

# Exhibit 371

Remdesivir ‘Disastrous’ as COVID Treatment,  
But Government Pays Hospitals to Use It

<https://childrenshealthdefense.org/defender/covid-pills-remdesivir-paxlovid-molnupiravir-cola/>

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# Remdesivir 'Disastrous' as COVID Treatment, But Government Pays Hospitals to Use It

*Remdesivir, the primary COVID-19 drug approved for use in U.S. hospitals, routinely causes severe organ damage and, often, death, but U.S. government pays hospitals a 20% upcharge, plus an additional bonus, for using the remdesivir protocol.*

By [Dr. Joseph Mercola](#)

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## Story at a glance:

- So far, all of the drugs developed against COVID-19 have been disastrous in one way or another. Remdesivir, which to this day is the primary COVID drug approved for use in U.S. hospitals, routinely causes severe organ damage and, often, death.
- Despite that, the U.S. Food and Drug Administration has approved remdesivir for in-hospital and outpatient use in children as young as 1 month old.
- Another COVID drug, Paxlovid, will in some cases cause the infection to rebound when the medication is withdrawn.
- Molnupiravir (sold under the brand name Lagevrio) also has serious safety concerns. Not only might it contribute to cancer and birth defects, it may also supercharge the rate at which the virus mutates inside the patient, resulting in newer and more resistant variants.
- The fact that U.S. health authorities have focused on these drugs to the exclusion of all others, including older drugs with high rates of effectiveness and superior safety profiles, sends a very disturbing message. They've basically become extensions of the drug industry, protecting the drug industry's interests at the cost of public health.

So far, all of the drugs developed against COVID-19 have been disastrous in one way or another.

[Remdesivir](#), for [example](#), which to this day is the primary [COVID drug](#) approved for use in U.S. hospitals, routinely causes severe organ damage, and, often, death.

Despite its horrible track record, the U.S. government actually [pays hospitals a 20% upcharge](#) for sticking to the remdesivir protocol, [plus an additional bonus](#). Hospitals must also use remdesivir if they want liability protection.

Incentives like these have turned U.S. hospitals into veritable death traps, as more effective and far safer drugs are not allowed, and hospitals are essentially forced to follow the recommendations of the U.S. Centers for Disease Control and Prevention.

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As reported by [Forbes science reporter JV Chamary](#) back in January 2021, in an article titled, "The Strange Story of Remdesivir, a COVID Drug That Doesn't Work":

"Remdesivir is an experimental drug developed by biotech company Gilead Sciences (under the brand name Veklury) in collaboration with the US Centers for Disease Control and Army Medical Research Institute of Infectious Diseases ...

"The drug proved ineffective against the Ebola virus ... yet was still subsequently repurposed for SARS-CoV-2 coronavirus. News media prematurely reported that patients were responding to treatment.

"But the [published data](#) later showed that 'remdesivir was not associated with statistically significant clinical benefits [and] the numerical reduction in time to clinical improvement in those treated earlier requires confirmation in larger studies' ...

"What's weird about remdesivir is that it hasn't been held to the same standards as other drug candidates. Normally, a drug is only approved for use by a regulatory body like the U.S. Food and Drug Administration if it meets the two criteria for safety and efficacy.

"Nonetheless, in October 2020, remdesivir was granted approval by FDA based on promising data from relatively small trials with about 1,000 participants. A [large-scale analysis](#) by the World Health Organization's Solidarity trial consortium has cleared up the confusion.

"Based on interim results from studying more than 5,000 participants, the international study concluded that remdesivir 'had little or no effect on hospitalized patients with COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay.' As a consequence of being mostly ineffective, WHO recommends against the use of remdesivir in COVID-19 patients."

### **Shockingly, US approves remdesivir for babies**

Curiously, while [Big Tech](#) — aided and abetted by the U.S. government — has spent the last two years censoring and banning any information that doesn't jibe with the opinions of the WHO, the U.S. government has completely ignored the WHO's recommendation against remdesivir.

In fact, in late April, the FDA approved remdesivir as the first and only [COVID-19](#) treatment for [children under 12](#), including [babies](#) as young as 28 days, which seems beyond Orwellian and crazy considering it's the worst of both worlds: It's ineffective AND has serious side effects.

