Exhibit 394

Remdesivir, the Killer Drug: May have caused the deaths of 100,000 Americans

https://substack.com/@truth613

Remdesivir, the Killer Drug: May Have Caused the Deaths of 100,000 Americans

Ineffective against Covid - but dangerous to life. Remdesivir lawsuits are happening.

BRUCHA WEISBERGER
MAY 3, 2023

BS"D

It is difficult to believe that Remdesivir is *still* the standard hospital covid treatment, despite its worthlessness and the grave risks it poses.

This, even as lawsuits are piling up by family members alleging that Remdesivir killed their loved ones, and John Beaudoin is calling for a criminal investigation, citing data showing that Remdesivir may have killed 100,000 people in America.

The results of the Remdesivir trials, and of the real-world use of this drug over the last three years, prove that this "antiviral" is no more than a deadly sham.

Please see the information below so that you can help your loved ones make safer choices.

Remdesivir in Trials

1. **A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics | NEJM** shows more deaths (53.1%) in the Remdesivir treatment group than in any other. See Table 2:

Table 2.

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.

https://www.nejm.org/doi/full/10.1056/NEJMoa1910993

2. **Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial | Lancet**

Randomized Controlled Trial > Lancet. 2020 May 16;395(10236):1569-1578.
doi: 10.1016/S0140-6736(20)31022-9. Epub 2020 Apr 29.

Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial

Yeming Wang [1], Dingyu Zhang [2], Guanhua Du [3], Ronghui Du [4], Jianping Zhao [5], Yang Jin [6], Shouzhi Fu [7], Ling Gao [8], Zhenshun Cheng [9], Qiaofa Lu [10], Yi Hu [11], Guangwei Luo [12], Ke Wang [3], Yang Lu [3], Huadong Li [2], Shuzhen Wang [2], Shunan Ruan [2], Chengqing Yang [4], Chunlin Mei [4], Yi Wang [5], Dan Ding [5], Feng Wu [6], Xin Tang [6], Xianzhi Ye [7], Yingchun Ye [8], Bing Liu [9], Jie Yang [10], Wen Yin [11], Aili Wang [12], Guohui Fan [13], Fei Zhou [14], Zhibo Liu [14], Xiaoying Gu [13], Jiuyang Xu [15],

https://pubmed.ncbi.nlm.nih.gov/?term=Du+R&cauthor_id=32423584

> In this study of adult patients admitted to hospital for severe COVID-19, remdesivir was **not associated with statistically significant clinical benefits.**

> Remdesivir was **stopped early** because of **adverse events in 18 (12%) patients** versus four (5%) patients who stopped placebo early.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31022-9/fulltext

Dr. Paul Alexander gives more context about the Lancet study above:

> This trial was stopped early because of no clinical benefit, & adverse events.
>
> The LANCET Wang et al. publication (May 2020) came out the morning that the Fauci-NIH rolled out the fraudulent study (BW: see below.)
>
> The (Lancet) study was hidden & covered up by media, CDC, NIH, & FDA.

HERE is the fraudulent study by the NIH/Fauci's NIAID used to gain approval for Remdesivir:

3. **Remdesivir for the Treatment of Covid-19 — Final Report | NEJM**

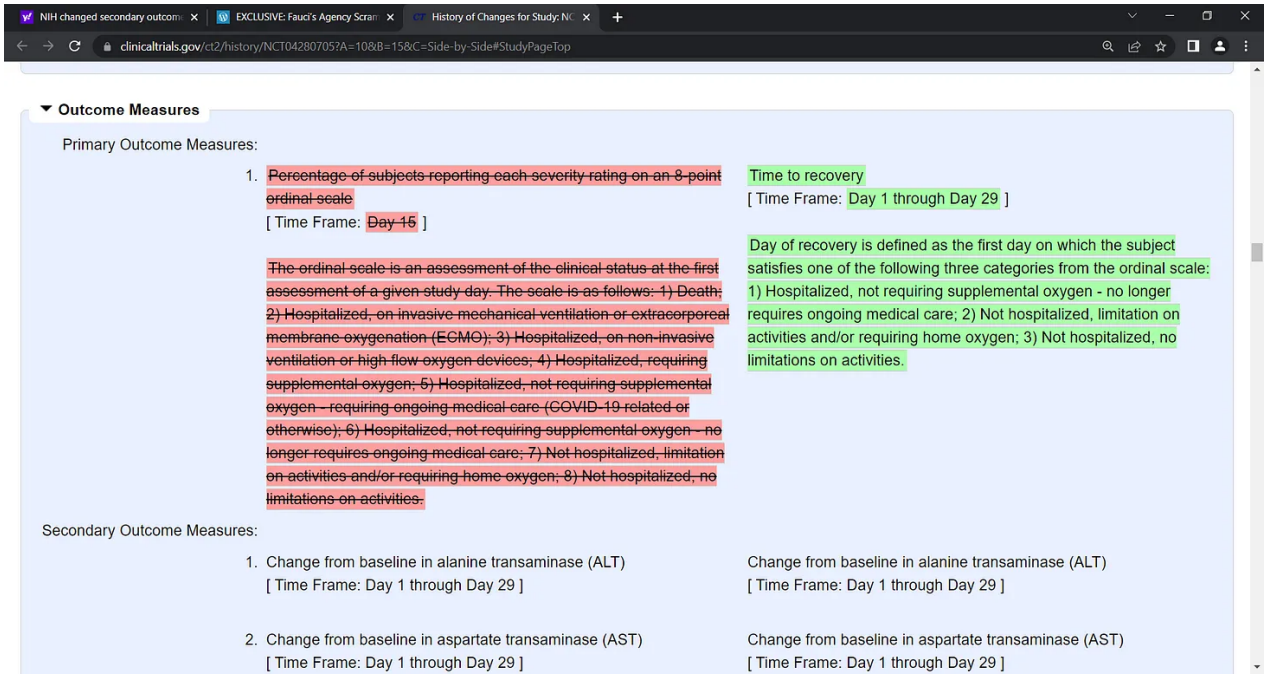
Before anything else, **please take a look at who funded the trial (remember, the manufacturer of Remdesivir is *Gilead*.)**

https://www.nejm.org/doi/full/10.1056/nejmoa2007764 https://www.niaid.nih.gov/news-events/nih-clinical-trial-shows-remdesivir-accelerates-recovery-advanced-covid-19

> **Funding and Disclosures**
>
> The trial was sponsored and primarily funded by the NIAID, National Institutes of Health (NIH), Bethesda, MD.
>
> Dr. Chu reports receiving consulting fees from Merck and GlaxoSmithKline, grant support from Sanofi Pasteur, and research supplies from Cepheid, Ellume, and Genentech; Dr. Luetkemeyer, receiving grant support, paid to the University of California, San Francisco, from Gilead; Dr. Paredes, receiving grant support and advisory fees from **Gilead** Sciences, Merck Sharp and Dohme, and ViiV Healthcare; Dr. Touloumi, receiving grant support from Gilead Sciences Europe; Dr. Benfield, receiving grant support from Pfizer, Novo Nordisk Foundation, Simonsen Foundation, and Lundbeck Foundation, grant support and advisory board fees from GlaxoSmithKline, grant support and lecture fees from Pfizer, teaching fees from Boehringer Ingelheim, grant support and teaching fees from **Gilead**, and teaching fees and advisory board fees from Merck Sharp and Dohme; Dr. Fätkenheuer, receiving grant support, advisory board fees, and travel support from **Gilead** Sciences and Janssen and grant support and advisory board fees from Merck Sharp and Dohme and ViiV Healthcare; Dr. Kortepeter, receiving consulting fees and serving on a board for Integrum Scientific; Dr. Pett, receiving grant support from **Gilead** Sciences and ViiV Healthcare; and Dr. Osinusi, being employed by **Gilead** Sciences. No other potential conflict of interest relevant to this article was reported.

