The Grave Dangers of Remdesivir

and

The Grave Dangers of Going to Hospital Today

From The Court of Public Opinion

Notes taken by Hugh Williams (HMW)– author of *Covid Crisis 101 Unanswered Questions*, published by St Edward's Press info@stedwardspress.co.uk

For HMW, the most shocking testimonies of Day Three were provided by

1. **Dr Bryan Ardis from Texas who gave evidence about Remdesivir**. (From about 2hrs 15 minutes. It lasts about an hour.)

This is followed immediately (Page 16.) by

2. **An equally shocking tale of hospitalisation in the UK, given by Milton Keynes funeral director, John O'Looney**

(This is the link to the original source material: https://lorphicweb.com/3rd-session-of-the-grand-jury-proceedings-court-of-public-opinion-topic-pcr-test%ef%bf%bc%ef%bf%bc/)

Please note: This report includes a number of slides that were shown to the jury. In some cases it was not possible to copy and paste a clear image. My apologies where this has happened. It should also be noted that the blue highlighting has been added by Dr Ardis. The red circles and arrows have been added by HMW.

Dr Bryan Ardis on Remdesivir

A resume of his testimony:

Deaths in New York

In March 2020 there were non-stop reports of deaths in New York City from a respiratory virus. By day three, after admission for Covid-19, the patients would find that the disease had started attacking the kidneys, which, in many cases, led to kidney failure and death.

The doctors in New York were reporting that they were short of kidney dialysis machines and ventilators.

Ardis' own father in law, when in hospital with flu in March 2020, died of kidney failure BUT, as Ardis was to find out, this was NOT due to Covid but as a result of the drug that was given to him.

Dr Anthony Fauci and Remdesivir

In May 2020 he read a memo from Dr Anthony Fauci saying *there is only one drug that is authorised to be used in all hospitals across America, and that drug is Remdesivir*.

He said that it had been found safe and effective against the Ebola virus. It was also found safe and effective by its makers, Gilead Sciences.

For those who don't know who Dr Fauci is, here is a brief summary:

Anthony Stephen Fauci (pronounced Fauchi) was born 24 December 1940. He is an American physician, an immunologist who has served as the director of the National Institute of Allergy and Infectious Diseases (NIAID) since 1984.

Since January 2020, he has been one of the key people serving The White House Coronavirus Task Force addressing the COVID-19 pandemic in the United States.

Dr Fauci also said there were two drugs that were *not* to be allowed for Covid patients, namely Hydroxychloroquine and Chloroquine. At that stage Ardis had never heard of Remdesivir and so he decided to investigate and he could not believe what he discovered.

The declared dangers of using Remdesivir

Dr Ardis read that, rather than being safe and effective for the treatment of Ebola, *Remdesivir was the least effective and deadliest drug* in the Ebola trial. Indeed, once they discovered how unsafe and ineffective Remdesivir was, the safety board for that trial suspended its use for the rest of the trial.

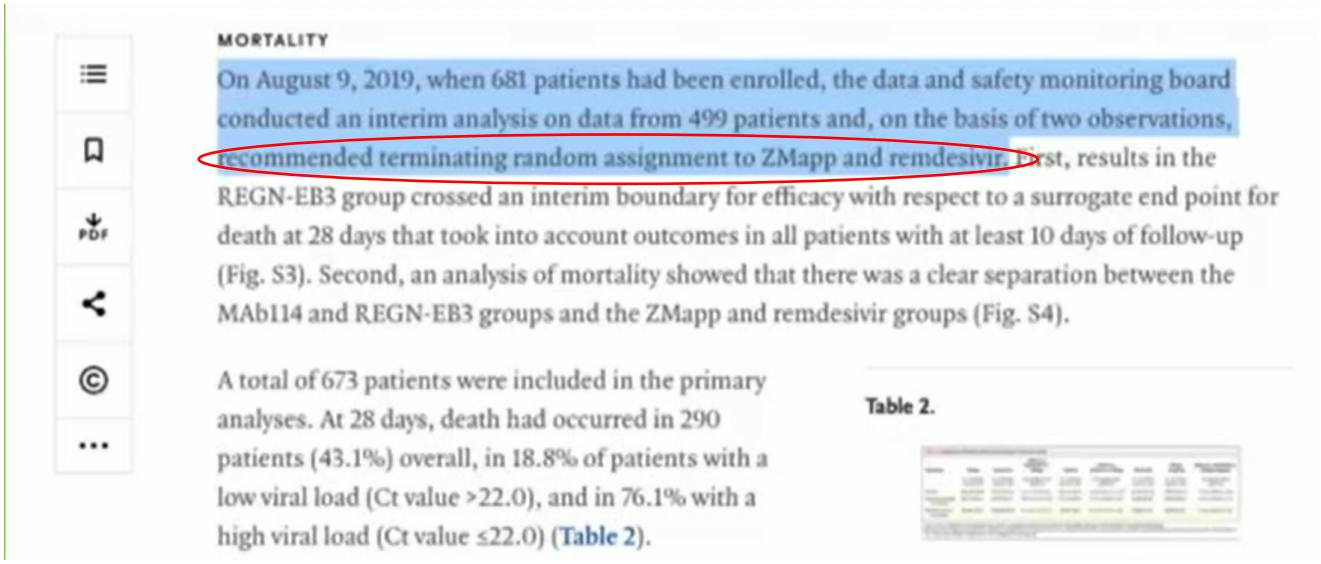
Remdesivir had a mortality rate of over 50% (53.1%) see ringed section below) .

Table 2. Comparison of Death at 28 Days According to Treatment Group.

Population	ZMapp	Remdesivir	Difference, Remdesivir vs. ZMapp	MAb114	Difference, MAb114 vs. ZMapp	REGN-EB3	ZMapp Subgroup	Difference, REGN-EB3 vs. ZMapp Subgroup
	no. of deaths/ total no. (%)	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*	*no. of deaths/ total no. (%)*	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*
Overall	84/169 (49.7)	93/175 (53.1)	3.4 (−7.2 to 14.0)	61/174 (35.1)	−14.6 (−25.2 to −1.7)*	52/155 (33.5)	79/154 (51.3)	−17.8 (−28.9 to −2.9)*
Patients with high viral load†	60/71 (84.5)	64/75 (85.3)	0.8 (−15.3 to 17.2)	51/73 (69.9)	−14.6 (−33.0 to −0.5)	42/66 (63.6)	56/65 (86.2)	−22.5 (−41.8 to −5.1)
Patients with low viral load†	24/98 (24.5)	29/100 (29.0)	4.5 (−9.1 to 19.1)	10/101 (9.9)	−14.6 (−32.4 to −2.6)	10/89 (11.2)	23/89 (25.8)	−14.6 (−32.6 to −2.3)

* The result is significant according to the interim stopping boundary of P<0.035 for the MAb114 group and P<0.028 for the REGN-EB3 group.
† Patients with a high viral load had an EBOV nucleoprotein Ct value of 22.0 or less. Patients with a low viral load had an EBOV nucleoprotein Ct value of more than 22.0. The total number is the total number of patients in this category for each group.

In August 2019, it was recommended that the use of Remdesivir should be ended.



MORTALITY

On August 9, 2019, when 681 patients had been enrolled, the data and safety monitoring board conducted an interim analysis on data from 499 patients and, on the basis of two observations, recommended terminating random assignment to ZMapp and remdesivir. First, results in the REGN-EB3 group crossed an interim boundary for efficacy with respect to a surrogate end point for death at 28 days that took into account outcomes in all patients with at least 10 days of follow-up (Fig. S3). Second, an analysis of mortality showed that there was a clear separation between the MAb114 and REGN-EB3 groups and the ZMapp and remdesivir groups (Fig. S4).

A total of 673 patients were included in the primary analyses. At 28 days, death had occurred in 290 patients (43.1%) overall, in 18.8% of patients with a low viral load (Ct value >22.0), and in 76.1% with a high viral load (Ct value ≤22.0) (Table 2).

Table 2.

So Dr Ardis knew that Dr Fauci was lying about this drug.

In 2020 Gilead Sciences gave the drug for ten days to 53 Covid-19 patients and 31% experienced multiple organ failure, including acute kidney failure. Deaths from kidney failure are usually as a result of water being administered to the patient; the kidneys can't then manage to deal with the water and so it floods into the body, covers the heart, flows into the lungs and the patient dies from pulmonary oedema.

