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Remdesivir Stopped Kidney Function in COVID Patients — So Why Did FDA Approve It for Kidney Patients?

Health officials claimed remdesivir would stop COVID-19 — instead, it stopped kidney function, then blasted the liver and other organs. So why did the U.S. Food and Drug Administration approve the drug for people with kidney disease?

By Brownstone Institute

By Stella Paul

Remdesivir may be the most despised drug in American history, earning the nickname "Run, Death Is Near" for its lethal record during COVID-19.

Experts claimed that it would stop COVID-19; instead, it stopped kidney function, then blasted the liver and other organs. Now this reviled destroyer of kidneys has been approved by the U.S. Food and Drug Administration (FDA) for COVID-19 treatment of kidney patients.

Does anybody else feel as if the FDA is shoving its power in our faces and laughing at us?

I've been joining online support groups for people who lost loved ones to the Remdesivir Protocol — a nightmarish sequence in which a patient is isolated in the hospital, bullied into taking remdesivir, ventilated and then sedated to death.

Thousands of Americans were killed this way, possibly hundreds of thousands.

These support groups are a deeply somber business. Grieving faces fill the screen of people who lost a parent, spouse, sibling or child. Some speak with icy anger; some choke back sobs as they tell of the deadly abuse inflicted on their loved ones, shattering their families forever.

I asked them what they thought of the FDA's decision to approve remdesivir for people with severe renal impairment, including dialysis. "Morally, how can you do that?" Joyce Wilson said.

"It's a death sentence. They didn't care if people had kidney issues or not. My husband went into the hospital in kidney distress. They exacerbated it with remdesivir. Then they ventilated him, and he died."

"This is absurd," Tracy Bird told me. "The FDA can no longer be trusted with any drug under any circumstances. It's all conflicts of interest. My husband Jeff had strong kidney function when he went in the hospital. They gave him remdesivir, and three days later, he was in kidney failure."

"My daughter's story is no different than anyone else's," Denise Fritter said. "Jamie was 36 and looking forward to getting married. The hospital refused to consider any other modalities of treatment for her. They insisted on remdesivir. Then they put her on a vent and murdered her. I think the FDA is using remdesivir to fulfill their own agenda."

Cheri Martin, who lost her husband Steven to the protocol, chimed in with thoughts on the agenda:

> "They're going to use this decision as a way to clean house of renal patients and people on dialysis. It's saving a ton of money for Medicare over the next twenty years."

"I can't believe the FDA would approve this," MaryLou said. "My son was 37 years old. He went into the hospital with two blood clots, but his kidneys were functioning. They gave him remdesivir, and in twelve hours, his kidneys stopped working, and his organs began to fail. We never saw him open his eyes again."

Michelle Conway said:

> "I took my husband to the ER, and the next day, they told me he was going on remdesivir. I said absolutely not. I wanted him on other treatments, but they refused all of it. They isolated him and told him he had to have remdesivir or he'd die, and he agreed. I got to watch his last rites over a video conference. I know he was murdered by remdesivir."

A woman I'll call Maya joined the support group for the first time to share her story. She's a survivor of the hospital protocol, and there aren't many of those.

She said:

> "I refused remdesivir, and I refused the ventilator. But they find other ways to take you out. The doctors were pissed at me. They called my husband to pressure him. They fear-monger you with all these lies. And they pull your loved ones away from you. I was all by myself trying to make decisions."

The discussion often turned to the weird carelessness and indifference to standard medical procedures in the hospitals during COVID-19. "Multiple times in my husband's record, it said he was not a candidate for remdesivir," Lisa said. "They gave it to him anyway, and he went into renal failure and died."

"The remdesivir fact sheet clearly states that it may cause kidney and liver failure. And that's exactly what happened to my husband Richard," Michelle Strassburg said. "They're doubling down on this preposterous decision. I'm at a loss for words."

"It's so important that in their own literature of remdesivir, they state that it's supposed to be given early," Catherine said.

"Yet they kept stalling my husband. They sent him home and said to sign up for monoclonal

antibodies. But when he showed up for it, they said they were too backed up. By the time he was hospitalized, he was really sick. They gave him remdesivir, and he had a stroke."

Everyone in the group knows about the financial incentives that drove the hospital's insistence on remdesivir. The federal government paid hospitals a staggering 20% bonus on the entire hospital bill of patients treated with remdesivir.

They also handed out lavish extra payments for ventilating patients. And, perhaps most tellingly, the feds rewarded hospitals with more money for patients who died of COVID-19 instead of those who were healed.

Gregory Gandrud, the treasurer of the California Republican Party, understands financial incentives well. He explained the money behind his hospitalization:

> "They gave me $37,000's worth of remdesivir, but it obviously didn't help because I wound up on a ventilator. My hospital bill was $920,000 for the 44 days I was there. Nobody offered me ivermectin, which is cheap, effective, has no side effects, and you can take at home."

Many in the group expressed frustration at trying to get justice. The Public Readiness and Emergency Preparedness Act, or PREP Act, indemnified medical institutions from any actions they took during the federally declared COVID-19 emergency. Lawyers are reluctant to take cases because they don't see how to break through the hospitals' indemnity shield.

After the support group, I spoke with Jamie Scher, who told me that her legal team was ready to file a complaint against Gilead today. Gilead is the lucky maker of remdesivir, enjoying fabulous profits from this previous loser of a drug, which turned into a billion-dollar winner during COVID-19.

Jamie said she has over 1,000 plaintiffs, and, unfortunately, the list is growing daily. She's working hard to raise funds for the lawsuit; people interested in finding out more can visit her website.

Another way to circumvent the PREP Act may be to get malpractice insurance carriers to not insure hospitals and doctors for the use of this protocol and lethal drugs like remdesivir.

Jamie said prosecutors could then hold them accountable for intentionally killing people, knowing that these drugs do not help; they only harm.

I confess that after these support groups, I find it difficult to sleep. I keep reliving the anguish of these wonderful people. "They think we're stupid," I hear Erin say. Denise's sobs echo in my head, as she cries, "Why did God take my daughter from me? I'll never know."

But her voice strengthens as she adds, "I do know we're all warriors in a spiritual battle."

And Catherine offers words of hope: "Despite it all, I believe we're going to get justice."

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Stella Paul is the pen name of a writer in New York who has covered medical issues for over a decade.

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.

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