin for treating two parasitic diseases, river blindness and strongyloidiasis, in humans. Since then an enormous body of medical research has grown showing ivermectin's effectiveness for treating other diseases.

Its broad range of antiviral properties has shown efficacy against many RNA viruses such as avian influenza, zika, dengue, HIV, West Nile, yellow fever, chikungunya and earlier severe respiratory coronaviruses. It has also been shown to be effective against DNA viruses such as herpes, polyomavirus, and circovirus-2.[17]

Unsurprisingly, ivermectin's inventors Drs. William Campbell and Satoshi Omura were awarded the 2015 Nobel Prize in Physiology and Medicine.

It has been prescribed to hundreds of millions of people worldwide. Given its decades' long record of in vitro efficacy, it should have been self-evident for Fauci's NIAID, the CDC and the WHO to rapidly conduct in vivo trials to usher ivermectin as a first line of defense for early stage Covid-19 infections and for use as a safe prophylaxis.

For example, if funding were devoted for the rapid development of a micro-based pulmonary delivery system, mortality rates would have been miniscule and the pandemic would have been lessened greatly.[18]

Repurposing ivermectin could have been achieved very quickly at a minor expense.[19] However, despite all the medical evidence confirming ivermectin's strong antiviral properties and its impeccable safety record when administered properly, we instead witnessed a sophisticated government-orchestrated campaign to declare war against ivermectin and another antiviral drug, hydroxychloroquine (HCQ), in favor of far more expensive and EUA approved experimental drugs.

Unlike the US, other nations were eager to find older drugs to repurpose against Covid-19 and protect their populations.

A Johns Hopkins University analysis offered the theory that a reason why many African countries had very few to near zero Covid-19 fatalities was because of widespread deployment of ivermectin.

In February 2020, the National Health Commission of China, for example, was the first to include hydroxychloroquine in its guidelines for treating mild, moderate and severe SARS-2 cases.

Eight Latin American nations distribute home Covid-19 treatment kits that include ivermectin.[20] Why did the US and most European countries swayed by the US and the WHO fail to follow suit?

Early in the pandemic, physicians in other nations where treatment was less restricted, such as Spain and Italy, shared data with American physicians about effective treatments against the SARS-2 virus.

In addition, there was a large corpus of medical research indicating that older antiviral drugs could be repurposed. Doctors who started to prescribe drugs such as ivermectin and HCQ, along with Vitamin D and zinc supplementation, observed remarkable results.

Unlike the dismal recovery and high mortality rates reported in hospitals and large clinics that relied upon strict isolation, quarantine, and ventilator interventions, this small fringe group of physicians reported very few deaths among their large patient loads.

Even reported deaths were more often than not compounded by patients' comorbidities, poor medical facilities and other anomalies.

Very early into the pandemic, medical papers indicated ivermectin was a highly effective drug to treat SARS-2 infections.

In April 2020, less than a month after the WHO declared Covid-19 as a global pandemic, Australian researchers at the Peter Doherty Institute of Infection and Immunity published a paper demonstrating that a single ivermectin dose can control SARS-CoV-2 viral replication within 24-48 hours.[21]

Monash University's Biomedicine Discovery Institute in Australia had also published an early study that ivermectin destroyed SARS-2 infected cell cultures by 99.8 percent within 48 hours. But no American federal health official paid any attention.

As of March 2024, a database for all studies and trials investigating ivermectin against Covid-19 infections records a total of 248 studies, 195 peer-reviewed, and 102 involving controlled groups reporting an average 61 percent improvement for early infections, a 39 percent success rate in treating late infections, and an 85 percent average success rate for use as a preventative prophylaxis.[22]

Moreover, prescribing ivermectin reduced mortality by 49 percent, compared to remdesivir's 4 percent, Pfizer's Paxlovid's 31 percent, and molnupiravir's 22 percent. Even hydroxychloroquine well outperforms these drugs mortality risk for early treatment at 66 percent.

A noteworthy study conducted in Brazil and published in the Cureus Journal of Medical Science prescribed ivermectin in a citywide prophylaxis program in a town of 223,000 residents. 133,000 took ivermectin.

The results for a population of this size are indisputable in concluding that ivermectin is a safe first line of defense to confront the pandemic. Covid mortality was reduced 90 percent.