Not withstanding these worrying statistics, Dr Fauci said that supplies of this failed and deadly drug should be the only drug to be used across the USA and for it to be available for export to other countries until the end of 2020.

Is it not extremely worrying that, having used Remdesivir, the USA has the highest death total of all countries in the world as this chart of official figures on 20th February 2022 shows?

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	New Recov
	World	424,352,949	+787,170	5,903,460	+2,980	349,562,801	+1,0
1	USA	80,072,561		959,130		51,544,851	
2	India	42,822,473		511,935		42,086,383	
3	Brazil	28,167,587		643,938		24,949,782	
4	France	22,227,826		136,594		*18,921,479*	
5	UK	18,580,216		160,507		16,611,995	

COVID Live - Coronavirus Statistics - Worldometer (worldometers.info) 20.2.2022

Brazil, which is number three on the above list but number two in terms of deaths, *is only using Remdesivir*. It is Dr Ardis's opinion that Remdesivir is the number one cause of deaths in all Covid individuals.

He therefore believes that the Covid crisis is not a pandemic but a *plan*demic.

The UK - National Institute of Care and Health Excellence

Dr Ardis went on to say that in the UK there is an organisation, NICE (The National Institute for Care and Health Excellence (HMW adds: Note the word "excellence"!) . In March 2020, and with UK Parliamentary support, NICE began a campaign of end-of-life care for thousands of patients who had been removed from hospitals to nursing homes.

In other words, these patients were deliberately killed by the administration of two drugs, Morphine and Midazolam, both of which have been well known for euthanising patients for many years. (HMW adds: John O'Looney in earlier interviews has disclosed how he discovered that the National Health Service (NHS) ordered extraordinarily large (hitherto unheard of) quantities of Midazolam at this time (Spring 2020.))

UK Nursing Home Deaths

In short, in March 2020 the UK health authorities used this system to kill 18,000 people in nursing homes, followed by a further 25,000 deaths in April 2020, but these killings were described as Covid-19 deaths.

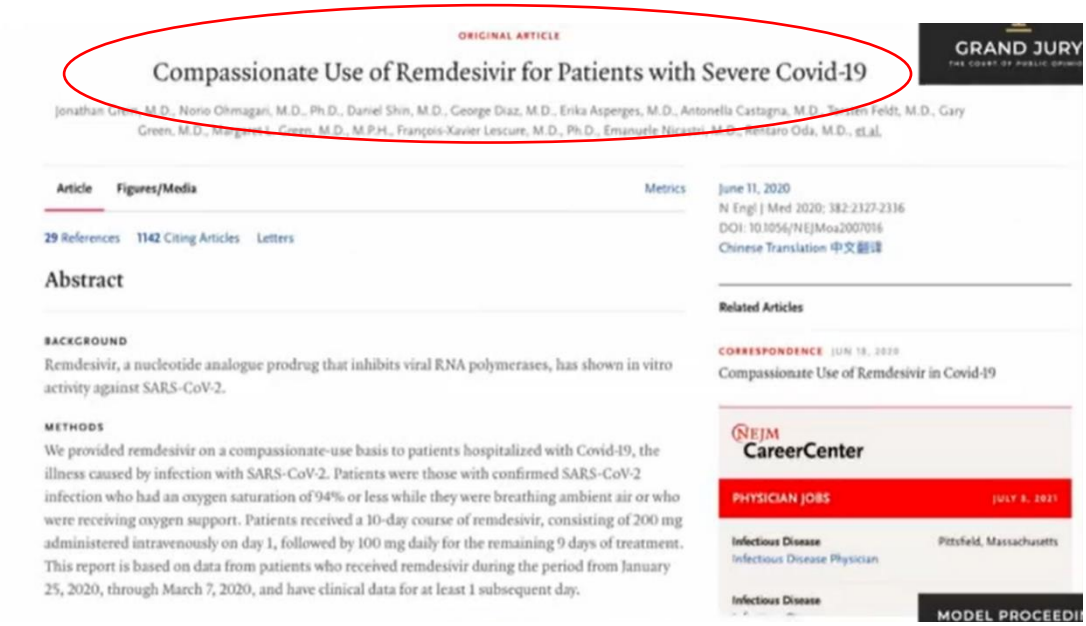
(HMW adds: and this was at a time when autopsies had been halted. So this mass-slaughter was never reported as it should have been. As has been reported in *Covid Crisis - 101 Unanswered Questions*, funeral director John O'Looney can testify to the greatly increased numbers of bodies from nursing home patients that he processed, and who had died as a result of this deadly treatment. HMW provides further first-hand evidence of the way that hospitals were emptied for this deadly purpose on page 16.)

Dr Ardis stresses that these nursing home deaths were all caused by not a virus but by the patients being euthanized. With that horrifying thought in mind, nonetheless, the UK and USA deaths were classified as "Death by a virus", and the authorities used these large numbers to get the media deliberately to stoke up a quite unnecessary fear of an apparently deadly virus going round the world. And they did this so that everyone would be encouraged to sign up for the vaccine programme that supposedly would save them from this virus.

In short, this was mass-murder of thousands of people.

Remdesivir still being recommended

And yet here this is how Gilead Sciences, the manufacturer of Remdesivir, were describing the use of Remdesivir.



ORIGINAL ARTICLE

Compassionate Use of Remdesivir for Patients with Severe Covid-19

Jonathan Grein, M.D., Norio Ohmagari, M.D., Ph.D., Daniel Shin, M.D., George Diaz, M.D., Erika Asperges, M.D., Antonella Castagna, M.D., Torsten Feldt, M.D., Gary Green, M.D., Margaret L. Green, M.D., M.P.H., François-Xavier Lescure, M.D., Ph.D., Emanuele Nicastri, M.D., Reinaro Oda, M.D., et al.

Article Figures/Media Metrics

29 References 1142 Citing Articles Letters

June 11, 2020
N Engl J Med 2020; 382:2327-2316
DOI: 10.1056/NEJMoa2007016
Chinese Translation 中文翻译

Abstract

BACKGROUND

Remdesivir, a nucleotide analogue prodrug that inhibits viral RNA polymerases, has shown in vitro activity against SARS-CoV-2.

METHODS

We provided remdesivir on a compassionate-use basis to patients hospitalized with Covid-19, the illness caused by infection with SARS-CoV-2. Patients were those with confirmed SARS-CoV-2 infection who had an oxygen saturation of 94% or less while they were breathing ambient air or who were receiving oxygen support. Patients received a 10-day course of remdesivir, consisting of 200 mg administered intravenously on day 1, followed by 100 mg daily for the remaining 9 days of treatment. This report is based on data from patients who received remdesivir during the period from January 25, 2020, through March 7, 2020, and have clinical data for at least 1 subsequent day.

Related Articles

CORRESPONDENCE JUN 18, 2020
Compassionate Use of Remdesivir in Covid-19

NEJM CareerCenter

PHYSICIAN JOBS JULY 8, 2021

Infectious Disease Pittsfield, Massachusetts
Infectious Disease Physician

Infectious Disease

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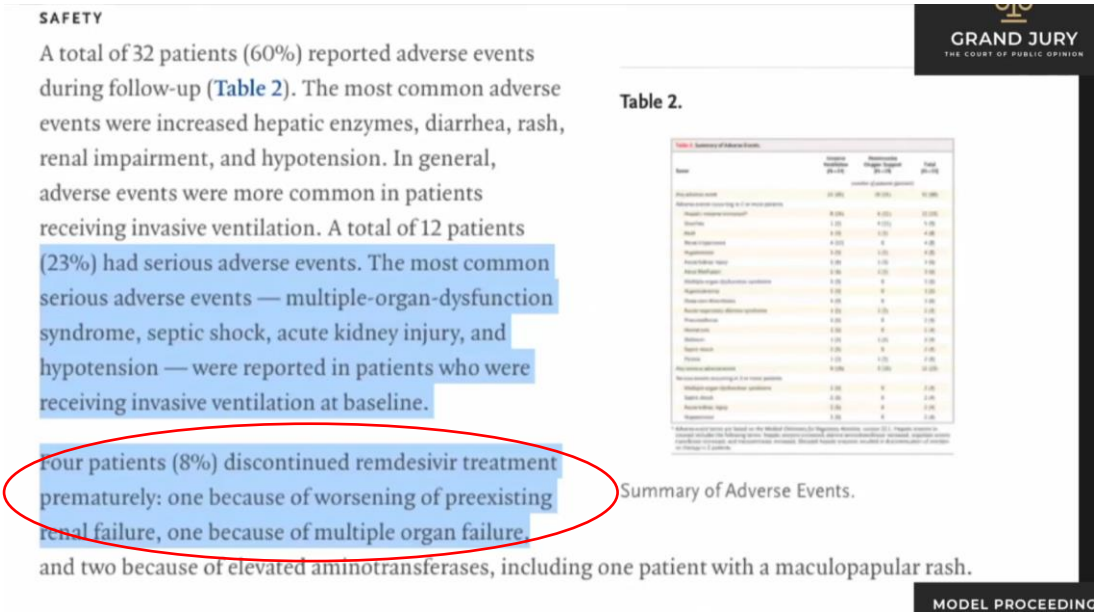
MODEL PROCEEDI

Thus Dr Fauci has selected the drug with the worst safety record for exclusive use in the USA and in many countries across the world. He also declared that Gilead Sciences was the only firm that was authorised to manufacture it.