What's worse, the drug is also approved for outpatient use in children, which is a first. In an April 30 blog post, [Dr. Meryl Nass](#) expressed her concerns about the FDA's approval of remdesivir for outpatient use in babies, stating:

"Remdesivir received an early EUA (May 1, 2020) and then a very early license (October 22, 2020) despite a paucity of evidence that it actually was helpful in the hospital setting. A variety of problems can arise secondary its use, including liver inflammation, renal insufficiency and [renal failure](#) ...

"WHO recommended against the drug on November 20, 2020. Few if any other countries used it for COVID apart from the US. A [large European trial](#) in adults found no benefit. The investigators felt 3 deaths were due to remdesivir (0.7% of subjects who received it). However, on April 22, 2022 the WHO recommended the drug for a new use: early outpatient therapy in patients at high risk of a poor COVID outcome."

### **Remdesivir — a reckless choice for children**

Nass goes on to recount how monoclonal antibody treatment centers have been turned into outpatient treatment centers using remdesivir instead, but we still don't have a lot of data on its effectiveness in

early treatment. She continues:

"The FDA just [licensed](#) Remdesivir for children as young as one month old. Both hospitalized children and outpatients may receive it. The drug might work in outpatients, but the vast majority of children have a very low risk of dying from COVID.

"If 7 deaths per 1,000 result from the drug, as the European investigators thought in the study of adults cited above, it is possible it will harm or kill more children than it saves.

"Shouldn't the FDA have waited longer to see what early outpatient treatment did for older ages? Or studied a much larger group of children? Very little has been published on children and remdesivir ...

"When we look at the [press release issued by Gilead](#), we learn the approval was based on an open label, single arm trial in 53 children, 3 of whom died (6% of these children died); 72% had an adverse event, and 21% had a serious adverse event."

Overall, remdesivir appears to be an exceptionally risky treatment choice for young children. Certainly, there are safer [early treatment protocols](#) that are very effective. Two other COVID drugs, [Paxlovid](#) and [Molnupiravir](#), also have serious safety concerns.

#### **Post-Paxlovid COVID rebound**

As [reported by Bloomberg](#), COVID patients treated with a [five-day course](#) of Paxlovid sometimes experience severe rebound when the medication is withdrawn.

U.S. government researchers are now planning to study the rate and extent to which the drug is causing SARS-CoV-2 infection to rebound, and whether a longer regimen might prevent it.

Bloomberg describes the post-Paxlovid rebound of [David Ho](#), a virologist at the Aaron Diamond AIDS Research Center at Columbia University:

"Ho said he came down with COVID on April 6 ... His doctor prescribed Paxlovid, and within days of taking it, his symptoms dissipated and tests turned negative. But 10 days after first getting sick, the symptoms returned and his tests turned positive for another two days.

"Ho said he sequenced his own virus and found that both infections were from the same strain, confirming that the virus had not mutated and become resistant to Paxlovid. A second family member who also got sick around the same time also had post-Paxlovid rebound in symptoms and virus, Ho says.

"'It surprised the heck out of me,' he said. 'Up until that point I had not heard of such cases elsewhere.' While the reasons for the rebound are still unclear, Ho theorizes that it may occur when a small proportion of virus-infected cells may remain viable and resume pumping out viral progeny once treatment stops."

Clinical Director of the Division of Infectious Diseases at Brigham and Women's Hospital, [Dr. Paul Sax](#), told Bloomberg:

"Providers who are going to be prescribing this should be aware that this phenomenon occurs, and if people have symptoms worsening after Paxlovid, it's probably still COVID. The big problem is that when this drug was released, this information wasn't included [on the label]."

#### **Pfizer defends Paxlovid**

The U.S. Food and Drug Administration has stated it is “evaluating the reports of viral load rebound after completing Paxlovid treatment and will share recommendations if appropriate.”

The U.S. Centers for Disease Control and Prevention has not yet commented on the findings.

Pfizer, meanwhile, insists the increase in viral load post-treatment “is unlikely to be related to Paxlovid” because [viral rebound](#) was found in “a small number” of both the treatment and placebo groups in Pfizer’s final-stage study.

[Clifford Lane](#), deputy director for clinical research at the National Institute of Allergy and Infectious Diseases (NIAID), told Bloomberg that some people may simply “need longer dosing of Pfizer’s drug than the standard five days.”

