

COVID, Ivermectin and the Crime of the Century

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Data clearly show ivermectin can prevent COVID-19 and when used early can keep patients from progressing to the hyper-inflammatory phase of the disease. It can even help critically ill patients recover

Ivermectin has a long history of use as an antiparasitic, but its antiviral properties have been under investigation since 2012

Studies have shown ivermectin inhibits replication of SARS-CoV-2 and seasonal influenza viruses, inhibits inflammation through several pathways, lowers viral load, protects against organ damage, prevents transmission of SARS-CoV-2 when taken before or after exposure, speeds recovery and lowers risk of hospitalization and death in COVID-19 patients

Doctors have been told not to use ivermectin as large controlled trials are still lacking. However, once you can see from clinical evidence that something is working, then conducting controlled trials becomes unethical, as you know you’re condemning the control group to poor outcomes or death. In fact, this is the exact argument vaccine makers now use to justify the elimination of control groups and giving everyone the vaccine

The Frontline COVID-19 Critical Care Alliance recommends widespread use of ivermectin for all stages of COVID-19, including prevention

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[Watch the video here.](#)

In the video above, DarkHorse podcast host Bret Weinstein Ph.D., interviews Dr. Pierre Kory about the importance of early treatment of COVID-19 and the shameful censoring of information about ivermectin, which has been shown to be very useful against this infection.

It's no small irony then that YouTube deleted this interview, which is why I embedded a Bitchute version. How this interview could possibly be labeled as misinformation is a mystery, considering all they do is discuss published research. Not to mention, they're both credentialed medical science experts.

Kory, a lung and ICU specialist and former professor of medicine at St. Luke's Aurora Medical Center in Milwaukee, Wisconsin, is the president and chief medical officer¹ of the Frontline COVID-19 Critical Care Alliance (FLCCC). Another founding member of FLCCC is Dr. Paul Marik² who, as noted by Kory, is the most-published intensive care specialist who is still practicing medicine and seeing patients.

Marik, known for having created an effective [sepsis treatment protocol](#), was asked by a group of peers early on in the pandemic to help create a treatment protocol for COVID-19. The resulting collaboration led to the creation of the FLCCC. Each of the five founding members has treated critical illnesses for decades and, as Weinstein says, they are "unimpeachable. You couldn't ask for better credentials. You couldn't ask for a better publication record."

Yet, despite stellar credentials and being on the frontlines treating hundreds of COVID-19 patients, they have been dismissed as "kooks on the fringe, making wild-eyed claims," Weinstein says. How can that be? Initially, the FLCCC insisted, based on the evidence, that COVID-19 was a corticosteroid-dependent disease and that corticosteroids were a crucial part of effective treatment.

"I was actually invited to give Senate testimony back in May [2020] where I testified that it was critical to use corticosteroids; that lives are being lost [because we weren't

using it],”Kory says.

“As you might know, I got killed for that. We got killed for that. We were totally criticized for not having an evidence-base. [Yet] our reading of the evidence was that you had to use it. So that basically that’s how we came together, and that was the first components of our protocol.”

Ivermectin Suitable for All Treatment Stages

The FLCCC’s COVID-19 protocol was initially dubbed [MATH+](#) (an acronym based on the key components of the treatment), but after several tweaks and updates, the prophylaxis and early outpatient treatment protocol is now known as I-MASK+³ while the hospital treatment has been renamed I-MATH+,⁴ due to the addition of ivermectin.

The two protocols — I-MASK+⁵ and I-MATH+⁶ — are available for download on the FLCCC Alliance website in multiple languages. The clinical and scientific rationale for the I-MATH+ hospital protocol has also been peer-reviewed and was published in the *Journal of Intensive Care Medicine*⁷ in mid-December 2020.

Since those early days, the FLCCC has been vindicated and corticosteroids, as well as blood thinners, are now part of the standard of care for COVID-19 in many places. The same cannot be said for the remainder of the protocols, however, including the use of ivermectin, which continues to be suppressed, despite robust clinical evidence supporting its use in all phases of COVID-19.^{8,9} As noted by the FLCCC:¹⁰

“The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover.

... numerous clinical studies — including peer-reviewed randomized controlled trials — showed large magnitude benefits of Ivermectin in prophylaxis, early treatment and also in late-stage disease. Taken together ... dozens of clinical trials that have now emerged from around the world are substantial enough to reliably assess clinical efficacy.”