There was also a 67 percent lower risk of hospitalization and a 44 percent decrease in Covid cases.

Garcia-Aquilar et al reports a Mexican in vitro analysis showing a definitive interaction between ivermectin and the SAR-CoV-2 spike protein, which would account for its high efficacy in Covid-19 cases.[23]

The All India Institute for Medical Science (AIIMS) and the Indian Council of Medical Research (ICMR), two of India's most prestigious institutions, acted against the WHO and launched an ivermectin treatment campaign in several states.

In Uttar Pradesh there was a 95 percent decrease in mortality (a decline from 37,944 to 2,014). The Indian capital of New Delhi witnessed a 97 percent reduction.

During the same time period, the state of Tamil Nadu, which followed the WHO's ban on ivermectin, had a 173 percent increase in deaths (from 10,986 to 30,016 deaths).

There have been many concerted efforts to discredit ivermectin and other repurposed drugs' effectiveness. Most notable is the large TOGETHER Trial Brazil study published in the New England Journal of Medicine (NEJM) that concluded both ivermectin and another repurposed drug fluvoxamine showed no beneficial signs for treating Covid-19 patients.

The study was widely reported in the mainstream media. However, a Cato Institute analysis discovered the study in fact showed its benefits and the results were in agreement with 87 percent of other clinical trials investigating ivermectin.

The Cato analysis identifies many odd anomalies in how the trial was conducted including an unspecified placebo—although it is suspected it was Vitamin C, which has itself been shown to be mildly effective against the SARS-CoV-2 virus, and protocol changes as the study was underway including inclusion/exclusion criteria.

By his own admission the TOGETHER Trial's principal investigator Dr. Ed Mills at McMaster University in Ontario "designs clinical trials, predominantly for the Bill and Melinda Gates Foundation." [24]

In a McMaster University press release, the Gates foundation is listed as a funder for the study to debunk ivermectin and fluvoxamine.[25] Oddly, Gates is nowhere listed among the several funders in the NEJM study's disclosure.

In addition, TOGETHER Trials is owned by the Canadian for profit startup Purpose Life Sciences, founded by Mills; legal documents showed Mills' PLS is largely funded and controlled by Sam Bankman Fried's FTX who invested \$53 million into the project. Administrators of FTX's bankruptcy are suing PLS for fraud.[26]

In short, the ivermectin/fluvoxamine TOGETHER Trial was a complete medical sham and intentionally designed for one single purpose: to fuel media disinformation in order to undermine ivermectin's superior efficacy and safety profile to Big Pharma's more profitable designer drugs.

In 2004, the US Congress passed an amendment to the Federal Food, Drug and Cosmetic Act known as Emergency Use Authorization (EUA).

This piece of legislature legalized an anti-regulatory pathway to allow experimental medical interventions to be expedited and bypass standard FDA safety evaluations in the event of bioterrorist

threats and national health emergencies such as pandemics.

At the time, passage of the EUA amendment made sense because it was partially in response to the 2001 anthrax attacks and the US's entry into an age of international terrorism. However, the amendment raises some serious considerations.

Before the Covid-19 pandemic, EUAs had only been authorized on four occasions: the 2005 avian H5N1 and 2009 H1N1 swine flu threats, the 2014 Ebola and the 2016 Zika viruses. Each of these pathogen scares proved to be false alarms that posed no threat of pandemic proportions to Americans.

The fifth time EUAs were invoked was in 2020 during the Covid-19 pandemic, which at the time seemed far more plausible.

Before the government can authorize an EUA to deploy an experimental diagnostic product, drug or vaccine, certain requirements must be fulfilled.

First, the Secretary of the Department of Health and Human Services (HHS) must have sufficient proof that the nation is being confronted with a serious life-threatening health emergency.

Second, the drug(s) and/or vaccine(s) under consideration must have sufficient scientific evidence to suggest they will likely be effective against the medical threat.

The evidence must at least include preclinical and observational data showing the product targets the organism, disease or condition. Third, although the drug or vaccine does not undergo a rigorous evaluation, it must at least show that its potential and known benefits outweigh its potential and known risks. In addition, the product must be manufactured in complete accordance with standard quality control and safety assurances.