“There’s two things that suppress the virus: the drug and the host immune response,” he said. “If you stop the drug before the host immune response has had a chance to kick in, you may see the virus come back.”

### **Molnupiravir supercharges viral mutation**

Molnupiravir (sold under the brand name Lagevrio) also has [serious safety concerns](#). This drug was developed by Merck and Ridgeback Therapeutics and approved for emergency use by the FDA December 23, 2021, for high-risk patients with mild to moderate COVID symptoms.

However, not only might it contribute to cancer and birth defects, it may also supercharge the rate at which the virus mutates inside the patient, resulting in newer and more resistant variants. As reported in November 2021 by Forbes contributor and former professor at Harvard Medical School, [William Haseltine](#), Ph.D.:

“... I believe the FDA needs to tread very carefully with molnupiravir, the [antiviral](#) currently before them for approval. My misgivings are founded on two key concerns.

“The first is the drug’s [potential mutagenicity](#), and the possibility that its use could lead to birth defects or cancerous tumors. The second is a danger that is far greater and potentially far deadlier: the drug’s potential to supercharge SARS-CoV-2 mutations and unleash a more virulent variant upon the world ...

“My concern with molnupiravir is because of the mechanism by which this particular drug works. Molnupiravir works as an antiviral by tricking the virus into using the drug for replication, then inserting errors into the virus’ genetic code once replication is underway. When enough copying errors occur, the virus is essentially killed off, unable to replicate any further ...

“But my biggest concern with this drug is ... molnupiravir’s ability to introduce mutations to the virus itself that are significant enough to change how the virus functions, but not so powerful as to stop it from replicating and becoming the next dominant variant.”

Haseltine cites pre-pandemic experiments showing MERS-CoV and the mouse hepatitis virus (MHV) both developed resistance against the drug, thanks to mutations that occurred.

While the central idea behind the drug is that the genetic errors will eventually kill the virus, these experiments showed the viruses were in fact able to survive and replicate to high titers despite having large numbers of mutations throughout their genomes.

The drug did slow down replication, but as noted by Haseltine, “outside of the lab, as the drug is given to millions of people with active infections, this disadvantage may quickly disappear as we would likely provide a prime selection environment to improve the fitness of the virus.”

This risk may be particularly high if you fail to take all the prescribed doses (typically 800 milligrams twice a day for five days).

### Experts question usefulness of Molnupiravir

More recently, in a January 10 article, [Newsweek cited concerns](#) by professor Michael Lin of Stanford University:

"I am very concerned about the potential consequences now that molnupiravir has been approved ... It would only be a matter of time, perhaps a very short time, before a lucky set of mutations occurs to create a variant that is more transmissible or immunoevasive ...

"The drug simply speeds up that natural process. The hope is that over enough days all the viral copies will have so many mutations that none of the copies can function.' But Lin said he was concerned that in the real world, there is a possibility that a mutated virus could jump from a patient taking molnupiravir to another individual, citing the relatively modest efficacy of the drug.

"For cases that get worse so that people have to go to the hospital, this drug only prevents that from happening 30% of the time. That means 70% of the time the virus isn't being eliminated quickly enough to make a difference. And we know COVID patients going to hospitals are highly contagious.'

"Lin said the risks could be heightened when a patient does not comply exactly with the dosing schedule of the drug ... 'In any of those situations viruses will have picked up some mutations but not enough to kill all the virus copies,' he said. 'The survivors are now mutated, perhaps have picked up immunoevasion and can go on to infect others' ...

"According to Lin, the 'very low efficacy alone' should have disqualified the drug from approval ... 'Even if the drug were great we wouldn't take such a risk, but this drug is worse than any other drug that's sought approval for COVID-19. It's completely not worth it.'"

Haseltine also told Newsweek that, "Of all the antiviral drugs I have ever seen, this is by far the [most potentially dangerous](#)," and "The more people that take it, the more dangerous it will be."

## It's Time to Follow the Science. Join our Campaign!

One of the FDA panel members who actually voted against the approval of molnupiravir, James Hildreth, president of Meharry Medical College in Tennessee, wanted Merck to do a better job of quantifying the risk of mutations before approval.