Testing Remdesivir on Covid patients in the USA and …

A few months after Remdesivir was pulled from the Ebola trial because it was too dangerous, Gilead Sciences used it to see how effective it was with Covid patients.



SAFETY

A total of 32 patients (60%) reported adverse events during follow-up (Table 2). The most common adverse events were increased hepatic enzymes, diarrhea, rash, renal impairment, and hypotension. In general, adverse events were more common in patients receiving invasive ventilation. A total of 12 patients (23%) had serious adverse events. The most common serious adverse events — multiple-organ-dysfunction syndrome, septic shock, acute kidney injury, and hypotension — were reported in patients who were receiving invasive ventilation at baseline.

Four patients (8%) discontinued remdesivir treatment prematurely: one because of worsening of preexisting renal failure, one because of multiple organ failure, and two because of elevated aminotransferases, including one patient with a maculopapular rash.

Table 2.

Summary of Adverse Events.

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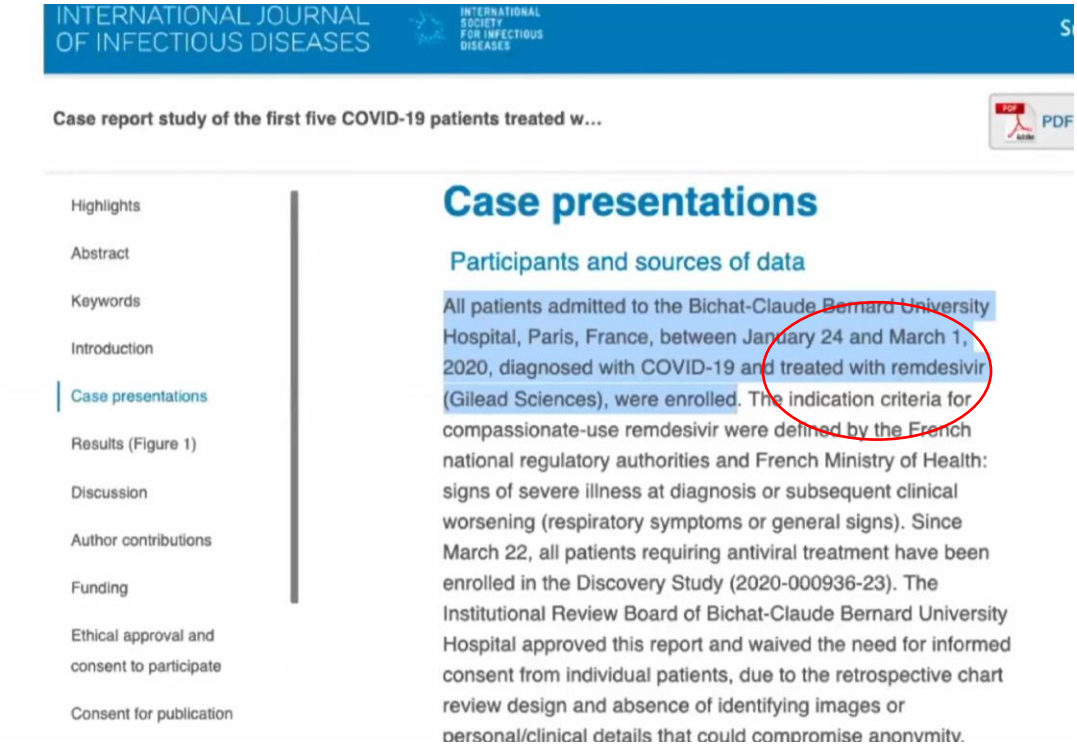
MODEL PROCEEDING

In other words, and in spite of what had happened with the Ebola trial, they still used it for Covid patients. It was hardly surprising that the patients from the Ebola showed the same results.

Testing Remdesivir on patients in France


INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES

INTERNATIONAL SOCIETY FOR INFECTIOUS DISEASES

Case report study of the first five COVID-19 patients treated w...

PDF

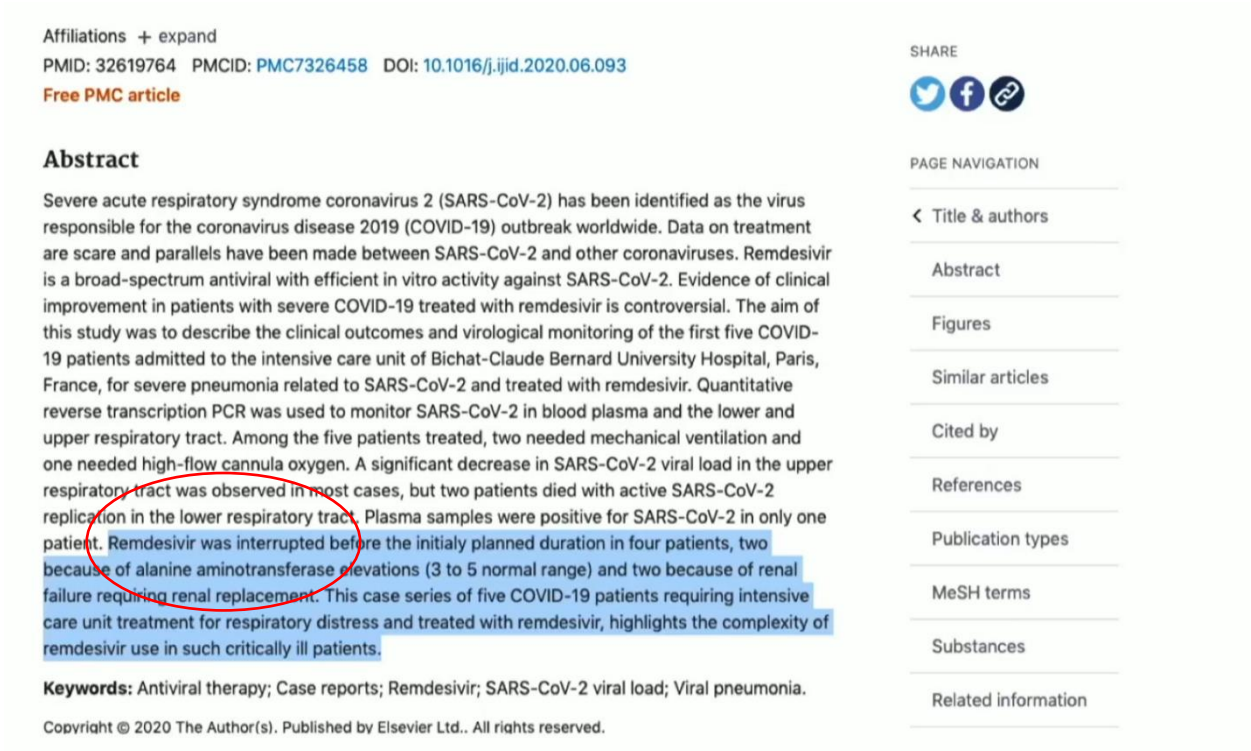
Highlights
Abstract
Keywords
Introduction
Case presentations
Results (Figure 1)
Discussion
Author contributions
Funding
Ethical approval and consent to participate
Consent for publication

Case presentations

Participants and sources of data

All patients admitted to the Bichat-Claude Bernard University Hospital, Paris, France, between January 24 and March 1, 2020, diagnosed with COVID-19 and treated with remdesivir (Gilead Sciences), were enrolled. The indication criteria for compassionate-use remdesivir were defined by the French national regulatory authorities and French Ministry of Health: signs of severe illness at diagnosis or subsequent clinical worsening (respiratory symptoms or general signs). Since March 22, all patients requiring antiviral treatment have been enrolled in the Discovery Study (2020-000936-23). The Institutional Review Board of Bichat-Claude Bernard University Hospital approved this report and waived the need for informed consent from individual patients, due to the retrospective chart review design and absence of identifying images or personal/clinical details that could compromise anonymity.

