

The Deadly Censorship of Ivermectin

By [Dr. Joseph Mercola](#)

Global Research, July 12, 2021

[Mercola](#) 10 July 2021

Region: [USA](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

If the World Health Organization has been captured by Big Pharma and is putting out information that goes against medical science, then public health is at grave risk

While the WHO insists large randomized controlled trials (RCTs) must be completed before ivermectin can be recommended, RCTs actually are not the gold standard in terms of scientific evidence. Meta-analyses are

A meta-analysis of 24 RCTs clearly demonstrates that ivermectin produces large statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance

Ivermectin distribution campaigns have also resulted in rapid population-wide decreases in morbidity and mortality, which indicate that ivermectin is effective in all phases of COVID-19

While the WHO and world governments are willing to roll the dice when it comes to the novel COVID shots, they insist on ridiculously high standards of safety and effectiveness when it comes to off-patent drugs that have decades of safe use

*

DarkHorse host **Bret Weinstein**, Ph.D., has conducted a couple of long and really valuable interviews in recent weeks. One was with a lung and ICU specialist, **Dr. Pierre Kory**, who is also the president and chief medical officer¹ of the Frontline COVID-19 Critical Care Alliance (FLCCC). The FLCCC has published three different COVID-19 protocols, all of which include the use of ivermectin:

- I-MASK+² — a prevention and early at-home treatment protocol
- I-MATH+³ — an in-hospital treatment protocol. The clinical and scientific rationale for this protocol has been peer-reviewed and was published in the Journal of Intensive Care Medicine⁴ in mid-December 2020
- I-RECOVER⁵ — a long-term management protocol for long-haul syndrome

In another episode, Weinstein [interviewed Dr. Robert Malone](#), the inventor of the mRNA

and DNA vaccine technology.⁶ In both instances, YouTube deleted the videos. Why? Because they discussed science showing ivermectin works against COVID-19 and the hazards of COVID gene therapies. Never mind the fact that Kory and Malone are the widely recognized leading experts in their fields.

In the wake of this targeted takedown, podcast host Joe Rogan invited Weinstein and Kory in for an “emergency podcast” about the censorship of ivermectin. As noted by Weinstein in a June 23, 2021, tweet, “The censorship campaign obscuring Ivermectin (as prophylactic against SARS-CoV2 and as treatment for COVID-19) kills.”⁷

Indeed, we now know that early treatment is crucial to prevent complications, hospitalizations, death and/or long-haul syndrome, so censoring this information is inexcusable, and has without doubt resulted in needless deaths.

What Is Misinformation?

As Weinstein explains, there are several things in dire need of discussion. For starters, there’s the issue of YouTube’s community guidelines and posting rules, which are so vague that it’s impossible to determine beforehand if something is going to be deemed in violation.

Violations, in turn, threaten the ability of people like Weinstein to make a living. His entire family depends on the income generated through his YouTube channel. He now has two strikes against him, where YouTube claims he’s been posting “spam” and “medical misinformation.” One more, and the entire channel will be demonetized.

A central problem here is, who determines what misinformation is? YouTube has taken the stance that anything that goes against what the World Health Organization says is medical misinformation. However, the WHO doesn’t always agree with other public health agencies.

For example, the WHO does not recommend the drug remdesivir, but the U.S. Centers for Disease Control and Prevention does, and virtually all U.S. hospitals routinely use the drug on COVID-19 patients.

Another example where the WHO and the CDC are in disagreement is how the virus can be transmitted. While the CDC admits SARS-CoV-2 is an airborne virus that transmits through the air, the WHO does not list air as a form of transmission. So, is the CDC putting out medical misinformation?

Censorship Is a Disinformation Tool

As Weinstein rightly points out, if the WHO (or virtually every federal regulatory agency for that matter) has been captured and is being influenced by industry, in this case Big Pharma, and is itself putting out information that goes against medical science, then this is something that must be discussed and exposed. That is precisely what he did in the two episodes that YouTube wiped.