When we look back at the government's many debacles during the Covid-19 pandemic, other EUA requirements warrant the spotlight.

On the one hand, an EUA cannot be authorized for any product or intervention if there is an FDA alternative approved product already available, unless the experimental product is clearly proven to have a significant advantage.

Moreover, and perhaps more important, EUAs demand informed consent. Every individual who receives the drug or vaccine must be thoroughly informed about its experimental status and its potential risks and benefits. Recipients must also be properly informed about the alternatives to the experimental product and nobody should be forced to take it.

Finally, an EUA requires robust safety monitoring and reporting of adverse events, injuries and deaths potentially due to the drug or vaccine. This is the responsibility not only of the private pharmaceutical manufacturers but also the FDA, physicians, hospitals, clinics and other healthcare professionals.

Obviously important cautions must be considered after approving a medical intervention under the EUA requirements. Foremost are the inherent health risks of any rapid response of experimental medical interventions, especially novel drugs and vaccines.

As we observed during the FDA approval process and roll out of Pfizer's and Moderna's mRNA Covid-19 jabs, no long-term human trials were conducted to even estimate a reliable baseline of their relative efficacy and safety.

The American public has blindly placed its trust in our federal health authorities decision-making. It is expected that under a national health emergency, the authorities would be completely transparent and act only by the highest ethical standards.

However our institutions betrayed public trust and either ignored or transgressed cautions underlying EUA approved medical interventions in every conceivable way. Moreover, conflicts of interests have been discovered to have plagued the entire EUA review process.

Although the EUA amendment provides some protections to authorized drug and vaccine manufacturers, it was the Public Readiness and Emergency Preparedness Act (PREP) in 2005 that expanded liability protections.

In addition to protecting private corporations, PREP also shields company executives and employees from claims of personal injury or death resulting from the administration of authorized countermeasures.

The only exceptions for liability are if the company or its executive offices are proven to have engaged in intentional and/or criminal misconduct with conscious disregard for the rights and safety of those taking their drugs and vaccines.

During the pandemic, the FDA issued widespread EUAs with liability immunity for the PCR diagnostic kits for SARS-2, the mRNA vaccines and the anti-Covid-19 drugs. Curiously, the Secretary of the Department of Health and Human Services invoked the PREP Act on February 4, 2020 giving liability protections; this was over a month before the pandemic was officially announced, which raises serious questions about prior-planning before the viral outbreak in Wuhan, China.

From the pandemic's outset, Fauci embarked on the media circuit to promise Americans that federal health agencies were doing everything within their means to get a vaccine on the market because there was no available drug to clear the SARS-2 virus.

As we have seen with respect to ivermectin alone, this was patently false. Rather the government placed an overriding emphasis on vaccination with a near total disregard for implementing very simple preventative measures to inhibit viral progression.

Once mass vaccinations were underway, we were promised that the SARS-2 virus would be defeated and life would return to normal. In retrospect, we can look back and state with a degree of certainty that American health authorities and these products' corporate manufacturers may have violated almost every EUA requirement.

Everything that went wrong with the PCR kits, the experimental mRNA vaccines and novel drugs could have been avoided if the government had diligently repurposed effective and safe measures as pandemic countermeasures. Very likely, hundreds of thousands of lives, perhaps millions, would have been saved.

Similarly the FDA issued a warning statement against the use of ivermectin. Even ivermectin's

manufacturer Merck discredited its own product.

Shortly after ridiculing its drug, the Alliance for Natural Health reported, “Merck announced positive results from a clinical trial on a new drug called molnupiravir in eliminating the virus in infected patients.”[27]

And still the FDA considers these novel patented drugs to be superior to ivermectin. Favoring a vaccine regime and government-controlled surveillance measures to track every American’s movements, American health officials blatantly neglected their own pandemic policies’ severe health consequences.

Ineffective lockdowns, masks, social isolation, unsound critical care interventions such as relying upon ventilators, and the sole EUA approvals of the costly and insufficiently effective drugs brought about nightmares for tens of millions of adults and children.

This was all undertaken under Fauci’s watch and the heads of the US health agencies in direct violation of the EUA requirements to only authorize drugs and medical interventions when no other safe and effective alternative is available.