…with these results


Affiliations + expand

PMID: 32619764 PMCID: PMC7326458 DOI: 10.1016/j.ijid.2020.06.093

Free PMC article

SHARE

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been identified as the virus responsible for the coronavirus disease 2019 (COVID-19) outbreak worldwide. Data on treatment are scare and parallels have been made between SARS-CoV-2 and other coronaviruses. Remdesivir is a broad-spectrum antiviral with efficient in vitro activity against SARS-CoV-2. Evidence of clinical improvement in patients with severe COVID-19 treated with remdesivir is controversial. The aim of this study was to describe the clinical outcomes and virological monitoring of the first five COVID-19 patients admitted to the intensive care unit of Bichat-Claude Bernard University Hospital, Paris, France, for severe pneumonia related to SARS-CoV-2 and treated with remdesivir. Quantitative reverse transcription PCR was used to monitor SARS-CoV-2 in blood plasma and the lower and upper respiratory tract. Among the five patients treated, two needed mechanical ventilation and one needed high-flow cannula oxygen. A significant decrease in SARS-CoV-2 viral load in the upper respiratory tract was observed in most cases, but two patients died with active SARS-CoV-2 replication in the lower respiratory tract. Plasma samples were positive for SARS-CoV-2 in only one patient. Remdesivir was interrupted before the initialy planned duration in four patients, two because of alanine aminotransferase elevations (3 to 5 normal range) and two because of renal failure requiring renal replacement. This case series of five COVID-19 patients requiring intensive care unit treatment for respiratory distress and treated with remdesivir, highlights the complexity of remdesivir use in such critically ill patients.

Keywords: Antiviral therapy; Case reports; Remdesivir; SARS-CoV-2 viral load; Viral pneumonia.

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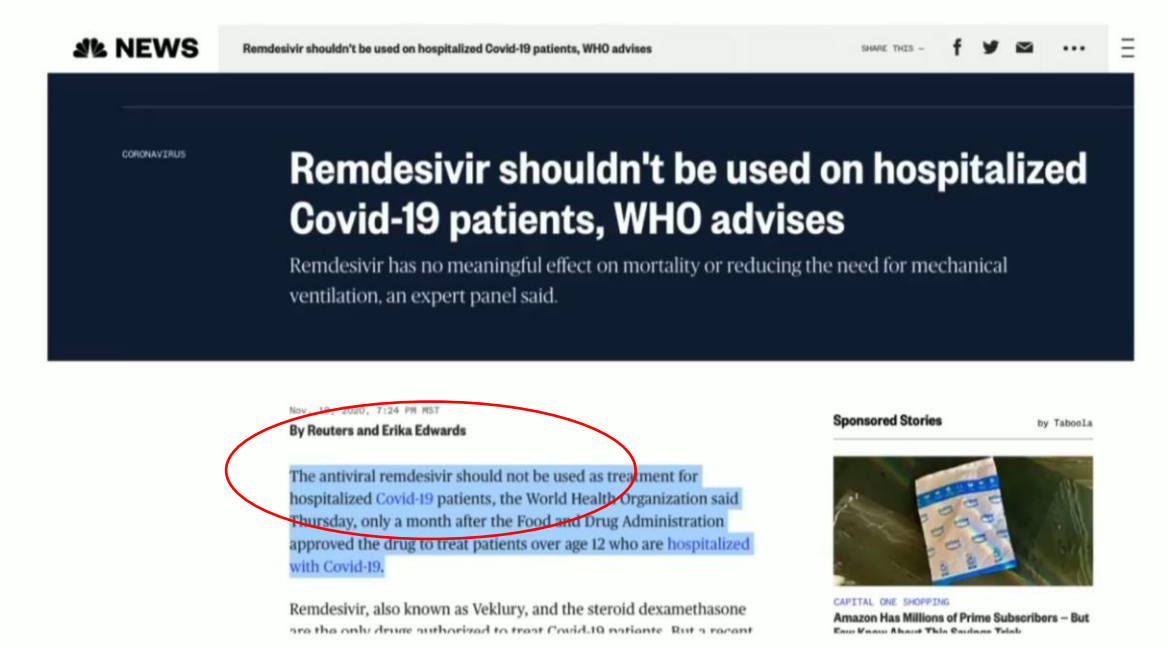
WHO says Remdesivir should not be used

And with this having happened, in November 2020, the World Health Organisation says that Remdesivir should not be used on Covid-19 patients.



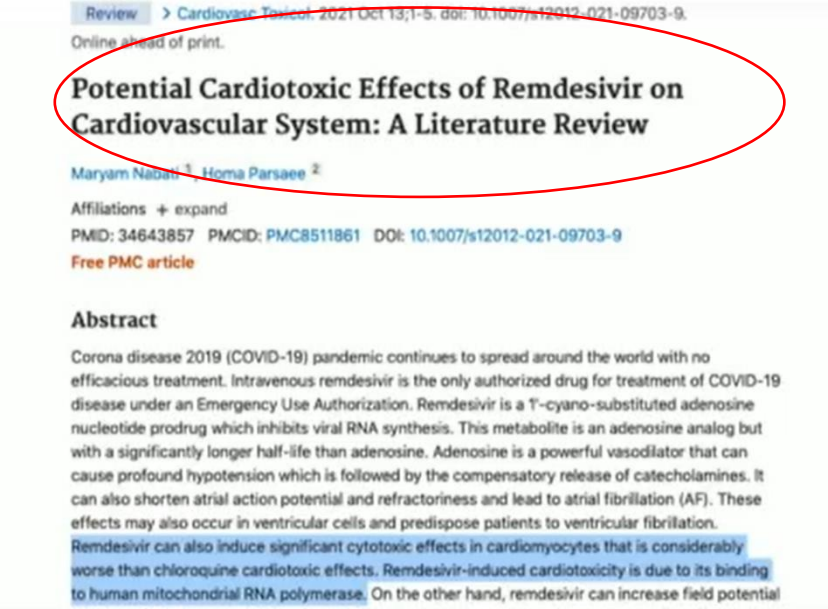
The National Library of Medicine is similarly critical of Remdesivir

And, on top of what happened in France, in April 2021 The National Library of Medicine had this to say in terms of the association of Remdesivir and acute renal failure…

There were two other slides that Dr Ardis produced in this connection but, while they are available, since they simply supported the headline immediately above, have not been included in this report.

Remdesivir and the Cardiovascular system

This next slide from the National Library of Medicine shows that it is not just the kidneys that are affected when Remdesivir is used.



Review > Cardiovasc Toxicol. 2021 Oct 13;1-5. doi: 10.1007/s12012-021-09703-9.
Online ahead of print.

Potential Cardiotoxic Effects of Remdesivir on Cardiovascular System: A Literature Review

Maryam Nabati [1], Homa Parsaee [2]

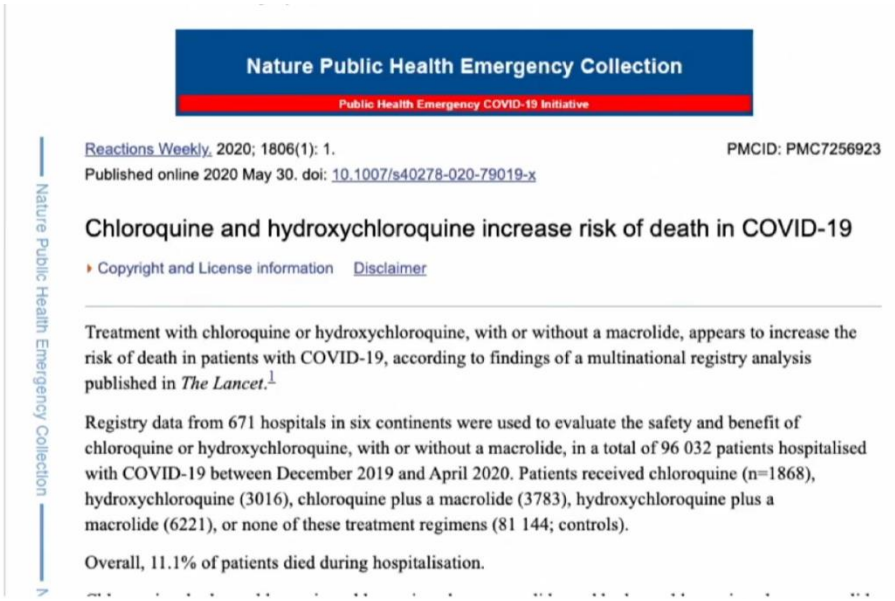
Affiliations + expand
PMID: 34643857 PMCID: PMC8511861 DOI: 10.1007/s12012-021-09703-9
Free PMC article