Kory has testified to the [benefits of ivermectin](#) before a number of COVID-19 panels, including the Senate Committee on Homeland Security and Governmental Affairs in December 2020¹¹ and the National Institutes of Health COVID-19 Treatment Guidelines Panel in January 2021.¹²

A Disease of Phases

As noted by Kory, they rather quickly realized that COVID-19 was a disease with very specific phases, and that successful treatment depended on the phase the patient was currently in. It starts out as a general viral syndrome, much like a cold or flu. Most patients recover without incidence. However, in a subset of patients, things take a turn for the worse after Day 5. Their oxygen level starts dropping and lung inflammation sets in.

“We now know that it’s a cell called a macrophage that gets activated and attacks the lungs,” Kory explains. “So, you have this sort of immune response that is attacking the

lungs and the lungs start to fail ... So, it's predominantly a severe lung disease ...

We knew relatively early on that by the time they get to the ICU ... there's not a lot of viral replication on going on. In fact, you can't culture a virus after about Day 7 or 8. So, it's actually a disease of inflammation, not viral invasion ...

So, you didn't have to go after the virus at that point, you had to actually check the inflammation ... What we think triggers [the] inflammation is actually the viral debris. It's the RNA that triggers this massive response. It's not the virus. It's actually the debris of the dead virus that does it."

Kory notes that after having treated the first handful of patients, he realized that anticoagulants, blood thinners, were needed, as there was abnormal [blood clotting](#) going on in all of them. Yet for some reason the medical community was, again, told not to do it because there were no clinical trials supporting the use of anticoagulants for a viral illness.

"It was bizarre," Kory says. "They were like, you can't observe, you can't make clinical reasoning, you can't deduce, you need a trial before you do [anything] ... Everyone talks about evidence-based. I'm like, what about experience-based medicine? I've been doing this for 30 years. Why can't I do what my experience tells me to do? ...

You couldn't actually doctor. I felt like I was being handcuffed. I I've never seen that in my life before ... I have the sense that doctors have been forcibly demoted from the position of scientific clinician to technician ...

I've never been asked before to get advice from ... desk jockeys. I mean, they're not on the front lines ... I've never been asked to do that before. I've always been asked to use the best extent of my experience and judgment and insight to best help the patient. That's the oath I took ...

Instead we're in this situation where if we open our mouth and say the wrong word, suddenly there are warnings appended to what we've said. It's insane. It's limiting discussion, limiting choices, limiting approaches."

Overwhelming Evidence for Ivermectin

Kory spends a significant portion of the 2 1/2-hour interview reviewing the evidence for using ivermectin. This drug has a long history of use as an antiparasitic. It's been credited with virtually eradicating onchocerciasis (river blindness), a condition caused by a parasitic worm. The drug was originally made from a soil organism found in Japan. However, as early as 2012, researchers started looking at ivermectin's antiviral properties.

In April 2020, an Australian group showed ivermectin eradicated all viruses studied in as little as 48 hours, at least in the petri dish. Due to the state of emergency the world was in, some countries, including Peru, decided to recommend ivermectin to their population. It was well-known that the medication was safe, so the risk of doing so was very low.

As was the trend, Peruvian officials were roundly criticized for using an "unproven" remedy, and shortly thereafter, they removed it from the national guidelines. Some states continued to give it out, however, and according to Kory, each ivermectin campaign resulted in a precipitous decline in cases and deaths.

Literally, people are dying because they don't know about this medicine. Providers are being told not to use the medicine ... And I've never studied a medicine which has more evidence than this. ~ Dr. Pierre Kory

Marik was the first in the group to really take notice of the remarkable consistency in the studies using ivermectin. Kory dove into the research right behind him, and came to the conclusion that there indeed was something special about this drug. The population-based evidence was also very strong.

With regard to calls for randomized controlled trials, Kory points out that once you can see from clinical evidence that something really is working, then conducting controlled trials becomes more or less unethical, as you know you're condemning the control group to poor outcomes or death. In fact, this is the exact same argument [vaccine makers](#) now use to justify the elimination of control groups by giving everyone the vaccine.

"When I posted our preprint November 13 [2020], I literally thought the pandemic was over," Kory says. "We showed the basic science level. We showed multiple clinical trials. We showed the epidemiologic effects.

Everything was there to show that this is an intervention on the par of vaccines that could literally extinguish the pandemic, and quickly. I thought at the beginning that it was as simple as putting the evidence out there ... and what happened? Crickets! Nothing happened ...

I cannot believe that this is occurring. Literally, people are dying because they don't know about this medicine. Providers are being told not to use the medicine ... And I've never studied a medicine which has more evidence than this ...