During the panel meeting, he noted that:

"Even if the probability is very low, 1 in 10,000 or 100,000, that this drug would induce an [escape mutant](#) which the vaccines we have do not cover, that would be catastrophic for the whole world."

### Government has sold out to Big Pharma

Widespread use of a drug that turbocharges mutation of an already rapidly mutating virus probably isn't the wisest strategy. Likewise, using drugs that cause high rates of organ failure, like remdesivir, and drugs that causes the virus to rebound with a vengeance, like Paxlovid, don't seem to be in the best interest of public health either.

The fact that U.S. health authorities have focused on these drugs to the exclusion of all others, including older drugs with high rates of effectiveness and superior safety profiles, sends a very disturbing

message.

They've basically become extensions of the drug industry and have abandoned their original purpose, which is to protect public health — by ensuring the safety and efficacy of drugs, in the case of the [FDA](#), and by conducting critical science and data analysis in the case of the [CDC](#).

Instead, they seem to be doing everything they can to protect [Big Pharma](#) profits, even if it costs you your life. Remdesivir, for example, is an extremely expensive drug, costing between \$2,340 and \$3,120 depending on your [insurance](#).

[Ivermectin](#), meanwhile — which has been very effective against COVID and shown to outperform at least 10 other drugs, including Paxlovid — [costs between \\$48 and \\$94 for 20 pills](#) depending on your location. The average cost is said to be about [\\$58 per treatment](#).

Paxlovid [costs \\$529](#) per five-day course of treatment, and molnupiravir is [around \\$700](#). While not quite as expensive as remdesivir, both are still nearly 10 times costlier than ivermectin, which is more effective.

Paxlovid alone has cost U.S. taxpayers \$5.29 billion. Just imagine the billions we could have saved had we saner leadership.

Since the FDA and CDC cannot be trusted, it's imperative to take responsibility for your own health. Do your own research and follow your own conscience and conviction.

Remember, when it comes to COVID-19, early treatment is crucial, and effective protocols are readily available — just not from the FDA, CDC or even most hospitals.

For a refresher, check out [Dr. Pierre Kory's interview](#) with Chris Martenson. You can also find many other articles describing early treatment protocols by searching through my [Substack archive](#).

*Originally published by [Mercola](#).*

*The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.*

## SUGGEST A CORRECTION

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### **Dr. Joseph Mercola**

Dr. Joseph Mercola is the founder of [Mercola.com](#).

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**B** **Bett** a year ago  

The hospital gave my mother Remdesivir and it caused her kidneys to fail and killed her. Fauci and the hospital should be charged with murder. They knew that Remdesivir caused kidney failure and death in 50% of patients during the Ebola trial but they forced it on covid patients anyway. And the Texas hospital made about \$140,000 for giving it to her along with their other deadly protocols.

They are all evil and murderers.

28 0 Reply • Share ›



**Jason Millman**  Bett

a year ago

I'm so sorry for your loss. It is heartbreaking. The systems of medicine are bankrupt. We need to build a parallel system as there is little to no way to save the current one.

6 0 Reply • Share ›



**PamelaZelie**  Bett

a year ago

I am so sorry for your loss. These hospital physicians and administration are cold-blooded killers.

5 0 Reply • Share ›





**The Man With No Name** → Bett



a year ago

You should have immediately gotten an attorney. The only way this madness ends is if we make them pay. Money is the only thing that is on their radar. Human life means nothing to them.

4 0 Reply • Share ›



**Lara Vandelli** → The Man With No Name



a year ago edited

What if they can't afford an attorney..... and what would be the charge? Look at that disabled young lady who was murdered. They had only one charge for the hospital "causing pain to an individual". Instead the charge for pre-meditated murder (which it is) can't be used against a hospital. These people should all be held liable. All those rich folks out there who are against this whole C-19 Plandemic and have no ties to the Elite (the very few who want to do the right thing), please assist financially, to get the people who are committing crimes against humanity charged and put away for life.