Abstract

Corona disease 2019 (COVID-19) pandemic continues to spread around the world with no efficacious treatment. Intravenous remdesivir is the only authorized drug for treatment of COVID-19 disease under an Emergency Use Authorization. Remdesivir is a 1'-cyano-substituted adenosine nucleotide prodrug which inhibits viral RNA synthesis. This metabolite is an adenosine analog but with a significantly longer half-life than adenosine. Adenosine is a powerful vasodilator that can cause profound hypotension which is followed by the compensatory release of catecholamines. It can also shorten atrial action potential and refractoriness and lead to atrial fibrillation (AF). These effects may also occur in ventricular cells and predispose patients to ventricular fibrillation. Remdesivir can also induce significant cytotoxic effects in cardiomyocytes that is considerably worse than chloroquine cardiotoxic effects. Remdesivir-induced cardiotoxicity is due to its binding to human mitochondrial RNA polymerase. On the other hand, remdesivir can increase field potential

Chloroquine and Hydroxychloroquine

And yet, with Dr Fauci saying in May 2020, that chloroquine must not be used, a view with which many doctors around the world would not agree.



Nature Public Health Emergency Collection
Public Health Emergency COVID-19 Initiative

Reactions Weekly. 2020; 1806(1): 1. PMCID: PMC7256923
Published online 2020 May 30. doi: 10.1007/s40278-020-79019-x

Chloroquine and hydroxychloroquine increase risk of death in COVID-19

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Treatment with chloroquine or hydroxychloroquine, with or without a macrolide, appears to increase the risk of death in patients with COVID-19, according to findings of a multinational registry analysis published in *The Lancet*.[1]

Registry data from 671 hospitals in six continents were used to evaluate the safety and benefit of chloroquine or hydroxychloroquine, with or without a macrolide, in a total of 96 032 patients hospitalised with COVID-19 between December 2019 and April 2020. Patients received chloroquine (n=1868), hydroxychloroquine (3016), chloroquine plus a macrolide (3783), hydroxychloroquine plus a macrolide (6221), or none of these treatment regimens (81 144; controls).

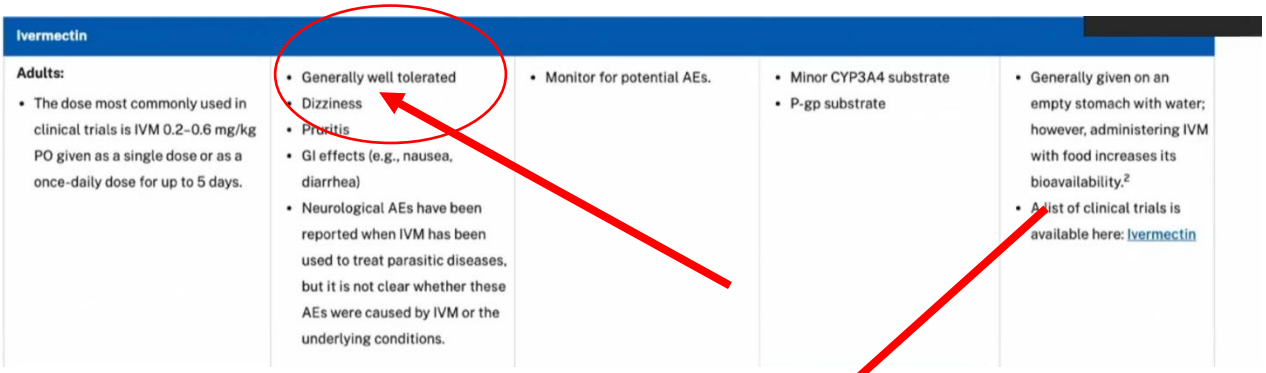
Overall, 11.1% of patients died during hospitalisation.

While the BMC (British Medical Council) says distinctly otherwise.

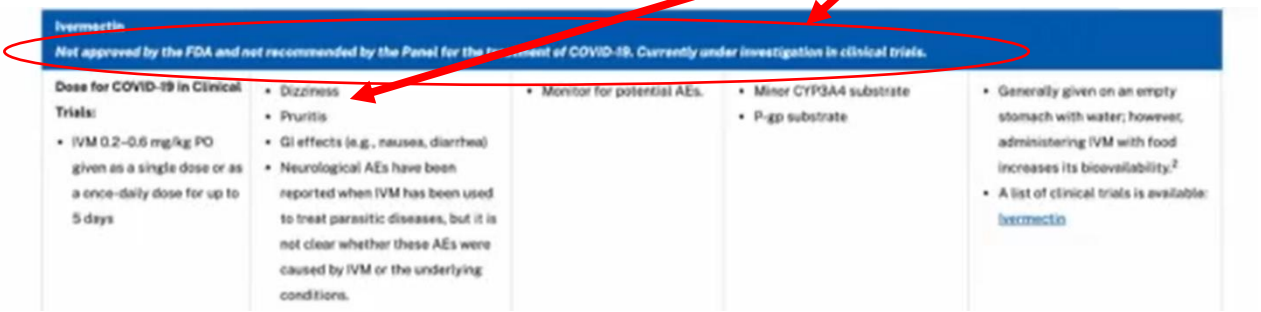
Ivermectin

In the case of Ivermectin, we need also to look at how there has been dirty work at the cross roads.