If an organization is putting out medical misinformation, and talking about this is censored, the end result is going to be devastating to public health. Overall, we’re in an untenable situation, Weinstein says, as people are losing their livelihoods simply for discussing the science and laying out the evidence. Licensed, practicing doctors are prevented from sharing practical knowledge that can save lives.

The fact that YouTube is making up the rules as they go is clear. One of Weinstein's interviews was deemed to be "spam." How can a discussion between highly respected and well-credentialed scientists and medical professionals be spam? YouTube obviously couldn't determine what was incorrect about it so they simply made up an excuse to take the video down.

Or more likely, they knew exactly what they were doing and removed it because it countered what appears to be their primary agenda, which is to promote the COVID jab.

As noted in the featured interview, censorship is actually a form of disinformation, which is defined as "information given to hide the actual truth." A perfect example of this is the suppression of the lab-leak theory. For a year and a half, no one was allowed to discuss the possibility that SARS-CoV-2 originated in a Wuhan lab. There's no telling how many tens of thousands of people lost their social media accounts, including yours truly, because they violated this rule.

The lab-leak theory was "debunked," according to all the industry-backed fact checkers. Now, all of a sudden, the evidence has somehow taken root and everyone is talking about it. Mainstream media pundits are squirming in their seats, trying to explain why they overlooked the obvious and roundly dismissed the evidence for so long. What was "misinformation" yesterday is now "fact."

Who decided this? Big Tech censored verifiable facts for a year and a half, and there's every reason to assume they censored it on behalf of someone. They grossly misinformed — nay, disinformed — the public, yet they're not held accountable for any of it.

The Manufacturing of Medical and Scientific Consensus

As noted by Weinstein, the idea that medical and scientific consensus can be established seemingly from one day to another in the middle of a pandemic involving a novel virus is simply not believable. It cannot happen, because scientific and medical consensus arises over time, as experts challenge each other's theories.

A hypothesis may sound good, but will break apart once another piece of evidence is added. So, it changes over time. What happened here, however, over the last year and a half, is that a consensus was declared early on, and subsequent evidence was simply discarded as misinformation.

The examples of this are numerous. Take vitamin D, for example. We've long known vitamin D influences your immune system. Yet the manufactured consensus declared vitamin D irrelevant in the case of COVID-19, and this stance remains to this day, even though dozens of studies have now demonstrated that vitamin D plays a crucial role in COVID-19 outcomes specifically.

The lab leak theory is another example. Manufactured consensus declared it bunk, and that was it. [Face masks](#) were declared effective without any evidence, and anyone pointing out the discrepancy between this recommendation and what the scientific literature was showing was simply declared to be violating some vaguely defined "community standards."

Manufactured consensus declared [hydroxychloroquine](#) and [ivermectin](#) dangerous and/or useless, saying we can't possibly risk using these drugs unless they're proven safe and effective in large randomized controlled trials (RCTs). As noted by Weinstein, they willingly

roll the dice when it comes to the novel COVID shots, yet apply ridiculously high standards of safety and effectiveness when it comes to off-patent drugs that have decades of safe use.

There's something very unnatural and unscientific about all of this, and that raises serious questions about intent. What is the intent behind these manufactured consensus that by any reasonable standard have been proven flawed or incorrect?

For all the talk about preventing dangerous misinformation being spread by the average person, governments, Big Pharma, Big Tech and nongovernmental organizations that have a great deal of influence over nations, have in fact engaged in the biggest disinformation campaign in human history. The question is why?

As noted by Kory, over time, he has developed a deep cynicism about many of the agencies and organizations that are supposed to protect public health, because their recommendations and conclusions do not comport with good science. And, if we trust them exclusively, we can get into real trouble.

The thing is, there must be a reason for why they don't follow the science, and that, most likely, is because they're beholden to financial interests. If the science doesn't support those financial interests, it's disregarded.

This is why, by and large, there's a very clear dividing line between those who promote the ideas of the WHO, the CDC and the U.S. Food and Drug Administration, and those who don't.