2 0 Reply • Share ›



**justajo** → Bett



a year ago

Hospitals have become killing machines. They should get honest and put this over their door: "Abandon hope all who enter"

1 0 Reply • Share ›



**Wendy Allen** → Bett



a year ago

It is snake venom and they know the people will die on the 9th day of it. It may shut down all organs. <https://rumble.com/v10mnew-...>

1 0 Reply • Share ›



**Biteme Fiddles, Country burns** → Bett



a year ago

Same as with my mom. No symptoms, but blood O2 was lower than what they wanted, so off to the Croaker Joint...isolation...no access...  
Remdesivir only treatment (I even insisted that they use Iver\*\*\*\*n- and they "never heard" of using THAT).

EOB shows they got paid around 250K for that 9 day visit.

1 0 Reply • Share ›



**Truth-Seeker!** → Bett



a year ago

The GLOBALISTS have over-thrown this nation & are now firmly in control of America! Look at the HIGH-TREASON committed in the 2020 election! As to these criminals killing your dear mother, the ETERNAL-FIRE awaits them! May your sweet mother's soul rest in God's eternal heaven.... amen!

0 0 Reply • Share ›



**disqus\_7EcB0kPDrU**

a year ago

Remdesivir was Fauci's baby, he loved it and pushed the hell on it, and the FDA went along. The entire bunch are so corrupt, greedy, and have no regard for human life. One day, the curtain will be pulled back and these people will be reviled for the monsters they are.

21 0 Reply • Share ›



**Wendy Allen**

→ disqus\_7EcB0kPDrU

a year ago

He is getting millions in royalty money now for his stuff for the Corona virus. His patents etc.

1 0 Reply • Share ›



**Countrygirl1411**

a year ago

US govt continues to fund and pay for the killing people with deadly treatments.

16 0 Reply • Share ›



**lakewoodsteve**

→ Countrygirl1411

a year ago

History tells about that Symbiotic relationship! Evil hollocost promoting Bayer I.G. Farben funded Hitler's Jew killing & war, all to sell drugs & newly invented war materials! Not much happened to them in war crime trial #6, So why stop? I.E. "Nothing new under the sun." as the good book tells us!

7 0 Reply • Share ›



**Abresh Arquah**

a year ago

Don't get me started on this. My mother died due to that murdercare (no, I am not being hyperbolic) that they did in hospitals and still are doing today. We need some criminal investigations all across the world into this nonsense.

14 0 Reply • Share ›



**Wendy Allen**

→ Abresh Arquah

a year ago

They have been killing off people for a long time...nursing homes...many drugs and they may only last 6 months there. They may do the opposite of what is good in the hospital

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 may only last 6 months there. They may do the opposite of what is good in the hospital  
 for many years. They get mostly immunity if they kill off people.

1 0 Reply • Share ›



**mia kulper**

a year ago

A friend of ours & his wife got sick & while he started the Ivermectin protocol, he either didn't have the right blend or not the right dosage (I don't think he had the standard human RX).

He went to the local hospital where several days passed with giving him a variety of things, including Remdesovir & then they pushed him to the ventilator. He was dead within a few days of this. This is a guy who was so full of life and only about 58 years old. A man who wanted to live and had so much to live for.

The hospital refused to allow alternate treatments and kept friends away from his room. With his wife's condition, she was little help in securing him treatment or getting him out of the hospital. She was discharged immediately so who knows - maybe they were simply interested in "offing him".

In all, in some ways, he is blessed in it all because he won't be here to watch this country continue over the cliff. But he would have loved to stay for the fight - he was not a man to step down from a challenge. Which made it so much worse because he was so certain he would beat it / they broke his will & made him feel they were his only hope.

Not long after that, another military man that he greatly respected and who was a real voice for freedom went through the same scenario and was also dead within a short period of time. Same protocol with the killed Remdesovir and the killer vent. Sadly, as much as they were both anti-vaxxers & didn't buy into the scam, they were also so enamored with DJT that I think they believed that their hero made it with the miracle drug there and that so would they. A tragedy.

And Trump is still pushing the vaccine.

14 0 Reply • Share ›



**Caroline Cary Davidson**

→ mia kulper

a year ago

wow, that's really sad. I too have a difficult time understanding the support for the D, in the natural health community in general. its really mind-boggling. also so many of those MAGA folk also were right there in line for the jab, asap. it REALLY isn't a political thing; the MSM are making it into a political thing in order to divide us.