Take the official description of Ivermectin in July 2021…



Whereas in December 2021 this is what they say, or rather no longer say…

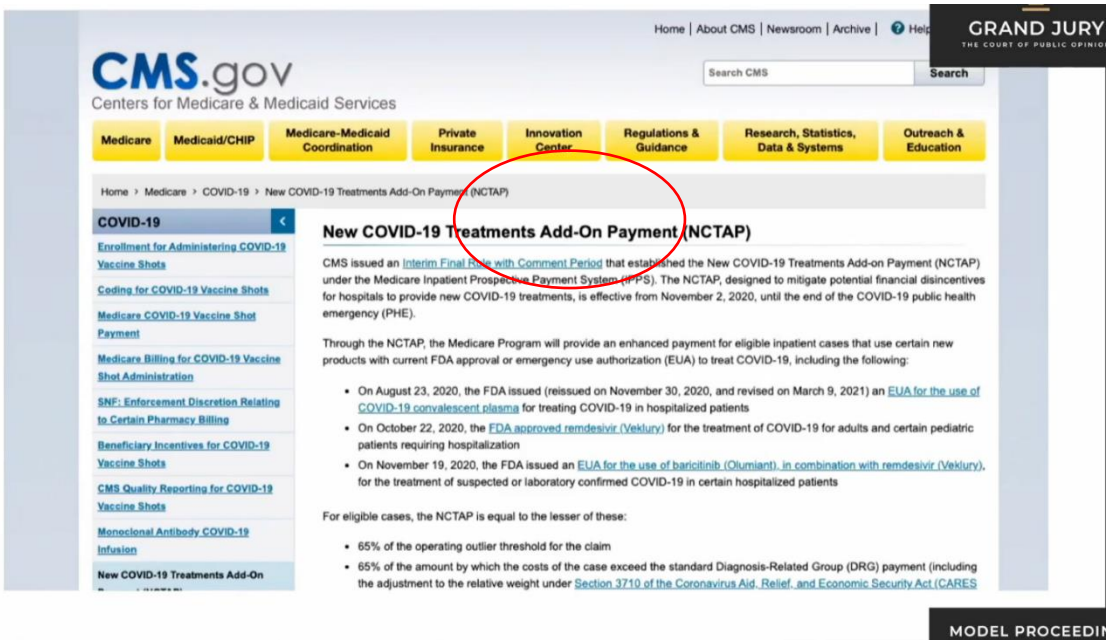


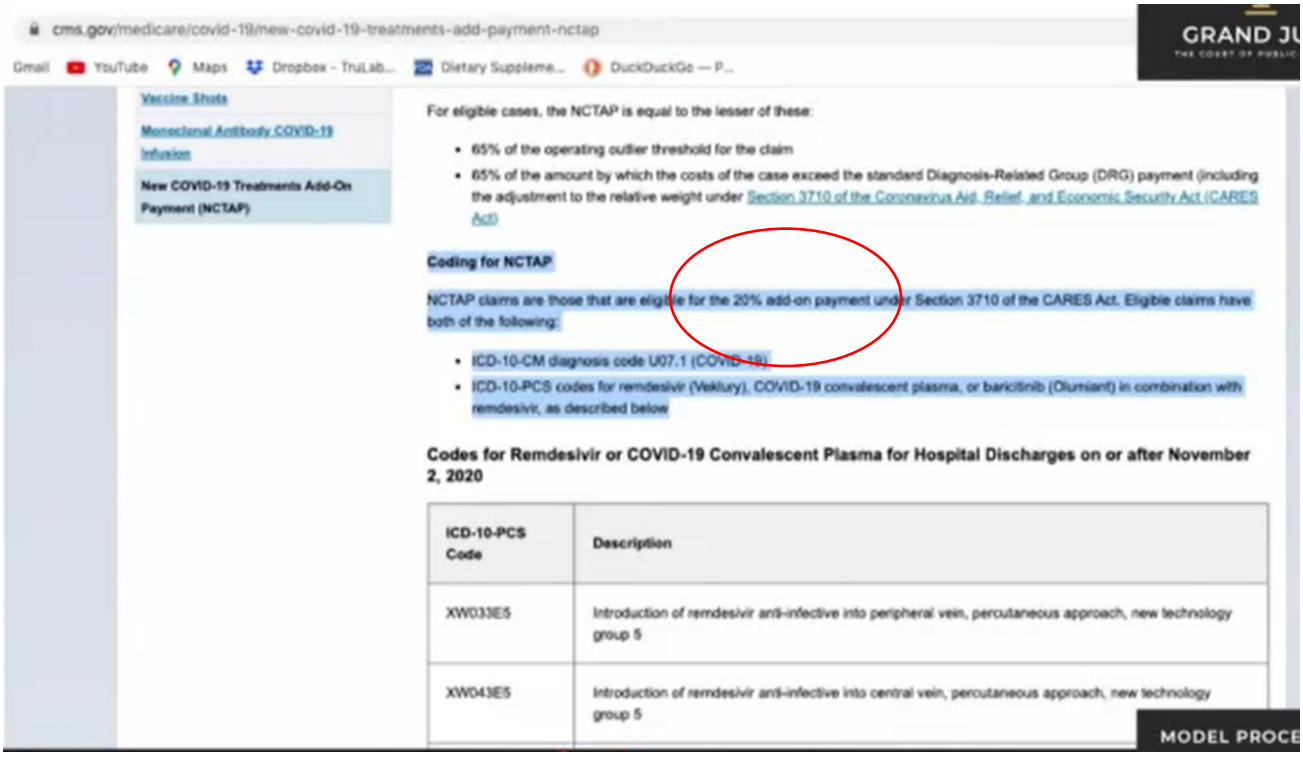
Note how “Generally well tolerated” has been removed. And how it is no longer approved nor recommended.

The words of the heading pointed out by the right-hand arrow on the announcement immediately above: “Ivermectin. Not approved by the FDA and not recommended by the Panel for the treatment of Covid-19. Currently under investigation in Clinical trials.

Bonus Payments for using Remdesivir

And then, in December 2021, having said that Remdesivir is the only recommended drug for treating Covid 19, they announce bonus (add on) payments to the hospitals that use it.

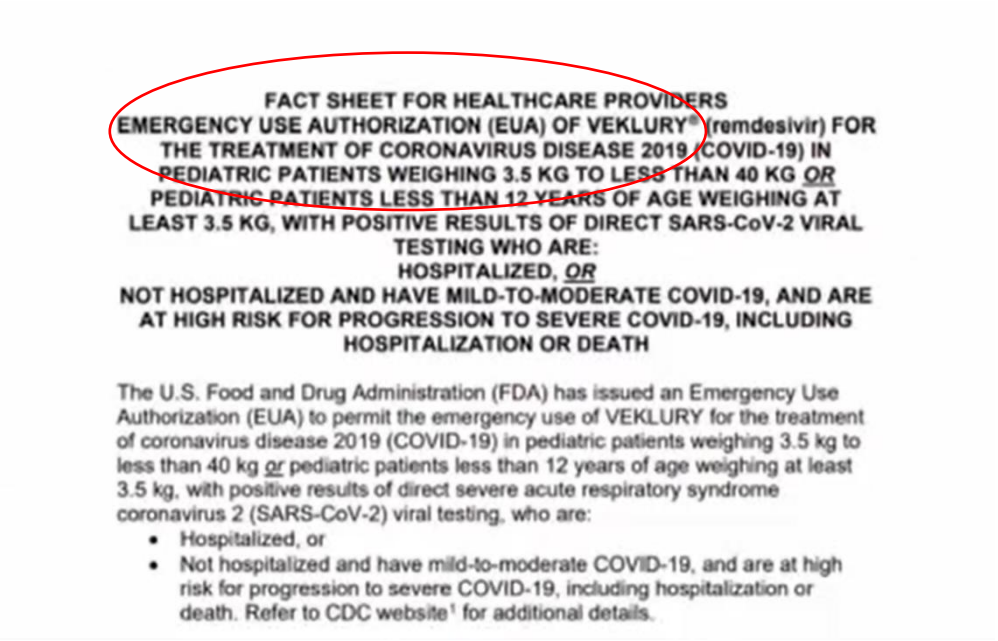




One wonders why doctors and hospitals need to be paid extra to use Remdesivir (which also goes by the name Veklury) if that is the only drug that may be used.

Remdesivir and babies

This is where we can see that they allow Remdesivir (Veklury) to be given to babies.

