

# Fauci Successor at NIAID Peddled Dangerous Remdesivir Drug as 'Silver Bullet' Against COVID-19

Dr. Jeanne Marrazzo tried to use unsafe antiviral IV drug on every covid hospitalized patient at UAB.

By [Jordan Schachtel](#)

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[The Dossier](#) 9 August 2023

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*Dr. Jeanne Marrazzo, the newly minted successor to Dr Anthony Fauci at the National Institute for Allergy and Infectious Diseases (NIAID), was recently one of America's chief hype women for an antiviral drug that is now unanimously considered an unsafe and catastrophically failed treatment for Covid-19.*

Prior to moving to her Government Health post, Marrazzo was the longtime director of the Division of Infectious Diseases at the University of Alabama at Birmingham (UAB).

In partnership with Big Pharma drugmaker Gilead, UAB played a [major role](#) in the research and development of Remdesivir. The drug was developed over a decade ago with the hopes to treat Hepatitis C and respiratory syncytial virus (RSV), but was suddenly repurposed to "treat" Covid-19 when coronavirus hysteria reached the United States.

Given the UAB-Gilead partnership, one would think that Dr. Marrazzo would refrain from commenting on issues through which she maintained a clear conflict of interest. Or at the very least, she had the duty to disclose her conflict of interest when speaking to the media about the UAB-developed "wonder drug." She did no such thing.



**Jeanne Marrazzo** @DrJeanneM · May 27, 2020

...

[@NerdmannID](#) [@AadiaMd](#) [@goepfert\\_paul](#) strong evidence to help us allocate [#remdesivir](#) to more patients with [#COVID19](#) [@uabmedicine](#) [@UABSOM](#) [@UAB\\_ID](#) Also, super proud of [#JasonGoldman](#) [@UWVirology](#)

Even worse, Dr. Marrazzo bashed harmless and low cost alternatives like

hydroxychloroquine, while hyping the super expensive Gilead-UAB competitor drug.

“The hope was maybe, if you treat early in the disease, you don’t need a silver bullet” such as remdesivir, she [told](#) The Washington Post in a July 2020 piece. “Hospitals are on the razor’s edge,” she added, contributing to the fear and paranoia that was enveloping the nation at the time.

In interview after [interview](#), Dr. Marrazzo had nothing but good things to say about remdesivir, despite the incredible lack of data available to support her outandish claims about the drug.

On social media, Marrazzo lavished endless praise upon Remdesivir, declaring it the best agent against coronavirus disease, and boasting that her hospital tries to use it on every covid-hospitalized patient.


 **Jeanne Marrazzo** @DrJeanneM · May 6, 2020

Proud to be a member of @IDSAInfo Board of Directors and @HIVMA member in support of this strong statement on [#remdesivir](#) allocation for [#COVID19](#)

 **IDSA**  @IDSAInfo · May 6, 2020

The plan for distributing [#remdesivir](#) should be transparent and based on state and regional [#COVID19](#) case data and hospitalization rates.

Our letter to @VP:[bit.ly/3b4DRJu](https://bit.ly/3b4DRJu)



May 6, 2020

The Honorable Mike Pence  
The White House  
Office of the Vice President  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear Vice President Pence:

We are writing on behalf of the Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) to urge the federal government to ensure a fair and equitable distribution of remdesivir now that it has been authorized by the U.S. Food and Drug Administration for emergency use for the treatment of patients hospitalized due to COVID-19.

IDSA and HIVMA represent over 12,000 infectious diseases and HIV physicians, scientists, and other healthcare and public health professionals on the frontlines of the COVID-19 response.

The U.S. Food and Drug Administration's emergency use authorization of remdesivir on May 1 will expand its use in hospitals across the country.<sup>1</sup> While remdesivir remains an investigational drug, the FDA made this decision based on preliminary clinical trial data suggesting that the benefits or potential benefits of treatment with remdesivir in patients with severe COVID-19 outweigh the risks.

Following the EUA approval, Gilead Sciences announced that they would donate 1.5 million individual doses of remdesivir -- with a 10-day treatment course this will be enough drug to treat 140,000 patients.<sup>2</sup> This inventory is likely to fall short of demand given that tens of thousands of patients per month are projected to require hospitalization nationwide due to COVID-19 throughout the summer months,<sup>3</sup> and that the majority of hospitalized patients have acute severe disease and will meet the FDA criteria for treatment.


The plan for distributing remdesivir should be transparent and should be based on state and regional COVID-19 case data and hospitalization rates. Supplies of remdesivir should be distributed on a regional basis with equitable distribution within the region to states and within states to hospitals. This will be imperative to ensure appropriate patient access, reduce the significant health disparities and adverse outcomes already experienced by Black Americans, Latinx communities and other populations, and to prevent a surge in patients at institutions known or thought to have access to the drug or a crush of requests to transfer patients to these hospitals from those who may not have remdesivir access.

Data on the distribution of remdesivir under the EUA should be publicly available. In addition, data from the Adaptive COVID-19 Treatment Trial (ACTT) should be publicly released so that hospitals with a

Due to the significant demands that frontline providers face in caring for patients with COVID-19, the EUA application required for each patient should be significantly streamlined to require only the minimum amount of data and information required to effectively and safely consider the request for emergency use. This will be essential to facilitate timely access to this medication that has been authorized for emergency use to treat COVID-19 due to the urgency of this ongoing national health crisis, and will ensure that physicians can spend the needed time at the bedside instead of completing paperwork.