Those who disagree with the manufactured consensus are almost exclusively independent, meaning they're not financially dependent on an organization, company or agency to which the facts are inconvenient.

"Heretics" also tend promote products that they cannot make a profit from, such as hydroxychloroquine and ivermectin, two drugs that have been used for so long they're off-patent. Alternatively, they recommend natural products like vitamin D, which is virtually free, especially if you get it from optimal sun exposure.

Gold Standard Evidence Supports Ivermectin

As noted by Kory, while the WHO insists large RCTs must be completed before ivermectin (or hydroxychloroquine) can be recommended, RCTs actually are not the gold standard in terms of scientific evidence. Meta-analyses are.

The reason for this is because any given trial can be skewed by any number of protocol factors. When you do a meta-analysis of several trials, even if those trials are small, you have the best chance of detecting signals of danger or benefit because it corrects for flaws in the various protocols.

In the case of ivermectin, FLCCC recently conducted a meta-analysis⁸ of 24 RCTs, which clearly demonstrates that ivermectin produces "large statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance."

They also found that when used as a preventive, ivermectin "significantly reduced risks of contracting COVID-19." In one study, of those given a dose of 0.4 mg per kilo on Day 1 and a second dose on Day 7, only 2% tested positive for SARS-CoV-2, compared to 10% of controls who did not get the drug.

In another, family members of patients who had tested positive were given two doses of 0.25 mg/kg, 72 hours apart. At follow up two weeks later, only 7.4% of the exposed family members who took ivermectin tested positive, compared to 58.4% of those who did not take ivermectin.

Ivermectin distribution campaigns have resulted in rapid population-wide decreases in morbidity and mortality, which indicate that ivermectin is effective in all phases of COVID-19.

In a third, which unfortunately was unblinded, the difference between the two groups was even greater. Only 6.7% of the ivermectin group tested positive compared to 73.3% of controls. Still, according to the FLCCC, “the difference between the two groups was so large and similar to the other prophylaxis trial results that confounders alone are unlikely to explain such a result.”

The FLCCC also points out that ivermectin distribution campaigns have resulted in “rapid population-wide decreases in morbidity and mortality,” which indicate that ivermectin is “effective in all phases of COVID-19.” For example, in Brazil, three regions distributed ivermectin to its residents, while at least six others did not. The difference in average weekly deaths is stark.

In Santa Catarina, average weekly deaths declined by 36% after two weeks of ivermectin distribution, whereas two neighboring regions in the South saw declines of just 3% and 5%. Amapa in the North saw a 75% decline, while the Amazonas had a 42% decline and Para saw an increase of 13%. Importantly, ivermectin’s effectiveness also appears largely unaffected by variants, meaning it has worked on any and all variants that have so far popped up around the world.

Kory also points out that once you can see from clinical evidence that something really is working, then conducting RCTs becomes unethical, as you know you’re condemning the control group to poor outcomes or death. This is, in fact, the same argument [vaccine makers](#) now use to justify the elimination of control groups by giving everyone the vaccine.

All of that said, RCT evidence for ivermectin will hopefully come from the British PRINCIPLE trial,⁹ which began June 23, 2021. Ivermectin will be evaluated as an outpatient treatment in this study, which will be the largest clinical trial to date.

How Ivermectin Works

While ivermectin is best known for its antiparasitic properties, it also has both antiviral and anti-inflammatory properties. With regard to how it can help against SARS-CoV-2 infection, studies¹⁰ have shown ivermectin lowers your viral load by inhibiting replication.

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. A recent meta-analysis¹¹ by Dr. Tess Lawrie found the drug reduced COVID-19 infection by an average of 86% when used preventatively.

An observational study¹² from Bangladesh, which looked at ivermectin as a preexposure 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.

Ivermectin has also been shown to speed recovery, in part by inhibiting inflammation through several pathways and protecting against organ damage. This, of course, also lowers your risk of hospitalization and death, which has been confirmed in several studies.