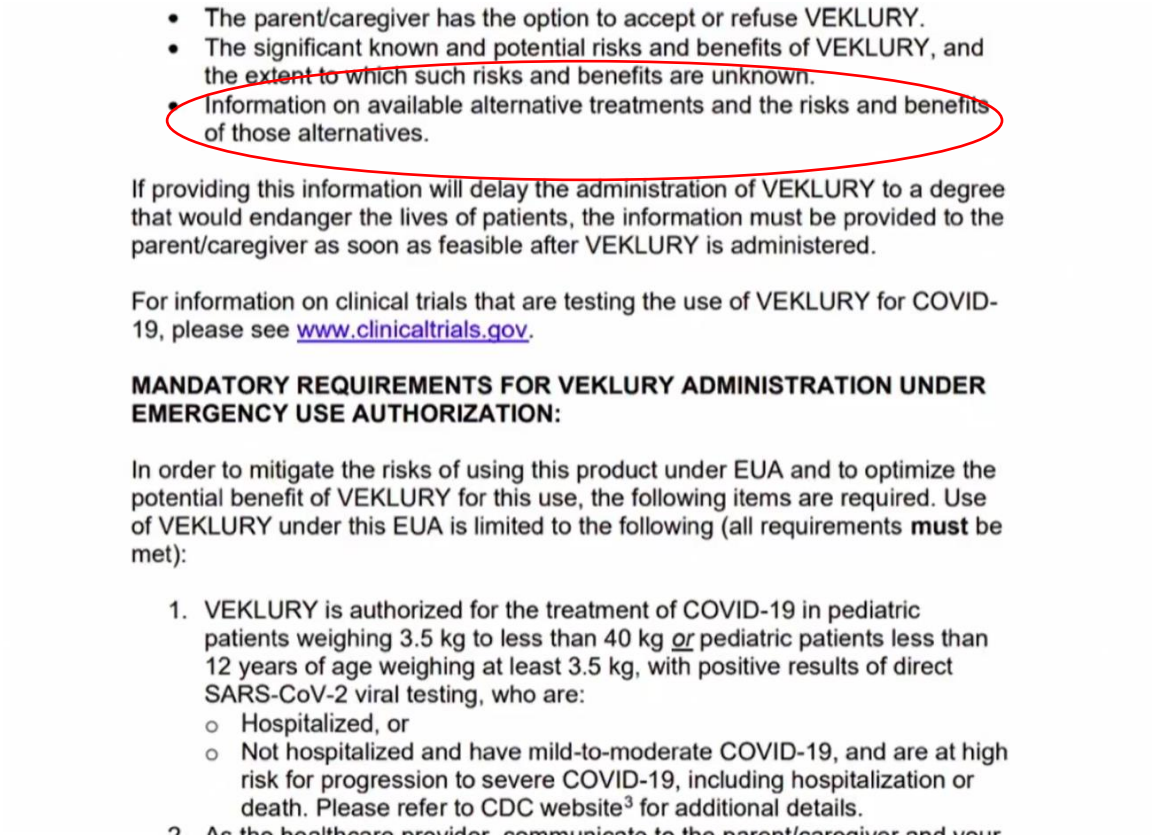


FACT SHEET FOR HEALTHCARE PROVIDERS
EMERGENCY USE AUTHORIZATION (EUA) OF VEKLURY® (remdesivir) FOR THE TREATMENT OF CORONAVIRUS DISEASE 2019 (COVID-19) IN PEDIATRIC PATIENTS WEIGHING 3.5 KG TO LESS THAN 40 KG *OR* PEDIATRIC PATIENTS LESS THAN 12 YEARS OF AGE WEIGHING AT LEAST 3.5 KG, WITH POSITIVE RESULTS OF DIRECT SARS-CoV-2 VIRAL TESTING WHO ARE:
HOSPITALIZED, *OR*
NOT HOSPITALIZED AND HAVE MILD-TO-MODERATE COVID-19, AND ARE AT HIGH RISK FOR PROGRESSION TO SEVERE COVID-19, INCLUDING HOSPITALIZATION OR DEATH

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of VEKLURY for the treatment of coronavirus disease 2019 (COVID-19) in pediatric patients weighing 3.5 kg to less than 40 kg *or* pediatric patients less than 12 years of age weighing at least 3.5 kg, with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, who are:

- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death. Refer to CDC website[1] for additional details.

So its use has been authorised for babies but then see what the authorities say in terms of the patients being given "information on available alternatives." One finds this lower down on the continuation of above slide…



- The parent/caregiver has the option to accept or refuse VEKLURY.
- The significant known and potential risks and benefits of VEKLURY, and the extent to which such risks and benefits are unknown.
- Information on available alternative treatments and the risks and benefits of those alternatives.

If providing this information will delay the administration of VEKLURY to a degree that would endanger the lives of patients, the information must be provided to the parent/caregiver as soon as feasible after VEKLURY is administered.

For information on clinical trials that are testing the use of VEKLURY for COVID-19, please see www.clinicaltrials.gov.

MANDATORY REQUIREMENTS FOR VEKLURY ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION:

In order to mitigate the risks of using this product under EUA and to optimize the potential benefit of VEKLURY for this use, the following items are required. Use of VEKLURY under this EUA is limited to the following (all requirements **must** be met):

1. VEKLURY is authorized for the treatment of COVID-19 in pediatric patients weighing 3.5 kg to less than 40 kg *or* pediatric patients less than 12 years of age weighing at least 3.5 kg, with positive results of direct SARS-CoV-2 viral testing, who are:
   - Hospitalized, or
   - Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death. Please refer to CDC website[3] for additional details.
2. As the healthcare provider, communicate to the parent/caregiver and your

But, as this official announcement goes on to say elsewhere, *there <u>are</u> no approved available alternatives!*

APPROVED AVAILABLE ALTERNATIVES

There is no approved available alternative product for the treatment of COVID-19 in pediatric patients weighing 3.5 kg to less than 40 kg *or* pediatric patients less than 12 years of age weighing at least 3.5 kg, with positive results of direct SARS-CoV-2 viral testing, and who are:

- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

AUTHORITY FOR ISSUANCE OF THE EUA

The Secretary of HHS has declared that circumstances exist that justify the emergency use of drugs and biological products during the COVID-19 pandemic. In response, the FDA has issued an EUA for the approved product, VEKLURY, for the unapproved use to treat COVID-19 in pediatric patients weighing 3.5 kg to less than 40 kg *or* pediatric patients less than 12 years of age weighing at least 3.5 kg, with positive results of direct SARS-CoV-2 viral testing, and who are[4]:

- Hospitalized, or

[4] The healthcare provider should visit clinicaltrials.gov to determine whether there is an active clinical trial for the product in this disease/condition and whether enrollment of the patient(s) in a clinical trial is more appropriate than product use under this EUA.

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So Remdesivir / Veklury has been given Emergency Use Approval, but that goes right against what is said elsewhere in this "Approval", where it admits that the safety and effectiveness of this drug has not been established.

11.3 Pediatric Use

The safety and effectiveness of VEKLURY have not been established in pediatric patients weighing 3.5 kg to less than 40 kg or pediatric patients less than 12 years of age weighing at least 3.5 kg, with positive results of direct SARS-CoV-2 viral testing, and who are:

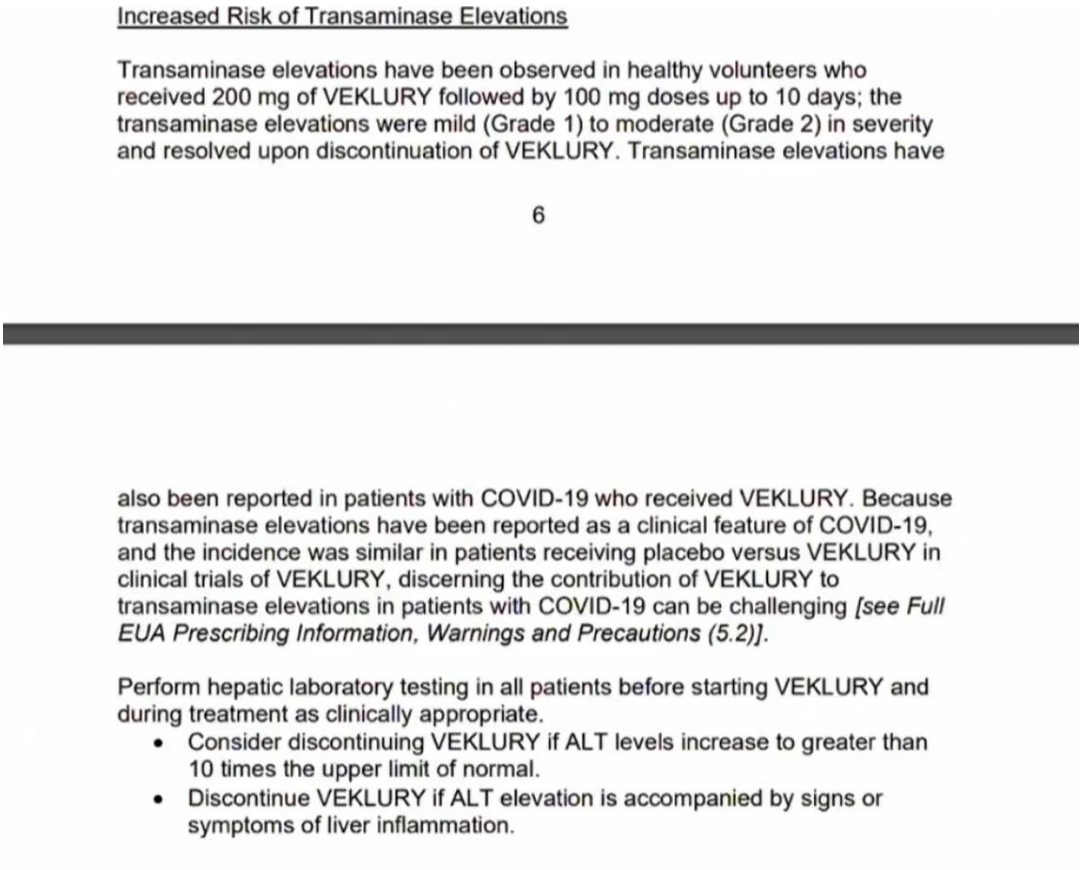
- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

VEKLURY for injection (supplied as 100 mg lyophilized powder in vial) *[see Dosage and Administration (2.2, 2.3, 2.4, 2.5)]* is the only authorized dosage form of VEKLURY for pediatric patients in this age group.

Use in this age group is based on extrapolation of pediatric efficacy from adequate and well-controlled studies in adults *[see Overall Safety Summary (6), Clinical Pharmacology (14), Clinical Trial Results and Supporting Data for EUA (18)]*.