7 0 Reply • Share ›

P

**Philip Rafferty**

→ mia kulper

a year ago

Trump recommended Hydroxychloroquine, which has, over 60 years killed less than one person a year. This is why Hydroxychloroquine was banned, the media, CDC and others would sooner people die from Covid than Trump be right. (I do not like Trump or Biden, I live outside the US)

3 0 Reply • Share ›

**Deborah M. Damascus**

a year ago

Covid went through my family, starting with me - I sadly gave it to. my 6 month old grandson who developed croup and had to be placed on steroids - he gave it to his parents - my daughter has bronchitis and is also on steroids despite the fact she and I took the FLCCC Ivermectin protocol from the start. I'm very distressed that when we had questions - none of our family physicians were a help and you call a front line doctor and it's hard to get back in touch with them again - Unless you are lucky enough to live near physicians like Dr. Marik or Dr. Kory - you are basically on your own with followup. My internist wanted to give me Paxlovid - GOOD THING I WAS SMART ENOUGH TO SAY NO. But it's a disgrace that all physicians aren't using the FLCCC protocol so that they can gain experience and help patients through when problems arise. Can't believe this is America. Thank God I think we are all on the mend but if Omicron is considered mild - thank God none of us got Delta or any of the others.

12 1 Reply • Share ›

**Cherie Zimmerman**

→ Deborah M. Damascus

a year ago

I had Covid when I was 58.5 yrs. old. I mention the age for a reason. For me it was like a mild flu. What makes a person healthy? Nutrition, exercise, & genetics. But many physicians believe that a lack of vitamin D3 is a problem. Since I have been taking D3, it has made a real difference. If you take care of your own health, you will do way better. Older people can be healthy too.

8 0 Reply • Share ›

**PamelaZelie** → Cherie Zimmerman

a year ago edited

I understand this but -- my husband, daughter and I all came down with covid at the same time. We were all healthy, eat wisely, took D3 and Vit C, and exercised. My daughter and I had bad flu-like symptoms but my husband became critically ill and was hospitalized. (We could not obtain Ivermectin or HCQ in time. We have since made sure to have our own stock of both medications for any future event). Thank the Lord, my husband stated NO remdesivir and NO ventilator, and recovered after one month in the hospital using high flow nasal oxygen. So, there are people who were very healthy, took vitamins and still became deathly ill. It's only by God's grace that he survived. And no, we would never take the 'jab.'

3 1 Reply • Share ›

**Lara Vandelli**

→ PamelaZelie

a year ago

My daughter and I also got C-19. Yes it may be a "flu" but because it

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my daughter and I also got C-19. Yes it may be a flu but because it was created in a lab and weaponised and spread - it is a MEGA FLU. Flu, itself, is quite infectious and is known to kill quite a few people annually. But the C-19 is flu on steroids. Also I noticed that whatever weak spot is in the body, for example, one suffers from gastro ulcers, it targets that area immediately. If one has kidney or bladder problems - it attacks that area. It's as if it has been created to attack the most vulnerable organ in ones body. So if one suffers from bronchitis - that's the target area for C-19. It's as if this thing is programmed - just like a drone missile focusing on a target and then blowing it to pieces. C-19 was unleashed onto the public more than 2 years ago - people are still getting it - who is still unleashing it now?

0 0 Reply • Share ›



**ISA41:10** → Deborah M. Damascus



a year ago

How did you know it was Covid? The PCR test? The PCR test is a FRAUD. It cannot tell if you are sick or not.

Covid is NOTHING but the flu.....PERIOD!!!

4 1 Reply • Share ›



**Ty Fleenor** → ISA41:10



a year ago

100%... the sleepers don't want listen, they want to believe the dis-ease exists. It's war for our minds.

2 1 Reply • Share ›



**lakewoodsteve** → Deborah M. Damascus



a year ago

@Debora; I & others think the [side effect] damage done by evil \*leading cause of death/ Big Pharma's squalene based vaccines, injuries our/ God's innate immune system, to allow that exponential increase childhood autoimmune disorders! Dr. Kendall's book claims DMG helps mitigate some of that evil/ forced/ Godless nonsense, [through the metallization process!] \*see, "Death by Medicine"! Or the Johns Hopkins [low-ball] iatrogenic study! Then Google & read Big Pharma Big Fines! I.E. The very worst place to get health advice from!

1 0 Reply • Share ›



**tag** → Deborah M. Damascus



a year ago edited

I don't and never have put my trust in the white coat crowd. I put my trust in God, my common sense and what nature has always gave us to stay healthy. Had covid twice, stayed home, did the zelenko protocol, used a variety of homeopathic remedies to treat exact symptoms and some herbal also. I also had oxygen available and could monitor

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 exact symptoms, and some herbal also. I also had oxygen available, and could monitor my own Blood pressure and oxygen saturation level. Won't say it was easy or pleasant, I spent many night sitting in a chair just trying to grab a deep breath but no way would i ever enter a hospital. I chose to live and here I am! WOW! I should be dead? And by the way, I am 68 never was and never will be jabbed and never took a nose rape either. It starts with learning to eat right, organic as much as you can, skipping the pill for every ill mentality (I'm on nothing and haven't been for 15 years. Antibiotic for a bacterial infection) Skip the popular vax of the day, nothing but a slow kill. (last one I had was a tetanus 20 years ago) Time to connect with the natural world. Walk barefoot in the grass and dig in the dirt. Your life goal shouldn't be running for the roses but maybe just stopping to smell them once in awhile?

RIP Zippy Chippy

0 0 Reply • Share ›

L

**LindaRivera**

a year ago

You risk your life by going to the hospital. You walked into the hospital. You might leave in a coffin.

6 0 Reply • Share ›

D

**drift2boat**

a year ago

Read RFK,Jr.s book. Gates/Fauci COVID protocol is a continuation of Fauci's AIDS protocol which originated with Reagan's take on AIDS.

6 0 Reply • Share ›



**Jason Millman**

a year ago

Everyone should look up "AIDS Fauci's First Fraud" and learn about how this identical playbook happened the 1980s. No virus, no pandemic, toxic drugs like AZT/Remdesivir that actually cause the disease that they supposedly cure, progression of the disease blamed on "virus" vs drug, and the most important.... there is NO purified/isolated virus for either of them!

5 0 Reply • Share ›

J

**jprexena**

a year ago

This poison is one of the many depopulation weapons under the guise of safety of their murder mill protocol treatments \$\$ that benefit the few at the expense of many. As depopulation agenda sells \$\$ big time. Those who continue giving these poisonous out are not only under mass formation psychosis, but continue to commit crimes against humanity. Can't trust any of these alphabet agencies, authorities, the government, the media, etc. you are your own health authority. Question & research everything. Mass noncompliance and the physical removal of all evil doers is necessary!

5 0 Reply • Share ›

**Jason Millman**

→ jprexena



a year ago

Wonderfully said. Agree with all of it!

1 0 Reply • Share ›

**Thomas Little**

a year ago

All cautions have been thrown to the winds with these disastrous protocols. The only thing we can hope for are the mercies of God that the monster pharma has created somehow gets a stake in the heart.

4 0 Reply • Share ›

**cats9paint**

a year ago

The use of this drug is genocide... They re now announcing 100,000,000 deaths but they were killed by the drug Fauci told them they had to use.  
Stop It... enough already!

4 0 Reply • Share ›

**ISA41:10**

a year ago

People did NOT die from Covid, deaths from COVID are actually Hospital murders, paid for by our Government. Hospitals denying treatment, denying food and water to those who reject remdesivir and ventilators, who deny repurposed drugs, following CDC protocols--they are guilty of murder. There is no excuse, there is no claiming ignorance. The Hospital Administrators and these doctors who participate in this are guilty.

3 0 Reply • Share ›

**Maxwell**

a year ago

Here's one for the books. Know of a couple with an 8 year old. The parents are triple vaxxed and the kid now has two doses of the poison.

They are all quite sick and the parents can't figure it out. These are people who did the full on social media pictures of themselves heroically taking the shot. Spread to the word to all their peers and wallowed in the praise.

The wife is a college professor. Smart one, yeah.

So now they are sending out notes to those same peers wondering what is going on, "How could we be getting sick?", and so forth. Not even one word or slight questioning that maybe, just maybe it was the regimen of toxic shit they been injecting into their bodies over the past year that could be causing illness.

As bizarre as that is what is even more gob smacking surreal are the responses. I have had the sordid amusement of seeing these outlandish commiserations. All I can say is that the entire conversations come straight from an asylum. No clear thinking rational humans can think the way these people do. They are literally deranged.

