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# Congress Must Investigate Pfizer's Other Dangerous Boondoggle: Paxlovid

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*Where is the intellectual curiosity of millions of doctors who blindly supported expensive, experimental products without circumspection, but scoffed at every cheap, safe, and long-standing approved therapeutic to treat COVID? Whether the medical community finds its spiritual catharsis or not, House Republicans need to engage in oversight of the shots, remdesivir, and Paxlovid – including their side effects, what led to their expedited approval and purchase by the federal government, and how we stop this from happening in the future.*

It's the other novel therapy that was supposed to pick up the slack for when the gene therapy shots failed. Our government purchased, without question, billions of dollars' worth of Pfizer's new drug, Paxlovid, without any independent studies vouching for its safety, even though its ritonavir component is an AIDS drug contraindicated with 32 common drug categories taken by seniors, such as statins and steroids. Officials also approved it while dissing ivermectin, which uses Paxlovid's mechanism as a protease inhibitor … plus another 19 mechanisms of action.

Now, the more we discover problems with the jabs, we're also finding out the problems with Pfizer's Paxlovid, which is so unquestionably supported that the FDA allowed pharmacies to dispense it without a doctor's prescription (while denying fully approved drugs prescribed by doctors). Despite the already known and questionable issues with safety and the "rebound" effect of Paxlovid, the Department of Defense paid Pfizer $2 billion in December for another 3.7 million courses of the drug ($540 per course). This is on top of the existing $10.6 billion for the original 20 million courses. Pfizer is expected to earn $22 billion from this drug on the backs of taxpayers. For some perspective, Home Depot's net revenue in 2021 was $16.4 billion.

There is quite literally no other drug that has been accorded such status and backing, especially an experimental drug. But it's the job of the House Oversight's Select Subcommittee on the Coronavirus Pandemic to answer the question as to why this drug is

still being treated like a hero and not a zero – or worse. In December, researchers from University of Iowa Hospitals and Clinics reported in a case study that a 67-year-old woman who was taking tacrolimus as part of her immunosuppressive regimen for her organ transplant suffered a severe injury to her kidney as a result of the contraindication of Paxlovid.

"The patient was started on nirmatrelvir/ritonavir due to her high risk for progression to severe disease. Four days after starting nirmatrelvir/ritonavir, she presented to the ED for slowed speech, fatigue, weakness, and loss of appetite. Upon admission she was found to have a supratherapeutic tacrolimus level of 176.4 ng/mL and an acute kidney injury. In this case, phenytoin was used as a CYP3A4 inducer to quickly decrease the tacrolimus level to within therapeutic range."

Last year, the U.K. Daily Mail reported on a study that found Paxlovid can increase the risk of blood clots when taken with blood thinners and irregular heartbeat when taken with heart pain medications. Researchers also found it can cause liver toxicity when taken with statins. Do you really believe every doctor has made sure to take his patients off statins before prescribing this drug?

Remember, this drug is being dispensed in pharmacies without a doctor's prescription as if it's candy. Do we even know all its potential safety concerns? No, but we do know it's contraindicated with many drugs. Also, keep in mind that technically Paxlovid was only accorded EUA status for high-risk patients – the very sorts of people who will largely be dependent upon drugs with such contraindications. Given the "it's all good" attitude of pharmacies and doctors regarding Paxlovid (just like the Pfizer shots), can we really trust that these contraindications are being taken into account when prescribing? It's become more of a religious sacrament than a choice of therapeutic.

And it would be one thing if there's evidence the drug helps. In reality, the drug was developed for previous variants. Thankfully, most people don't get deathly ill from Omicron, so it's hard to even assess whether this drug helps or not, but one thing is clear: Almost every famous advocate for Pfizer who got COVID experienced the rebound effect after taking it. No, they didn't get critically ill, but neither do people who are not on Paxlovid. Even the WHO recommends against its use for low-risk patients, but most doctors and pharmacies are handing it out to everyone who asks for it as if it's Advil.

Also, there are questions of suboptimal, narrow mechanisms of action creating escape mutations through resistance, which mirror our concerns about the jabs. Although the prevalence is unclear, Emory University researchers did discover the E166V mutation to be "prevalent in individuals with severe SARS-CoV-2 infections treated with Paxlovid." Dr. Robert Malone has posited that the prevalent use of *single-drug therapy* against rapidly evolving RNA viruses might be responsible for people's inability to clear the virus for several weeks and possibly results in spreading these resistant strains throughout the population.

"When a patient is immunosuppressed and doesn't clear the virus (as seems to be happening with Paxlovid), then this evolution has a longer runway to evolve before the virus is cleared by the body," commented Malone upon the news last year that Joe Biden experienced the infamous Paxlovid rebound. "These new strains are then spread throughout the population. So, other people can contract the escape mutant resistant lineage. A new variant is born."

Are we really going to continue spending billions on this drug as an EUA and allow its use without a doctor's prescription indefinitely? Then again, remdesivir, which is universally understood as unsafe and ineffective, and has been for two and a half years, is still the standard of care for inpatient COVID to this day.

This sort of dangerous and expensive irremediable corruption between Pfizer and the FDA/NIH must be a priority of the coronavirus subcommittee. It can't just be about the origins of the virus or lockdowns. They must be willing to tackle Pfizer and the government corruption turning human beings into lab rats as the new normal in pharmacology. They must take this inquiry to wherever it leads them, even if it reveals some very disturbing facts about the drug companies we have relied on for so many years.

Exit question: What ever happened to Merck's COVID drug molnupiravir? Can we get our $1.2 billion back for its universally panned failure, or was that the company's prize for pulling out of the vaccine sweepstakes?

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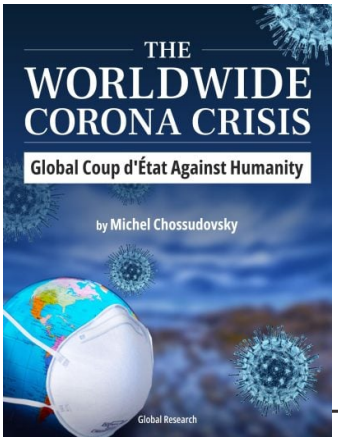


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