Remdesivir and Liver Failure

And then we go on to discover that there is this additional danger of using Remdesivir. As we have seen, it is the only drug that is authorised and yet here they admit that it can cause acute liver (transaminase) failure.



Increased Risk of Transaminase Elevations

Transaminase elevations have been observed in healthy volunteers who received 200 mg of VEKLURY followed by 100 mg doses up to 10 days; the transaminase elevations were mild (Grade 1) to moderate (Grade 2) in severity and resolved upon discontinuation of VEKLURY. Transaminase elevations have

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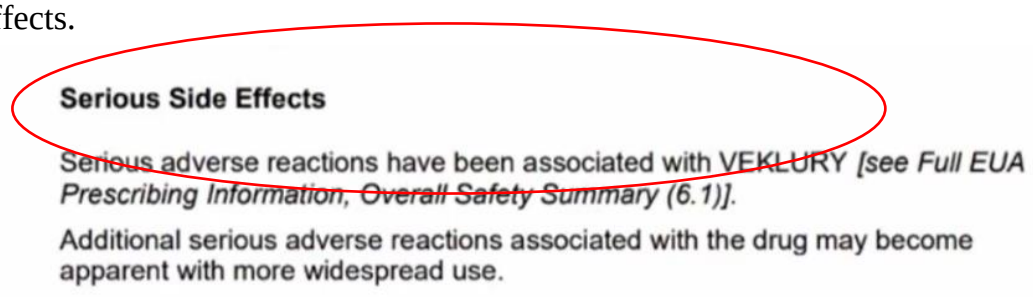
also been reported in patients with COVID-19 who received VEKLURY. Because transaminase elevations have been reported as a clinical feature of COVID-19, and the incidence was similar in patients receiving placebo versus VEKLURY in clinical trials of VEKLURY, discerning the contribution of VEKLURY to transaminase elevations in patients with COVID-19 can be challenging *[see Full EUA Prescribing Information, Warnings and Precautions (5.2)]*.

Perform hepatic laboratory testing in all patients before starting VEKLURY and during treatment as clinically appropriate.

- Consider discontinuing VEKLURY if ALT levels increase to greater than 10 times the upper limit of normal.
- Discontinue VEKLURY if ALT elevation is accompanied by signs or symptoms of liver inflammation.

Conclusion

This is a very confusing picture because, on the one hand, Remdesivir / Veklury is, or seems to be the only drug available, and yet it causes serious, and often fatal side effects.



Serious Side Effects

Serious adverse reactions have been associated with VEKLURY *[see Full EUA Prescribing Information, Overall Safety Summary (6.1)]*.

Additional serious adverse reactions associated with the drug may become apparent with more widespread use.

NICE and Remdesivir

It might be of interest to readers to follow this link: https://www.nice.org.uk/terms-and-conditions#notice-of-rights, where NICE (see above) and in spite of the known

dangers, are *still* (at the date this paper was being prepared, late February 2022) advocating the use of Remdesivir. If you look on their website you will find no warning that death may result from taking Remdesivir.

Vaccine Dangers

Before his testimony ended, Dr Bryan Ardis turned to vaccines and their potentially serious side-effects.

The following is published by the US Heart Association which may also be known as the American Heart Association

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ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: [illegible], INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF)which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score.The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients.This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology

It might be as well to remember the heading in bold black print above, with particular notice being taken of the final word "Warning". Here we have official proof that the vaccines target the heart muscle – see also Point 6 on the following page.

Dr Fauci and money

Before Dr Ardis ended his testimony, there was a question from the jury about Dr Fauci's financial interests in Remdesivir. It seems that this is all explained in a book called *We are the Prey*. The short answer is, apparently, that Dr Fauci was or still is working closely with 17 people who worked at Gilead Sciences. These were the individuals he chose to recommend the use of Remdesivir.

It seems that Googling names like Gilead Sciences, GM Tech, Roche and Vanguard and Blackrock will quickly link them with Fauci, Rothschild and Gilead Sciences and also Pfizer.

One of Dr Ardis slides showed that each treatment with Remdesivir costs the hospitals $3,120 to acquire, whereas most of the others on the list cost well under $100.

Dr Bryan Ardis's worrying conclusions:

1. By administering Remdesivir to babies, the babies will die; their deaths will be blamed on Covid – a virus that is only the common cold – and thus everyone will be frightened, or forced, to get the vaccines.
2. Remdesivir is now authorised to be used in nursing homes. This will result in further genocide.
3. We only have an illusion of a pandemic via the faulty PCR test.
4. The authorities have used this illusion to push drugs that kill.
5. However, people believe that they will be killed by the virus and thus they willingly accept the vaccine …
6. … which is a vaccine that kills. (HMW adds: I have recently seen an article that refers to 108 soccer players who have been killed by the vaccine. https://www.thetruthseeker.co.uk/?p=249872)
7. The corruption cannot be understated.
8. We have all been lied to. We see medical malpractice everywhere in the world. At the heart of this practice is financial gain.
9. This is textbook eugenics.
10. Criminal intent is everywhere.

John O'Looney's testimony

In his introductory remarks, John O'Looney said that, in his job as an undertaker, it is quite clear that nobody wants to check whether an unexpected death might have been caused by the deceased having been vaccinated.

Hospitalisation

Just before Christmas 2021, John had a cold that developed into something much worse, and so he went to bed. He started getting breathless, and called an ambulance, only to encounter a woman medic inside who told him how selfish he was for not being vaccinated. He was taken to hospital where they did three lateral flow tests, all of which were negative.

Nonetheless, he was taken to a ward where a consultant came to see him and said, "We are going to start you on Remdesivir." John said he did not want to be put on Remdesivir and so the consultant stomped off and was not seen by John again.

After the consultant had left, some nurses who were in the ward and who had seen this exchange, came over and thanked John for having said what he had.

Some time later a young lady came over to him. She was from Oxford University and she offered him a choice of two drugs, because she said otherwise he might die. One was Baracitinib and the other Tocilizumab.

John said that he would research them and, having done so, he asked her why she would give them to someone with respiratory problems. The lady refused to look him in the face and left.

Two men in beds opposite him had accepted these drugs and John lay awake all night watching them die.

John said that he deliberately kept himself awake for seventy two hours in the hospital in case they jabbed him with something while he slept.

After these experiences, John O'Looney knew he had to get out of that hospital.

Since he was starting to feel better he tried to leave but they called the hospital's security team who tried to have him arrested as a threat to public health. He spent three hours arguing with them, during which a respiratory consultant said that he would die within minutes if he left the ward. At one point they tried hard to ventilate him which again he refused (HMW adds: it has been clearly established that ventilators tend to hasten death rather than cure the patient.)

In spite of these difficulties, John did manage to escape from hospital.

Here is a summary of John's other points:

- It is dreadful to think that, when in a hospital today, you are surrounded by people whom you want to trust but many of whom are actually trying to kill you.
- Most of the hospital staff were intimidating and aggressive. They will no longer let a family into the hospital to support their ailing loved ones.
- Some nurses are trying to minimise the damage being done by the physicians.
- His time in hospital was a chilling experience. A veritable horror movie.
- John now says that he suffers from survivor's guilt because he left people in that hospital whom he would love to have tried to save.
- What has been and is still happening is intentional mass murder.
- On the basis of a simple Xray he saw people being put on end of life care.
- He was aware of a nil-by-mouth patient on end-of-life care who died of starvation in deep distress in a locked ward. He was begging for a cup of tea but he was not even allowed that.
- 80,000 nurses etc refused the vaccination because they have seen how, in many cases, that it can be lethal.
- The staff members in hospital must speak out. If they find themselves in court for these crimes, it will not be possible for them to say that they were just following orders.
- And, once such physicians have been be put in court, human nature dictates that some will start to break down and tell the truth about what has been going on.

Additional note by HMW – re the Huge Numbers of Deaths in Nursing Homes.

HMW attended an out-patients hospital appointment in Swindon on 12th March 2020 on Wren Ward at the Great Western Hospital just before this "plandemic" broke out. While there he was told by the consultant that, within the following week, the whole hospital was going to be emptied of patients, and that they were going to be transferred to local nursing homes. The reason given was to leave the hospital free to cope with the anticipated rush of Covid patients. While unaware of the satanic and staggering tragedy (massacre) that was about to unfold, HMW remembers telling a friend of his later that day, "We are clearly entering wholly new territory.")