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By ethanh // 2022-03-29

Eight states, along with Puerto Rico and the U.S. Virgin Islands, are now prohibited

from administering monoclonal antibodies for the Wuhan coronavirus (Covid-19) because the U.S. Food and Drug Administration (FDA) claims that the passive vaccination treatment is ineffective against the latest strain of Omicron (Moronic). Sotrovimab, which is still being administered in the other 42 states, can no longer be used in Connecticut, Maine, Massachusetts, New

Hampshire, New Jersey, New York, Rhode Island and Vermont, according to reports. The FDA claims that in May 2021 when emergency use authorization (EUA) was granted to sotrovimab, it was a relevant treatment for the Fauci Flu strains that were in circulation at that time. The drug is not, however, effective against the BA.2 subvariant of Moronic, the FDA insists. The U.S. Centers for Disease

Control and Prevention (CDC) claims to have conducted genomic surveillance on BA.2, which is allegedly responsible for 12.6 percent of all new Wuhan Flu cases in the United States as of March 5. The CDC is projecting (more like writing a script for) that BA.2 will soon account for 35 percent of cases, particularly in the Northeast. Because of this claim, the FDA does not want anyone in New England to

even try to find relief from monoclonal antibodies.

Why is the FDA interfering with what doctors are allowed to prescribe to their patients?

It is being reported that in those states where sotrovimab is now prohibited by the FDA, BA.2 now accounts for the majority of new Chinese Virus

cases. This would suggest that the FDA's ban is, of course, misguided. The reason we say *of course* to this is that the FDA always seems to be working *against* the things that actually help people while actively promoting other things that harm Americans – but that make Big Pharma more profitable. In this case, the FDA is cutting off access to a drug that some people have found relief from, all because the

agency insists that it does not work against some new phantom strain of a coronavirus bioweapon. CDC head Rochelle Walensky has already said that BA.2 is no big deal and probably will not become an issue. Why, then, is the FDA butting its nose into the availability of monoclonal antibodies? GlaxoSmithKline (GSK) and Vir Biotechnology, the two manufacturers of sotrovimab, say they are

planning to challenge the FDA's decision by sending literature showing that higher doses of monoclonal antibodies are, supposedly effective against BA.2. It is important to remind our readers that there is still no proof that "covid," as they call it, even exists as SARS-CoV-2. The alleged virus has never been isolated, and neither have any of its alleged mutations. "We will continue to monitor

BA.2 in all U.S. regions and may revise the authorization further to ensure that patients with COVID-19 have effective treatments available," the FDA said in a statement. "Health care providers should also monitor the frequency of BA.2 in their region as they choose appropriate treatment options for patients." Another monoclonal antibody option called REGEN-COV, made by Regeneron and promoted by

former President Donald Trump, was also cut off from the FDA's EUA designation for the same reasons. "The FDA should not be getting involved AT ALL with doctors treating their patients," suggested someone at *The Epoch Times*. "Making it known that something is not effective with a particular variant and the studies behind it is one thing. But banning doctors from using it is pure bullbrownstuff. If

someone is dying, throw everything at it INCLUDING the kitchen sink and get out of the way while doctors do their job of practicing medicine." The latest news about the Fauci Flu can be found at Pandemic.news. **Sources for this article include:**

TheEpochTimes.com

NaturalNews.com