You have dozens of randomized controlled trials conducted by interested and committed clinicians from oftentimes low and middle income countries around the world. And there's no conflicts of interest. None of them is going to make a million dollars by finding out that ivermectin works in COVID. None of them have a conflict of interest."

For example, studies have shown ivermectin:¹³

- Inhibits replication of many viruses, including SARS-CoV-2 and seasonal influenza viruses — In "[COVID-19: Antiparasitic Offers Treatment Hope](#)," I review data showing a single dose of ivermectin killed 99.8% of SARS-CoV-2 in 48 hours.

An observational study¹⁴ from Bangladesh, which looked at ivermectin as a pre-exposure prophylaxis for COVID-19 among health care workers, found only four of the 58 volunteers who took 12 mg of ivermectin once per month for four months developed mild COVID-19 symptoms between May and August 2020, compared to 44 of the 60 health care workers who had declined the medication

- Inhibits inflammation through several pathways
- Lowers viral load
- Protects against organ damage
- Prevents transmission of SARS-CoV-2 when taken before or after exposure;

speeds recovery and lowers risk of hospitalization and [death](#) in COVID-19 patients — The average reduction in mortality, based on 18 trials, is 75%.¹⁵ A WHO-sponsored review¹⁶ suggests ivermectin can reduce COVID-19 mortality by as much as 83%

Ivermectin Has Been Intentionally Suppressed

As noted by Weinstein, ivermectin appears to be intentionally suppressed. It's simply not allowed to be a go-to remedy. The obvious question is why? Don't they want to save lives? Isn't that why we shut down the world?

"I would have these data arguments," Kory says. "But it's not about the data. There's something else. There's [something] out there that is just squashing, distorting, suppressing the efficacy of ivermectin, and its egregious."

Indeed, as noted by Weinstein, it's not even difficult to prove that ivermectin is being suppressed and censored. [Censorship](#) of certain COVID-related information, such as ivermectin, is written into the community guidelines. You're not allowed to talk about it. If you do, your post will be censored, shadow-banned or taken down. If you persist, your entire account will be taken down.

Mexico's Experience With Ivermectin

Another population-based experiment that demonstrates ivermectin's real-world usefulness occurred in Mexico. Kory explains:

"Mexico did something which I think is the model for the world. I think, on a public health level, it's what every country in the world should adopt, at a minimum. They [had a] clinicians committee.

They actually got expert clinicians [and] they gave them a seat at the table at the public health level. It's called IMSS, Instituto Mexicano del Seguro Social. That's the agency which controls a good portion of their healthcare infrastructure, mostly outpatient, I think ...

In December, hospitals were filling. It was a crisis almost like in India. They decided to deploy ivermectin using a test and treat strategy. Basically, anyone who appeared at the testing booths, if you tested positive, you were given ivermectin at a reasonably low dose ... 12 milligrams ... and only two days' worth. They got four pills [at 3 mg each].

And when they did that, you saw across Mexico this precipitous decline in deaths and hospitalizations. And, if you look a few months later, right now — and this is publicly available data — look at the occupancy of beds in hospitals in Mexico, throughout the entire country, we're talking about 25% to 30% occupancy.

There's nobody in the hospitals in Mexico. They've basically decimated COVID in that country by using a test and treat strategy ... Those were real public health leaders. They made a risk-benefit decision. They used their clinical judgment and expertise to have the right people at the table."

As noted by Kory, the IMSS was attacked by the federal health minister, but they fought back, and laid out the evidence supporting their decision. This included studies showing a 50% to 75% reduction in hospitalizations using just that four-pill regimen.

As for the FLCCC, they recommend dosages between 0.2 mg and 0.4 mg per kilogram when taken at first signs of mild symptoms. For mild disease, they recommend continuing the drug for five days. For moderate disease, of if you start taking it late, they recommend continuing until you're recovered.

The in-hospital protocol involves higher doses. Keep in mind, however, that the FLCCC protocols include several other remedies, not just ivermectin, so be sure to review the latest guidance.^{17,18}

Some regions in India have also used ivermectin. Kory believes the minister of Goa made some of the boldest moves in the world with regard to ivermectin, recommending all adults over the age of 18 to take ivermectin for five days, as a preventive. Uttar Pradesh also gave it out, while other states, such as Tamil Nadu, outlawed it. Here too, population-based data suggest ivermectin is tightly correlated with a decline in hospitalizations and deaths.