To top it off guess what their solution is? Yep, more Pharma poison. They are next going to "try" the pills- Paxlovid. Are these people even going to be alive in ten years?

3 0 Reply • Share ›



**American Hero**

a year ago edited

I was in the hospital for 10 days and when I was admitted I refused their waiver to put me in a coma and intubate me, I demanded that they do not use any Hospital protocol and give me ivermectin and Zink with antibiotics, but they went behind my orders and put Remdesivir in my IV. I had no symptoms of COVERT-19 like fever, dizziness, or the other symptoms other than a mild cold. For 10 days they were forcing me in their experimental fraud. I moved from Pennsylvania in 2015 and moved to N. Carolina for a year before moving to Georgia in Griffin. I had been a Property management and repair service for myself and was shoveling 3 foot of snow for three years for other people, and now after they destroyed my system I can hardly climb up four steps to the Mobile home I have. I can't even breath after taking out a trash bag to my car or even able to use a push mower more than five minutes. I was in good health for over 48 years and never took one vaccine for flu or pneumonia. Now in 2020 i got Pneumonia three times that year with no serious complications, until 2021 and started getting tested negative every time. until August 2021 when they said I had COVERT-19. Those tests are numbered in lots and I got the COVERT-19 lot that contained a Toxin to mimic a Virus when all it was at the time was the flu that was triggered by the Toxins surging through my body.

2 0 Reply • Share ›



**Abby**

→ American Hero

a year ago

You can get better, just give it one more try. Start taking NAC with vit.C at night, it will help keep your lungs clear. My husband has COPD & the NAC & vit.C helps him and also keeps him from getting pneumonia.

Take a round of Ivermectin or stay on it for a time. Look up "Mucuna Pruriens" read the reviews, recommended by Mike Adams of Natural News. Make sure you take good vitamins, I use Dr. Mercola.

Start taking, Quercetin, Vit.C, Vit.D 10,000, Iodine and Zinc 100 mg.

I hope you get better.

0 0 Reply • Share ›



**luis in de pels**

a year ago

american healthcare: rotten to the core.

if they could make more money in right out killing the patients they undoubtedly would.



but as a dead patient does not provide a source of revenue they will keep you alive and keep making money out of you.

2 0 Reply • Share ›

B

**Bett** → luis in de pels

a year ago

The hospital gave my mother Remdesivir and it caused her kidneys to fail and killed her. That Texas hospital made about \$140,000 for giving it to her along with their other deadly protocols. The bounty for using Remdesivir and other protocols varies from state to state. Some states pay hospitals more than \$400,000 for killing patients with these deadly protocols.

6 0 Reply • Share ›



**Caroline Cary Davidson** → Bett

a year ago

worth more dead than alive. totally criminal.

1 0 Reply • Share ›

P

**Patsy Johnson**

a year ago

I want to know who is getting royalties on Remdesivir.

2 0 Reply • Share ›



**Caroline Cary Davidson** → Patsy Johnson

a year ago

Fauci

6 0 Reply • Share ›



**chris**

a year ago edited

Ha, that's strange, Dr. Mercola just published a great article about Invermectin, which I added to my post at:

<https://mejbcart.substack.c...>

explaining little bit what is connecting those 2 drugs. It would be better to post the more positive news, but I guess anything anti-cancer is not liked so much...

Finally more truth in the new DECLARATION, slowly at ICAN today, still running:

<https://thehighwire.com/watch/>

Episode 267: THE REAL GLOBAL COVID SUMMIT

2 0 Reply • Share ›

L

**lakewoodsteve** → chris

a year ago

I he much, Pharma hated , Dr. Mercola is one of my best sources for health info!  
Looking to Big Pharma for health advice, is like looking to Satan for salvation advice! All  
this evil demonstrated, is to help one make wiser after life arrangements! I.E. Eternity in  
Hell vs Heaven [A tough choice for most! [Fact!]

3 0 Reply • Share ›



**chris**

→ lakewoodsteve



a year ago

I like his supplements, very good quality, clean. Just would hope he could sell  
the liposomal ivermectin...

1 0 Reply • Share ›



**Bry**

a year ago



It's like treating a snake bite with snake venom. What could go wrong?

1 0 Reply • Share ›