Dr. Alexander explains the fraudulent trial used to get Remdesivir approved:

> They **engaged in methodological malfeasance by changing primary end-point to the protocol, because they were getting no benefit in mortality etc**., the patient important outcomes. They also had the Wang et al. LANCET study out that morning showing remdesivir failed and was very, very harmful. They also had the failed Ebola trial with massive harms, deaths due to remdesivir. So they ***changed the secondary outcome to the primary outcome, time to clinical recovery…*** no longer patient important outcomes such as death or hospitalization etc.



Alexander COVID News-Dr. Paul Elias Alexander's Newsletter

Remdesivir trial, April 2020 publication, NIH, NIAID, & Fauci; this is the trial that Fauci used to get EUA & they engaged in methodological malfeasance changing primary end-point; see their reason...

they declared benefit for the whole study and you thought the drug was efficacious (ideal trial setting) and this would be effective (real world setting)...little did you know they did this only so that they could say 'see here, its efficacious' and then get the EUA....these are real demons at NIH and NIAID and Fauci and what did we learn? well, it is actua...

Read more

a year ago · 73 likes · 10 comments · Dr. Paul Alexander

Remdesivir Postmarketing Study Concludes That it Causes a High Rate of Kidney Damage

Type of analysis	Kidney disorder cases[a]	Noncases[b]	ROR (95% CI)
Primary analysis			
Remdesivir users	327	1526	7.2 (5.7–9.0)
Other drug users	107	3572	1 (Reference
Sensitivity analysis restricted to severe to critical COVID-19 patients			
Remdesivir users	327	1526	3.7 (2.6–5.4)
Dexamethasone, sarilumab, or tocilizumab users	34	591	1 (Reference
Sensitivity analysis restricted to serious kidney disorders[c]			
Remdesivir users	301	1552	6.9 (5.4–8.7)

Other drug users	101	3578	1 (Reference

adverse drug reaction of remdesivir. These results are consistent with findings from another group.[4]

Part of a comment by Jerry W. on Dr. Alexander's March 27, 2023 Remdesivir article:

> This just brings back HORRIBLE memories for me and makes me....a grown man....cry. My best friend (who also was my Brother-In-Law and how I met my wife) was murdered by this stuff 1 1/5 years ago. As they strapped him to the bed with twisty ties so he wouldn't be pulling out the stupid breathing machine ... they stuffed down his throat. I was there when he passed and I knew what was going on (I'm a vendor / consultant in the medical field) and I physically get sick to my stomach every time I see the word Remdesivir.

Why Are Hospitals Spending So Much On Ineffective C-19 Treatments?

By Dr. Pierre Kory MD February 24, 2022

> Remdesivir claimed the top spot for hospital drug spending in 2021, with sales earning Gilead $4.2 billion in the first nine months alone. The problem is that, **at best, the drug doesn't work.**
>
> Despite some initial indication that Remdesivir might slightly reduce recovery time, the World Health Organization conducted a large-scale analysis that found it "had little or no effect on hospitalized patients with Covid-19, as indicated by overall mortality, initiation of ventilation, and duration of hospital stay."
>
> ***At worst, however, Remdesivir is harmful.*** A subsequent analysis of the agency's safety database *found it likely caused* ***kidney failure****,* and when independent trials (those not sponsored by a pharmaceutical company) are analyzed alone, **there is a clear statistical trend to harm.** WHO also warns that the drug may be associated with an **increased reporting of liver problems.**
>
> ***How is it possible that an ineffective and potentially dangerous drug that is scarcely used throughout the world received more money from U.S. hospitals than any other drug?***
>
> The answer is because our drug approval system is broken. It's skewed towards expensive, patented, often marginally beneficial or unknowingly dangerous treatments produced by our pharmaceutical industry to the detriment of well-known, safe, cheap, generic drugs – and ultimately patients.

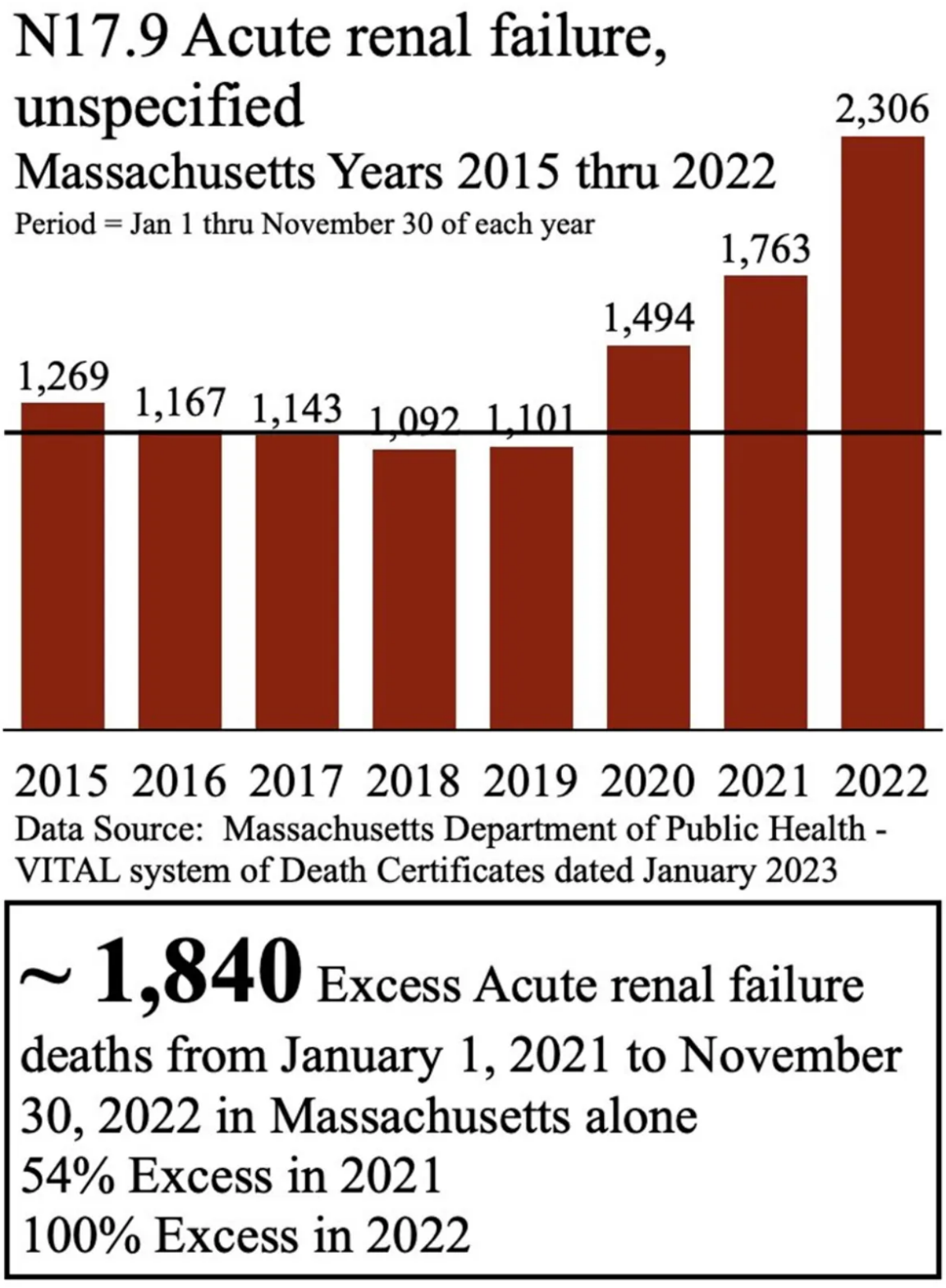
> Look at this chart created by an independent researcher that displays the efficacy of all drugs and compounds that have been studied against Covid-19.
>
> The ones circled in red are the only medicines that have received FDA Emergency Use Authorization (EUA is essentially fast-track approval) in the U.S. ***Each authorized medicine commands an exorbitant price while all the low-cost, effective drugs remain unauthorized for treatment of Covid-19.*** It would be an astonishing coincidence if the price tags were unrelated to their FDA status.
>
> **Moreover, Remdesivir was approved based on a single, small trial with questionable results.** This should never be the basis for approving a medicine for mass use – even during a public health emergency. The same thing has happened with monoclonal antibodies, Pfizer and Merck's antiviral pills, and, of course, the Covid-19 vaccines.
>
> Even more troubling are reports that the FDA did not consult the Antimicrobial Drugs Advisory Committee in granting Remdesivir's EUA. But the committee consists of outside experts that the FDA has at the ready precisely to weigh in on antiviral drug issues. It boggles the mind that the agency would authorize a drug without even consulting the very body that is supposed to advise it on such issues.
>
> *As if this all weren't dispiriting enough, we have undoubtedly spent so much on Remdesivir because hospitals have a major financial incentive to administer it.* ***The Centers for Medicare & Medicaid Services established a system that provides a 20% bonus to each hospital's bill to encourage them to use Remdesivir and other EUA approved high cost, patented medications.***

https://www.realclearmarkets.com/articles/2022/02/24/why_are_hospitals_spending_so_much_on_ineffective_c-19_treatments_818382.html

Criminal Investigation

> **John Beaudoin is calling for a criminal investigation into remdesivir citing data that it may have killed 100,000 people in America.**
>
> **The US Food and Drug Administration ("FDA") authorised the experimental antiviral drug remdesivir, brand name Veklury, for emergency use against covid-19 in May 2020. By October 2020, it had received full approval. It remains a primary treatment for covid-19 in hospitals, despite research showing it lacks effectiveness and can cause high rates of organ failure.**
>
> In mid-February, Beaudoin called for a criminal investigation into the drug, citing data for Massachusetts he estimates remdesivir may have killed 100,000 people in the US. "They know," he tweeted, "or they wilfully refuse to know. Either way, it's homicide."

> Using a Freedom of Information Act ("FOI") request, Beaudoin received all the death certificates in Massachusetts, USA, from 2015 to 2022. He produced graphs from the information he received and found 1,840 excess deaths from acute renal failure from 1 January 2021 to 30 November 2022, which he believes may be due to remdesivir.
>
> "Thousands dead in Massachusetts ARF likely due to remdesivir. This requires CRIMINAL investigation," he tweeted, attaching the graph below.



> Dr. Paul Marik, a pulmonary and critical care specialist and founding member of the Front Line Covid-19 Critical Care Alliance, explained that during the pandemic the only drug he was allowed to prescribe was remdesivir and that remdesivir increases the risk of kidney failure 20-fold.

https://expose-news.com/2023/03/15/remdesivir-killed-100000-americans/

Lawsuits filed for Remdesivir deaths

> Beaudoin has filed a lawsuit in U.S. District Court and believes a spike in deaths from acute renal failure (ARF) in Massachusetts is due to remdesivir, which is produced by Gilead Sciences.
>
> Two women are suing Kaiser Permanente and Redlands Community Hospital in California for giving remdesivir to their husbands without consent. Both men died from kidney and organ failure after being administered remdesivir.
>
> "The day he was admitted on August 12 they started the remdesivir and on [August 17] is when they were done," Christina Briones told CBS News. "Five doses. [On] the 17th his kidneys started to fail."
>
> In California, lawsuits have been filed on behalf of at least **14 families** against medical providers for prescribing remdesivir without providing necessary information about it, leading to the patients' deaths.
>
> Another wrongful death suit was filed in Nevada, after a patient died of kidney failure and respiratory failure a week after being given remdesivir.

https://childrenshealthdefense.org/defender/lawsuits-remdesivir-covid-cola/

More links on Remdesivir - I have *not* had a chance to view the videos.

https://rumble.com/v1zn96i-dr.-paul-marik-on-the-danger-of-remdesivir-at-senator-johnsons-covid-19-vac.html

https://twitter.com/SpartaJustice/status/1617615000977412096?t=A153weX8FGFS3sExtrzx9A&s=19

https://threadreaderapp.com/thread/1650126479227863043.html

https://www.brighteon.com/3d48c920-136a-4920-95be-5ec9a183f92a

https://www.redvoicemedia.com/video/2022/12/we-murdered-people-remdesivir-the-pseudomedicine-death-warrant-for-american-citizens/