Where You Can Learn More

While ivermectin certainly appears to be a useful strategy, which is why I am covering it, it is not among my primary recommendations. In terms of prevention, I believe your best bet is to optimize your vitamin D level, as your body needs [vitamin D](#) for a wide variety of functions, including a healthy immune response.

What's more, although ivermectin is a relatively safe drug, it can still have side effects. Vitamin D, on the other hand, is something your body absolutely requires for optimal health, which is why I would encourage you to focus on vitamin D first.

As for early treatment, I recommend nebulized hydrogen peroxide treatment,^{19,20} which is inexpensive, highly effective and completely harmless when you're using the low (0.04% to 0.1%) peroxide concentration recommended.

All of that said, ivermectin and several other remedies certainly have a place, and it's good to know they exist and work well. On the whole, there's really no reason to remain panicked about COVID-19. If you want to learn more about ivermectin, there are several places where you can do that, including the following:

- April 24 through 25, 2021, Dr. Tess Lawrie, director of Evidence-Based Medicine Consultancy Ltd.,²¹ hosted the first [International Ivermectin for COVID Conference](#) online.²²

Twelve medical experts²³ from around the world — including Kory — shared their knowledge, reviewing mechanism of action, protocols for prevention and treatment, including so-called long-hauler syndrome, research findings and real world data. All of the lectures, which were recorded via Zoom, can be viewed on [Bird-Group.org](#)²⁴

- An easy-to-read and print one-page summary of the clinical trial evidence for

ivermectin can be downloaded from the FLCCC website²⁵

- A more comprehensive, 31-page review of trials data has been published in the journal *Frontiers of Pharmacology*²⁶
- The FLCCC website also has a helpful FAQ section where Kory and Marik answer common questions about the drug and its recommended use²⁷
- A listing of all ivermectin trials done to date, with links to the published studies, can be found on c19Ivermectin.com²⁸

As noted by Lawrie during her closing address at the 2021 International Ivermectin for COVID Conference:²⁹

“The story of Ivermectin has highlighted that we are at a remarkable juncture in medical history. The tools that we use to heal and our connection with our patients are being systematically undermined by relentless disinformation stemming from corporate greed.

The story of Ivermectin shows that we as a public have misplaced our trust in the authorities and have underestimated the extent to which money and power corrupts.

Had Ivermectin being employed in 2020 when medical colleagues around the world first alerted the authorities to its efficacy, millions of lives could have been saved, and the pandemic with all its associated suffering and loss brought to a rapid and timely end ...

With politicians and other nonmedical individuals dictating to us what we are allowed to prescribe to the ill, we as doctors, have been put in a position such that our ability to uphold the Hippocratic oath is under attack.

At this fateful juncture, we must therefore choose, will we continue to be held ransom by corrupt organizations, health authorities, Big Pharma, and billionaire sociopaths, or will we do our moral and professional duty to do no harm and always do the best for those in our care?

The latter includes urgently reaching out to colleagues around the world to discuss which of our tried and tested safe older medicines can be used against COVID.”

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Notes

^{1, 2} [FLCCC Alliance](#)

^{3, 5, 17} [FLCCC Alliance I-MASK+ Protocol](#)

^{4, 6, 18} [FLCCC MATH+ Hospital Protocol](#)

⁷ [Journal of Intensive Care Medicine December 15, 2020 DOI: 10.1177/0885066620973585](#)

^{8, 11} [FLCCC December 8, 2020](#)

⁹ [Medpage Today January 6, 2021](#)

¹⁰ [Newswise December 8, 2020](#)

^{12, 15} [FLCCC January 7, 2021 Press Release \(PDF\)](#)

^{13, 25} [FLCCC Summary of Clinical Trials Evidence for Ivermectin in COVID-19 \(PDF\)](#)

¹⁴ [European Journal of Medical & Health Sciences 2020; 2\(6\)](#)

¹⁶ [Swiss Policy Research December 31, 2020](#)

¹⁹ [Science, Public Health Policy, and the Law July 2020; 2: 4-22 \(PDF\)](#)

²⁰ [A Holistic Approach to Viruses by Dr. Brownstein](#)

²¹ [Evidence-Based Medicine Consultancy Ltd.](#)

²² [Ivermectin for COVID Conference](#)

²³ [Ivermectin for COVID Conference Speakers List](#)

²⁴ [Bird-group.org Conference videos](#)

²⁶ [Frontiers of Pharmacology 2020 DOI: 10.3389/fphar.2021.643369](#)

²⁷ [FLCCC FAQ on Ivermectin](#)

²⁸ [c19Ivermectin.com](#)

²⁹ [The Desert Review May 6, 2021](#)

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