Alternatives were available. Instead of awarding EUAs to HCQ, ivermectin, fluvoximine and other potential off-patent drugs, the government resorted to their pharmaceutical masters’ demands and the financial mills that feed the CDC’s and FDA’s coffers.

The 4-year history of the pandemic highlights a sharp distinction between dependable medical research and pseudoscientific fraud. The CDC adopted a common Soviet era practice to redefine the very definition of a vaccine and the parameters of vaccine efficacy in order to fit economic and ideological agendas.

This explains Washington’s aggressive public relations endeavors to silence medical opponents. According to cardiologist Dr. Michael Goodkin’s private investigations, several of the most cited studies discrediting ivermectin’s antiviral benefits were intentionally manipulated in order to produce “fake” results.[28]

These studies were then widely distributed to the AMA, American College of Physicians and across mainstream media to author “hit pieces” to demonize ivermectin and other repurposed drugs.

The government’s belligerent and reactive diatribes, brazenly or casually advocating for censorship, were direct violations of scientific and medical integrity and contributed nothing towards developing constructive policies for handling a pandemic with a minimal cost to life. The consequence has been a less informed and grossly naïve public, which was gaslighted into believing lies.

The FDA’s EUAs for the Covid-19 vaccines and novel experimental drugs were in fact an attack on the amendments and PREP directives. Neither the vaccines nor drugs warranted emergency authorization because effective and safe alternatives were readily available.

No doubt a Congressional investigation would uncover criminal misconduct, and this misconduct and conscious fraud. Moreover, these violations of the PREP Act may have the potential to lead directly into medical crimes against humanity as outlined in the Nuremberg Code.

Although the Nuremberg Code has not been officially adopted in its entirety as law by any nation or major medical association, other international treaties, such as the Universal Declaration of Human Rights, the World Medical Association Declaration of Helsinki (which is not legally binding), the International Covenant on Civil and Political Rights (ICCPR) and the International Ethical Guidelines for Biomedical Research on Human Subjects incorporate some of Nuremberg's main principles that aim to protect people from unethical and forced medical research.

Although the US signed the ICCPR as an intentional party, the US Senate never ratified it. The ICCPR's Article 7 clearly states, "No one shall be subject to torture or cruel, inhuman or degrading treatment or punishment," which can legally be interpreted to include forced medical experimentation implied as cruel, inhuman treatment.

Other ICCPR articles, 6 and 17, are also applicable to medical experimentation to ensure ethical conduct, obtaining proper informed consent and the right to life and privacy.

For a moment, consider the numerous senior citizens in nursing homes and hospitals who were simply administered experimental Covid-19 vaccines without full knowledge about what they were receiving.

And now how many children are being coerced by the pseudoscience of health officials' lies to be vaccinated without any knowledge of these mRNA products' risk-benefit ratio?

The US is also a signatory to the Helsinki Declaration, which, although not directly aligned with Nuremberg, shares much in common. The Declaration shares some common features with the EUA amendment and PREP Act.

These include voluntary informed consent—which is universally accepted, adequate risk and benefit information about medical interventions, and an emphasis on the principle of medical beneficence (promoting well-being and the Hippocratic rule of doing no harm).

It also guarantees protections for vulnerable groups, especially pregnant women and children, which the US government and vaccine makers directly violated by conducting trials on these groups with full knowledge about these vaccines' adverse events in adults.

In addition, weighing the scientific evidence to assess the risk-benefit ratios between prescribing ivermectin and HCQ over the new generation of novel experimental drugs conclusively favors the former. This alone directly violates the ethical medical principles noted above.

However, the failure to repurpose life-saving drugs is less criminal than the questionable unethical motivations to usher a new generation of genetically engineered vaccines that have never before been adequately researched in human trials for long term safety. This mass experimentation, which continues to threaten the health and well-being of millions of people, is global and can legally be interpreted as a genocidal attack on humanity.

If the emerging data for increasing injuries and deaths due to the Covid-19 vaccines is reliable—and

we believe it is—the handling of the pandemic can be regarded as the largest medical crime in human history.

In time, and with shifting political allegiances and public demands to hold our leaders in government and private industry accountable, the architects of this medical war against civilization will be brought to justice.

By Richard Gale and Dr. Gary Null

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