If you have questions or require additional information, please do not hesitate to contact Amanda Jezek, IDSA Senior Vice President for Public Policy and Government Relations at [ajezek@idsociety.org](mailto:ajezek@idsociety.org), or Andrea Weddle, HIVMA Executive Director at [aweddle@hivma.org](mailto:aweddle@hivma.org).

Sincerely,

Thomas M. File, Jr., MD, MSc  
Fellow of the IDSA  
President, IDSA

Judith Feinberg, MD  
Fellow of the IDSA  
Chair, HIVMA

CC: Alex Azar, Secretary, U.S. Department of Health and Human Services  
Ken Cuccinelli, Acting Deputy Secretary of Homeland Security  
Robert Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response, HHS  
Anthony S. Fauci, MD, Director, NIH National Institute of Allergy and Infectious Diseases  
Robert R. Redfield, MD, Director, Centers for Disease Control and Prevention  
Stephen N. Hahn, MD, Commissioner of the Food and Drug Administration  
Pete T. Gaynor, Administrator, Federal Emergency Management Agency

<sup>1</sup> U.S. Food and Drug Administration. [Approval letter sent to Ashley Rhoades, MBS, RAC, Gilead Sciences](#). May 1, 2020.  
<sup>2</sup> Gilead Sciences. Press Release: [Gilead's Investigational Antiviral Remdesivir Receives U.S. Food and Drug Administration Emergency Use Authorization for the Treatment of COVID-19](#). May 1, 2020.  
<sup>3</sup> Institute for Health Metrics and Evaluation (IHME). [COVID-19 Projections](#). Accessed May 5, 2020.

“We don’t have enough remdesivir to treat everybody who’s in the hospital,” she said in a late 2020 news conference about the state of her hospital system. “It’s a really challenging situation.”

Her predecessor at the NIAID, Mr. Fauci, infamously paraded Remdesivir as the “[standard of care](#)” for Covid-19 treatment, adding that it can “block the virus.”

Unsupported pseudoscientific claims about very expensive drugs (a full course of remdesivir costs the patient [thousands of dollars](#)) is nothing new for NIAID officials, who, under Fauci's leadership, have created an agency that acts as a government marketing department for pharmaceutical companies.

## Fauci on remdesivir for COVID-19: 'This will be the standard of care'

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**Anthony S.  
Fauci**

National Institute of Allergy and Infectious Diseases Director **Anthony S. Fauci, MD**, said today that data from a multinational randomized control trial showed that Gilead's investigational antiviral remdesivir "has a clear-cut significant positive effect in diminishing time to recovery" for patients with COVID-19.

"This will be the standard of care," Fauci, a White House advisor on the pandemic, said during comments from the Oval Office. Fauci said the results, which have not yet been peer-reviewed, prove "that a drug can block this virus."

Undoubtedly, Marrazzo's Remdesivir maximalism had disastrous implications for patients hospitalized at UAB. The so-called silver bullet later took on a morbid nickname, "run, death is near," because of the severe side effect portfolio associated with the IV drug.

The headlines speak for themselves:

SCIENCEINSIDER | HEALTH

# The 'very, very bad look' of remdesivir, the first FDA-approved COVID-19 drug

The Food and Drug Administration held no advisory meeting on antiviral, and the European Union signed contract without knowing of failed trial

28 OCT 2020 • BY JON COHEN, KAI KUPFERSCHMIDT

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## Why Remdesivir Failed: Preclinical Assumptions Overestimate the Clinical Efficacy of Remdesivir for COVID-19 and Ebola

Authors: Victoria C. Yan  Florian L. Muller | [AUTHORS INFO & AFFILIATIONS](#)

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# *Remdesivir Fails to Prevent Covid-19 Deaths in Huge Trial*

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## WHO Guideline Development Group advises against use of remdesivir for covid-19

*Currently no evidence that it improves survival and other important measures*

The antiviral drug remdesivir is not suggested for patients admitted to hospital with covid-19, regardless of how severely ill they are, because there is currently no evidence that it improves survival or the need for ventilation, say a WHO Guideline Development Group (GDG) panel of international experts in [The BMJ](#) today.

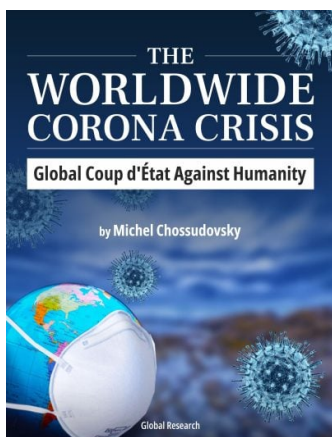
Remdesivir not only failed, but actively harmed hospitalized patients, who were being injected with the antiviral agent following the recommendations of Dr. Marrazzo.

The most exhaustive studies on the Gilead-UAB drug show that there are [zero clinical benefits](#) to injecting patients with remdesivir. Many studies show that Remdesivir can severely injure vital organs such as the [heart](#) and kidneys.

Dr. Marrazzo has never publicly expressed remorse for her longtime promotion of the drug she once described as a “silver bullet” against Covid-19. She last promoted the unsafe drug in December, 2021, long after most hospital systems stopped treating patients with the Gilead-UAB disaster drug.

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by Michel Chossudovsky

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*“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”*

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