Meta-analyses have shown average reductions in mortality ranging from 75%¹³ to 83%^{14,15}. The drug has also been shown to prevent transmission of SARS-CoV-2 when taken before or after exposure. When you add all of these benefits together, it seems fairly clear that ivermectin use could vaporize this [pandemic](#).

Where You Can Learn More

While ivermectin certainly appears to be a useful strategy, which is why I am covering it, it is not my primary recommendation. 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.

As for early treatment, I recommend nebulized hydrogen peroxide treatment,^{16,17} 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.,¹⁸ hosted the first [International Ivermectin for COVID Conference](#) online¹⁹

Twelve medical experts²⁰ 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](#)²¹

- An easy-to-read and print one-page summary of the clinical trial evidence for ivermectin can be downloaded from the [FLCCC website](#)²²
- A more comprehensive, 31-page review of trials data has been published in the journal [Frontiers of Pharmacology](#)²³
- The FLCCC website also has a helpful FAQ section where Kory and Dr. Paul Marik, also of the FLCCC, answer common questions about the drug and its recommended use²⁴
- A listing of all ivermectin trials done to date, with links to the published studies, can be found on [c19Ivermectin.com](#)²⁵

Mark Your Calendars for VERY Important Interview!

Please be sure to mark your calendar so you don't miss my groundbreaking interview with Dr. Vladimir Zelenko, July 4, 2021. We discuss the very distinct possibility that everyone who receives the COVID jab may die from complications in the next two to three years.

You should have plenty of time to view this vitally important exchange of information as it is the national Fourth of July holiday. We literally share life-changing information, so please be sure to read it and share with your friends.

This is largely because getting the jab now immediately places the injected individual in the very high risk of dying from COVID. Most have the false assurance that they are protected but, in reality, they are far more vulnerable and as a result will not take very aggressive proactive measures to avoid dying from pathogenic priming or paradoxical immune enhancement before it is too late.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

¹ [FLCCC Alliance](#)

² [FLCCC Alliance I-MASK+ Protocol](#)

³ [FLCCC MATH+ Hospital Protocol](#)

⁴ [Journal of Intensive Care Medicine December 15, 2020 DOI: 10.1177/0885066620973585](#)

⁵ [FLCCC I-RECOVER protocol](#)

⁶ [Trial Site News May 30, 2021](#)

⁷ [Twitter Bret Weinstein June 23, 2021](#)

⁸ [American Journal of Therapeutics May/June 2021; Volume 28\(3\): e299-e318](#)

⁹ [Principletrial.org](#)

^{10, 22} [FLCCC Summary of Clinical Trials Evidence for Ivermectin in COVID-19 \(PDF\)](#)

¹¹ [American Journal of Therapeutics June 17, 2021 \[Epub ahead of print\]](#)

¹² [European Journal of Medical & Health Sciences 2020; 2\(6\)](#)

¹³ [FLCCC January 7, 2020 Press Release \(PDF\)](#)

¹⁴ [Swiss Policy Research December 31, 2020](#)

¹⁵ [Evidence-Based Medicine Consultancy Ltd. Rapid Review and Meta-Analysis January 3, 2021 \(PDF\)](#)

¹⁶ [Science, Public Health Policy, and the Law July 2020; 2: 4-22 \(PDF\)](#)

¹⁷ [A Holistic Approach to Viruses by Dr. Brownstein](#)

¹⁸ [Evidence-Based Medicine Consultancy Ltd.](#)

¹⁹ [Ivermectin for COVID Conference](#)

²⁰ [Ivermectin for COVID Conference Speakers List](#)

²¹ [Bird-group.org Conference videos](#)

²³ [Frontiers of Pharmacology 2020 DOI: 10.3389/fphar.2021.643369](#)

²⁴ [FLCCC FAQ on Ivermectin](#)

²⁵ [c19ivermectin.com](#)

The original source of this article is [Mercola](#)
Copyright © [Dr. Joseph Mercola](#), [Mercola](#), 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: **[Dr. Joseph Mercola](#)**

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long as the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca