

A Timeline of Major Battles In the Global War on Ivermectin - Part 1

My chronology of the Disinformation tactics deployed to paint ivermectin as an ineffective horse dewormer against Covid. Largely taken from the ever-evolving keynote lecture I give at conferences



Pierre Kory, MD, MPA ✓
Dec 6

173

37



First an announcement:

I believe this 3-part series is my last directly related to ivermectin, and the last posts I need to write for my book. You have no idea how excited I am about this. Today, my part of the book is finished!! But my co-writer, the two time NYT best selling author Mike Capuzzo and his wife Theresa (master editor) still have a lot of work to do but we are all hopefully still on target for a February release! Woohoo!

I now look forward to exploring and writing about other areas of dysfunction in modern medicine (with the hopes of improving them of course). I have tons of drafts of posts on various medical issues that are near and dear to heart and mind, chief among them is the systematic underuse of intravenous Vitamin C in numerous disease models and the systematic under-recognition and under-treatment of children with PANS/PANDAS (Pediatric Acute-Onset Neuropsychiatric Syndrome and its subset Pediatric Acute Neuropsychiatric Disorder Associated with Streptococcal Infection).

In this three-parter, I am going to present, in approximate chronological order, the most important events regarding both the emergence of evidence of the massive efficacy of ivermectin and the countering, neutering, and destroying tactics deployed by the Disinformationists paid for by Big Pharma and/or The Bill and Melinda Gates Foundation (BMGF). Although many of these events will not be news to my long-time subscribers, there is some new stuff, and it reads (hits) different when presented chronologically and in somewhat rapid-fire format. Let's go.

Lets start with some foreshadowing by taking a look as to where this is all heading. As of today, December 5, 2022, the evidence base for ivermectin in Covid is below, thanks to the tireless work of the c19early.com group.

Ivermectin for COVID-19

93 studies from 1 014 scientists

Study	Favors ivermectin (%)
All studies	62%
With exclusions	67%
Meta-analysis	51%
Randomized	34%
Observational	45%
Case reports	78%
Case series	42%
Retrospective	53%
Prospective	83%
Case-control	62%
Cohort	43%

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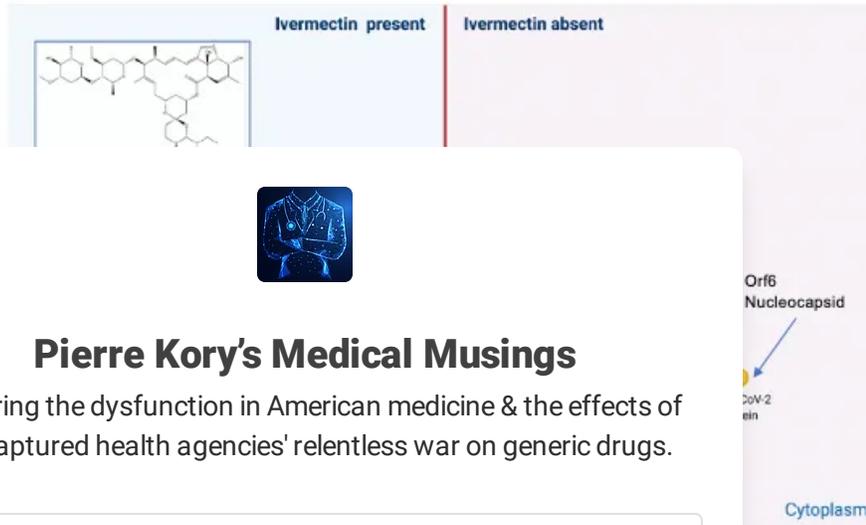
Similarly, it is unprecedented that, despite an evidence base this large and positive, these same health systems systematically persecute and punish physicians who use the medicine despite an unparalleled safety profile. How did we get to this dystopian nightmare? Slowly and deliberately, using relentless propaganda and censorship of the truth. Take a walk with me down memory lane of the Dsinformation war on ivermectin.

APRIL 2020 - POSITIVE *IN-VITRO* STUDY OF IVERMECTIN AGAINST SARS-COV2 IS PUBLISHED IN A MEDICAL JOURNAL

The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 *in vitro*

Leon Caly^a, Julian D. Druce^a, Mike G. Catton^a, David A. Jans^b, Kylie M. Wagstaff^{b,*}

With a single addition of IVERMECTIN to Vero-hSLAM cells 2 h post infection with SARS-CoV-2 able to effect ~5000-fold reduction in viral RNA at 48 h.



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Research 2020;178:104787

...tic in Covid after Leon
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In a truly historic response to this study, based on the gravity of the situation in Peru, ivermectin was incorporated into the Peruvian national protocol ***based solely on an in-vitro study***, as [described in this powerful documentary](#) compiled by one of the bright lights in the media landscape (Trial Site News) amidst the Covid media darkness. Watch it, please.

Subsequently, I begin to notice a pattern happening in Peru that would play out over and over again across many countries in regards to physician willingness to consider using ivermectin. City doctors vs. rural doctors. Red vs. blue doctors. “System employed” doctors vs. private practice doctors. Rich countries vs. poor countries. The big city academics and centers all dismissed and derided the drug for having “*insufficient evidence.*”

DISINFORMATION RESPONSE

Although not as zealous or widespread an adoption of ivermectin as Peru, in the U.S there was a brief run on the veterinary drug, according to a [warning](#) issued soon afterwards on April 10, 2020, by the PFDA (not a typo):

PFDA Letter to Stakeholders: Do Not Use as Treatment ns



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Antiviral Research
Volume 178, June 2020, 104805



Ivermectin and COVID-19: A report in *Antiviral Research*, widespread interest, an FDA warning, two letters to the editor and the authors' responses

Mike Bray , [Craig Rayner](#) , François Noël, David Jans, Kylie Wagstaff

I believe Rayner (of the later and infamous TOGETHER trial) was immediately tasked by BMGF to “inject doubt” so as to counter the impacts of the Monash study, many months before the TOGETHER trial even started. From c19early.com about Rayner:

One of the senior investigators was Dr. Craig Rayner, President of Integrated Drug Development at Certara - another company with a similar mission to MMS Holdings (helping pharmaceutical companies get approval and designing scientific studies that help them get approval). They state on their website that: "Since 2014, our customers have

DA." One of their clients is



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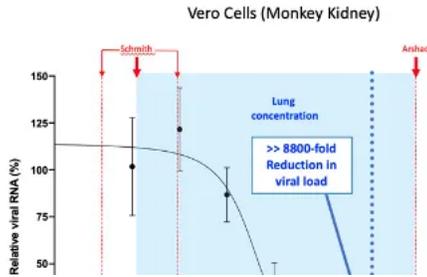
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science writer Joomi.

-
2. That there is no data to support the fact that standard dosing actually does achieve viral inhibitory concentrations in human tissues.

The latter premise is the most troubling to me because the authors of the above study, in personal communication with Paul and myself prior to our NIH presentation on January 6, 2021, provided us with the results of their follow-up study using human lung and adipose tissue. They found that standard dosing did in fact reach inhibitory concentrations.

Ivermectin inhibits SARS-CoV-2 *in vitro*



Relevance of IC₅₀ determined *in vitro* to clinical use?

- In vitro assay very different from clinical situation
 - MOI of 0.1 – extremely high
 - Vero/hSLAM cells-
 - monkey kidney- do not produce IFN
 - Lack adaptive immune responses
- Ivermectin accumulates in lungs and other tissues



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APRIL 2020 - NOBEL PRIZE WINNING DISCOVERER OF IVERMECTIN ASKS MERCK FOR SUPPORT IN STUDYING IVERMECTIN'S EFFICACY IN COVID

Professor Satoshi Omura, the Nobel Prize winning co-discoverer of ivermectin, in his Nobel Prize acceptance speech in 2015, called it “the wonder drug,” not only due to its incredible safety as an anti-parasitic in humans, but also its broad anti-viral and anti-tumor properties. The studies showing ivermectin’s ability to halt the replication of over 10 RNA viruses started being published in 2012, and by the time of my review paper, there were positive in-vitro studies against Dengue, West Nile, Influenza, Zika and of course SARS-CoV2 as above. So what did Professor Omura do in April 2020? [He politely wrote to Merck](#) for funds to study its clinical efficacy in Covid.

DISINFORMATION RESPONSE:

From that paper:

Kitasato University, based on the judgment that it is necessary to examine the clinical effect of ivermectin to prevent the spread of uncertain COVID-19, asked Merck & Co., Inc. to conduct clinical trials of ivermectin for COVID-19 in Japan. This company has priority to submit an application for an expansion of ivermectin's indications, since the original approval for the manufacture and sale of ivermectin was conferred to it.

However, the company said that it had no intention of conducting clinical trials.



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Furthermore, by the 27th of February, the results of 42 clinical trials, including approximately 15,000 patients (both registered and unregistered studies) have been subjected to a meta-analysis after exclusion of biasing factors. It was found that 83% showed improvements with early treatment, 51% improved during late-stage treatment, and there was an 89% prevention of onset rate noted. This confirms the usefulness of ivermectin. Since it is a meta-analysis based on 42 test results, it is estimated that the probability of this comprehensive judgment being a mistake is as low as 1 in 4 trillion. In addition, two separate meta-analyses also showed the

His paper was countered with outrageous anti-ivermectin narratives like this example on the Poynter website (among others). Keep in mind they are referring to the expert recommendations of a Nobel Prize winner in Medicine.



Fact-checked by: Estúdio Verifica



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Pierre Kory, MD MPA · 7/1/21 ...

Nobel Prize Winner Professor Satoshi Omura, whose discovery of ivermectin led to one of



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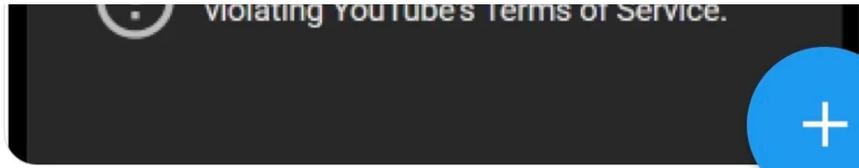


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[youtube.com](#)

11:22 PM · Jun 26, 2021 · Twitter for iPhone

Dr. Satoshi Omura x Katsuhito Nakajima Dialogue Part 1 "Japanese EUA Development Bill" "Ivermectin is a Son"
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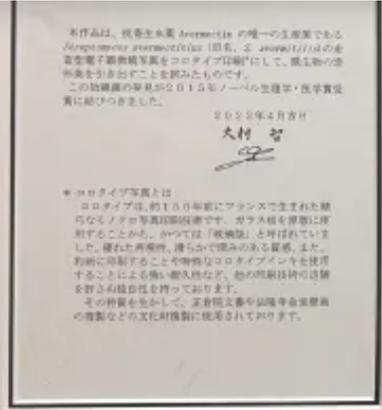
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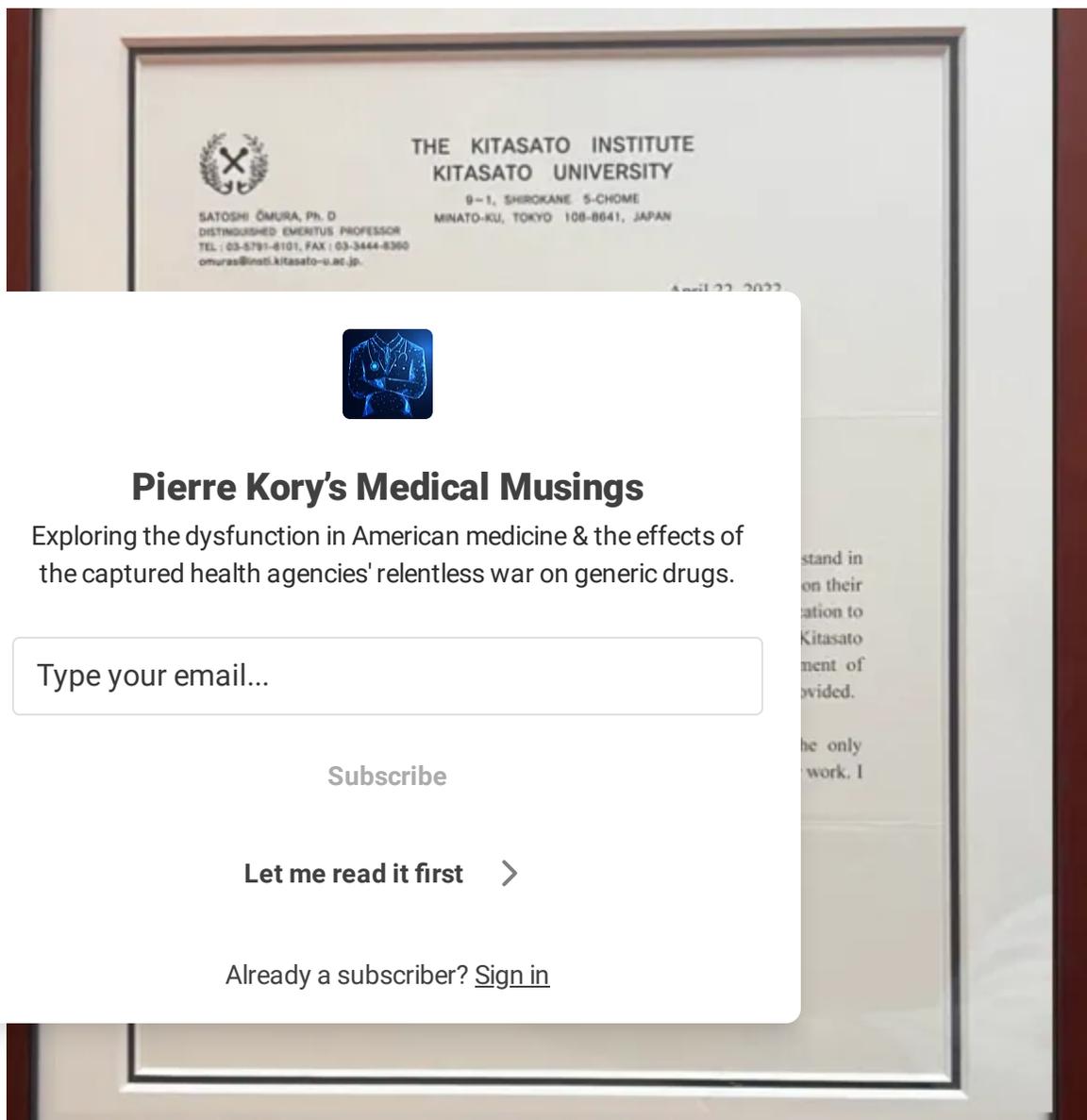
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FLCCC's journey through the below supportive e - an amazingly beautiful vermectin, the parent del prize. Along with his my desk. And always will.



The letter reads:



THE KITASATO INSTITUTE
KITASATO UNIVERSITY
9-1, SHIROKANE 5-CHOME
MINATO-KU, TOKYO 108-8641, JAPAN

SATOSHI ŌMURA, Ph. D
DISTINGUISHED EMERITUS PROFESSOR
TEL : 03-5791-8101, FAX : 03-3444-8360
omuras@inst.kitasato-u.ac.jp.

April 22, 2022

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A more recent personal pleasure was watching Professor Fukushima of the same Kitasato Institute finally show some outrage about the horrific neglect and suppression of data revealing the unprecedented toxicity and lethality of the Covid mRNA “vaccines.” So inspiring to finally see an esteemed academic.. get angry. In public. Transformative. Please watch:



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TEAM OF RESEARCHERS
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my assertion that this team was not deployed to find and disseminate evidence of effective generic drugs, but rather to report that evidence back to its funders so they could deploy Disinformation to destroy them.

Know that Dr. Andrew Hill was the leader of that research team. I truly believe that Andy Hill did not know this was team's ultimate objective when he accepted their contract at the time of his hire. It was only after his work started doing damage against Big Pharma's other products and the vaccines that they "captured" him and made him actively "destroy" the evidence base he had so expertly compiled. One of the saddest and most damaging-to-humanity stories in history.

JUNE 2020 - FIRST MAJOR CLINICAL STUDY OF IVERMECTIN'S EFFICACY IS POSTED BY A GROUP IN THE DOMINICAN REPUBLIC

During the early spring 2020 surge of Covid in the Dominican Republic, a doctor at one of the larger private clinic systems gave ivermectin to an overweight, diabetic tourist who was deteriorating in the hospital with progressive hypoxia within hours of admission. Within 12 hours of receiving ivermectin he demonstrated a rapid and robust improvement in his oxygenation (as was later told to me by the 2nd author of the paper,

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[les](#) of rapid reversal of
some close colleagues of



COVID-19 Patients
at: 62%

is ⁵, Jerome Dancis ⁶,

Their paper provides the mechanistic and clinical evidence to explain the successful outcomes of the clients of Attorney Ralph Lorigo, who, after he won court judgements for hospitals to administer ivermectin, often rapidly came off ventilators and were discharged home. It also supports the basis for this very moving video testimonial of a son fighting the doctors to save his fathers life with ivermectin. It's a must watch if you haven't seen it.



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Journal of Clinical Trials

OPEN ACCESS Freely available online

Review Article

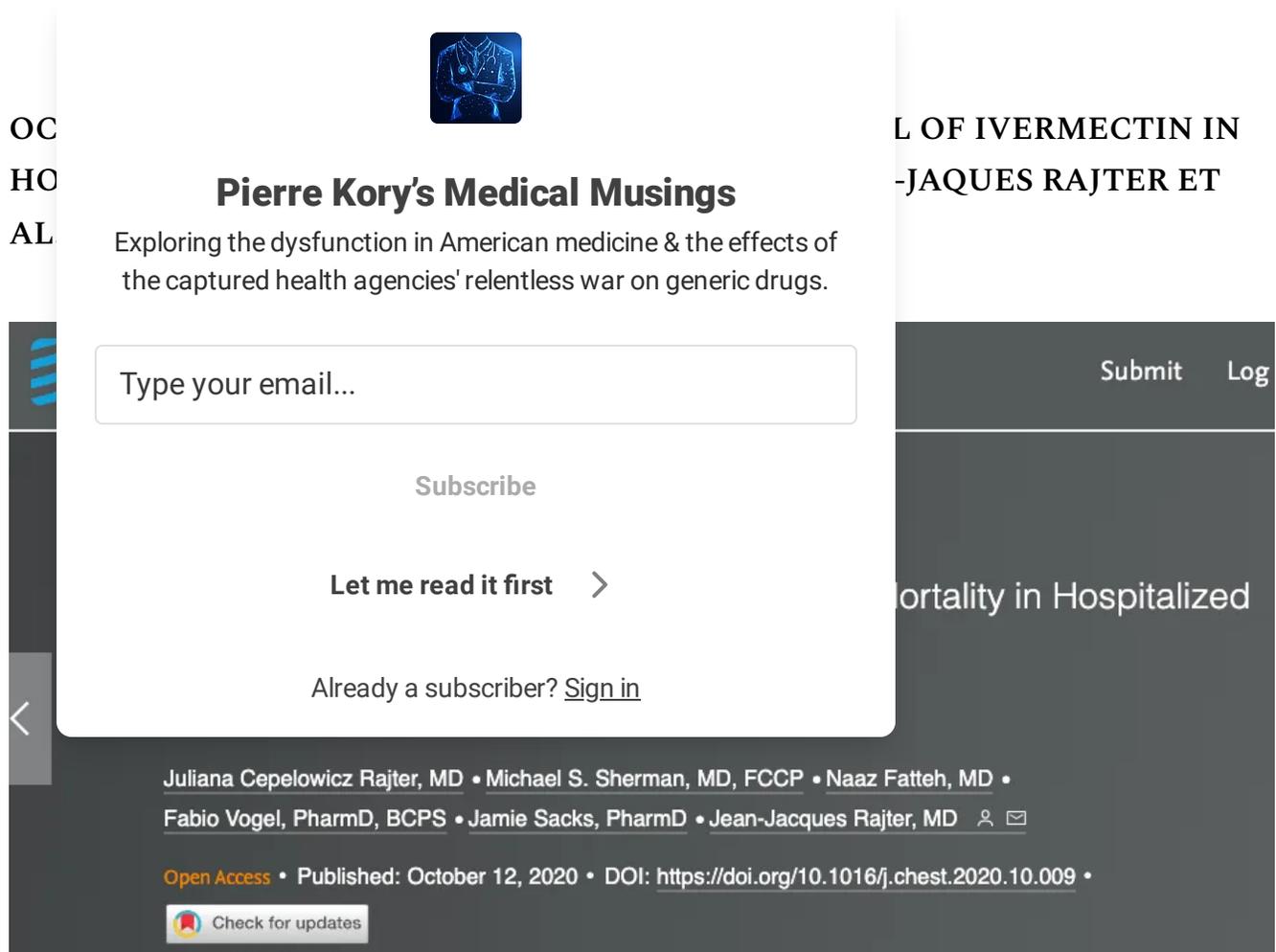
The Use of Compassionate Ivermectin in the Management of Symptomatic Outpatients and Hospitalized Patients with Clinical Diagnosis of Covid-19 at the Centro Medico Bournigal and at the Centro Medico Punta Cana, Grupo Rescue, Dominican Republic, from May 1 to August 10, 2020

José Morgenstern^{1*}, José N Redondo², Albida De León³, Juan Manuel Canela⁴, Nelson Torres Castro⁵, Johnny Tavares⁶, Miguelina Minaya⁷, Óscar López⁸, Ana Castillo⁸, Ana María Plácido⁹, Rafael Peña Cruz¹⁰, Yudelka Merette¹⁰, Marlenin Toribio¹¹, Juan Asmir Francisco¹²

2,706 patients presenting to the emergency room for Covid symptoms were given ivermectin and sent home. Only 16 of them returned needing hospitalization. Only 2 of those patients died. Thus, 99.3% of all ivermectin treated symptomatic patients avoided hospitalization and death in that first Wuhan wave.

DISINFORMATION RESPONSE

This report was roundly ignored because... it was a case series.



The screenshot shows a portion of a medical journal article page. On the left, a vertical sidebar contains the text "OC", "HO", and "AL". The main content area features a blue icon of a person with a glowing chest, followed by the title "Pierre Kory's Medical Musings" and a subtitle "Exploring the dysfunction in American medicine & the effects of the captured health agencies' relentless war on generic drugs." Below this is a white subscription form with a text input field containing "Type your email...", a "Subscribe" button, and a link "Let me read it first" with a right-pointing arrow. At the bottom of the form is the text "Already a subscriber? [Sign in](#)". To the right of the form, the article title "L OF IVERMECTIN IN" and author name "-JAQUES RAJTER ET" are visible. Below the form, the authors' names are listed: "Juliana Cepelowicz Rajter, MD • Michael S. Sherman, MD, FCCP • Naaz Fatteh, MD • Fabio Vogel, PharmD, BCPS • Jamie Sacks, PharmD • Jean-Jacques Rajter, MD" with user and email icons. Below the authors is the text "Open Access • Published: October 12, 2020 • DOI: <https://doi.org/10.1016/j.chest.2020.10.009>". At the bottom left of the article area is a "Check for updates" button. On the right side of the page, the text "Mortality in Hospitalized" is partially visible.

Although not a prospective randomized controlled trial, it was a large study that retrospectively looked at patients treated with ivermectin in the first Wuhan variiant wave in the Spring of 2020. They used a sophisticated and widely accepted technique to create a near-identical comparison group. Here is what they found:

- Lower mortality in the overall ivermectin treated group (15.0% vs 25.2%; $p = .03$).

- Lower mortality in the severely ill treated with ivermectin (38.8% vs 80.7%; $p = .001$).

Massive, just massive reductions in mortality. Published in one of the top journals of my specialty. Ignored by academia and media. First taste of things to come. Also, fun fact: Miami is not considered to be a hotbed of strongyloides worms (speaking to the later and very popular narrative that ivermectin only works in parasite infested countries).

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Treatment and prevention of COVID-19 using hydroxychloroquine: exploratory re-analysis of age and time-nuanced effects.

Three companion clinical studies from the University of Minnesota examined the effect of hydroxychloroquine (HCQ) when given to treat early cases of COVID-19 or to prevent it from occurring either before or just after exposure to someone with coronavirus. Although reductions in COVID-19 between 17% and 27% were found when HCQ was used before or just after exposure to COVID-19, because the studies had too few patients in them and because they



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Any and others were all negative. The below chart, constructed by Paul, was from October 2020. Several of our assessments of therapeutics would change as the evidence evolved, but I always found it a helpful guide. Note ivermectin was not on there yet.

Failed and Successful Rx for COVID-19 by Phase of Illness

	Pre-exposure/ Post-Exposure/ Incubation	Symptomatic Phase	Pulmonary/ inflammatory phase
Hydroxychloroquine	Unclear benefit	No benefit	?Trend to harm
Remdesivir	n/a	?? Reduced time to recovery No mortality benefit	No benefit
			No benefit
			?Trend harm
			?Trend to harm
			No Benefit
			BENEFIT



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Paul posted a lecture on YouTube concluding it would end the pandemic.

DISINFORMATION RESPONSE

Unfortunately and predictably, as above, the video was later taken down off of YouTube and for some reason, the US academic health system completely ignored our findings or recommendations, preferring instead to wait for a large RCT pfunded (not a typo) by the NIH-Pharma complex.

OC
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JAN CHAMIE'S PRE- RIBUTION PROGRAM

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Figure 12. Total Deaths/Population and Case Incidence for COVID-19 / Population in population older than 60 years old for eight Peruvian states deploying mass ivermectin treatment

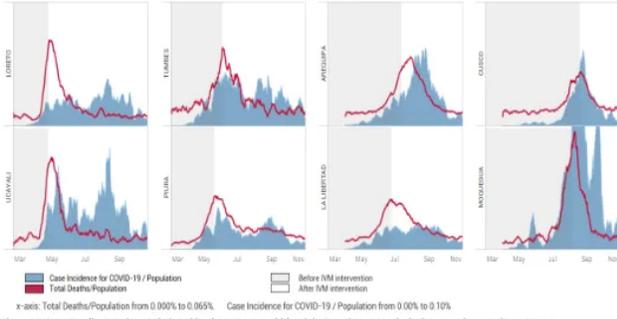
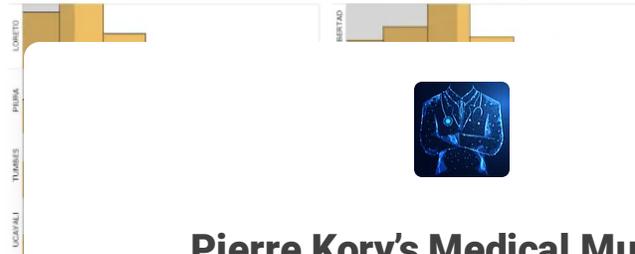


Figure 13. Case Fatality Rate in population older than 60 years old for eight Peruvian states deploying mass ivermectin treatment



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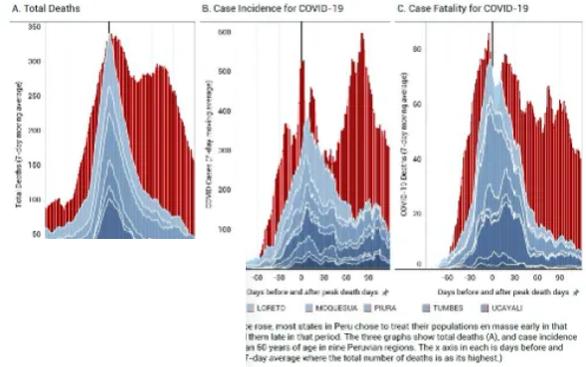
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Daily excess deaths (7-day mov avg)



Figure 1. Graphical Abstract. Total deaths, case incidence and case fatality for COVID-19 in populations older than 60 years old for eight states deploying early mass ivermectin treatments vs Lima in Peru.

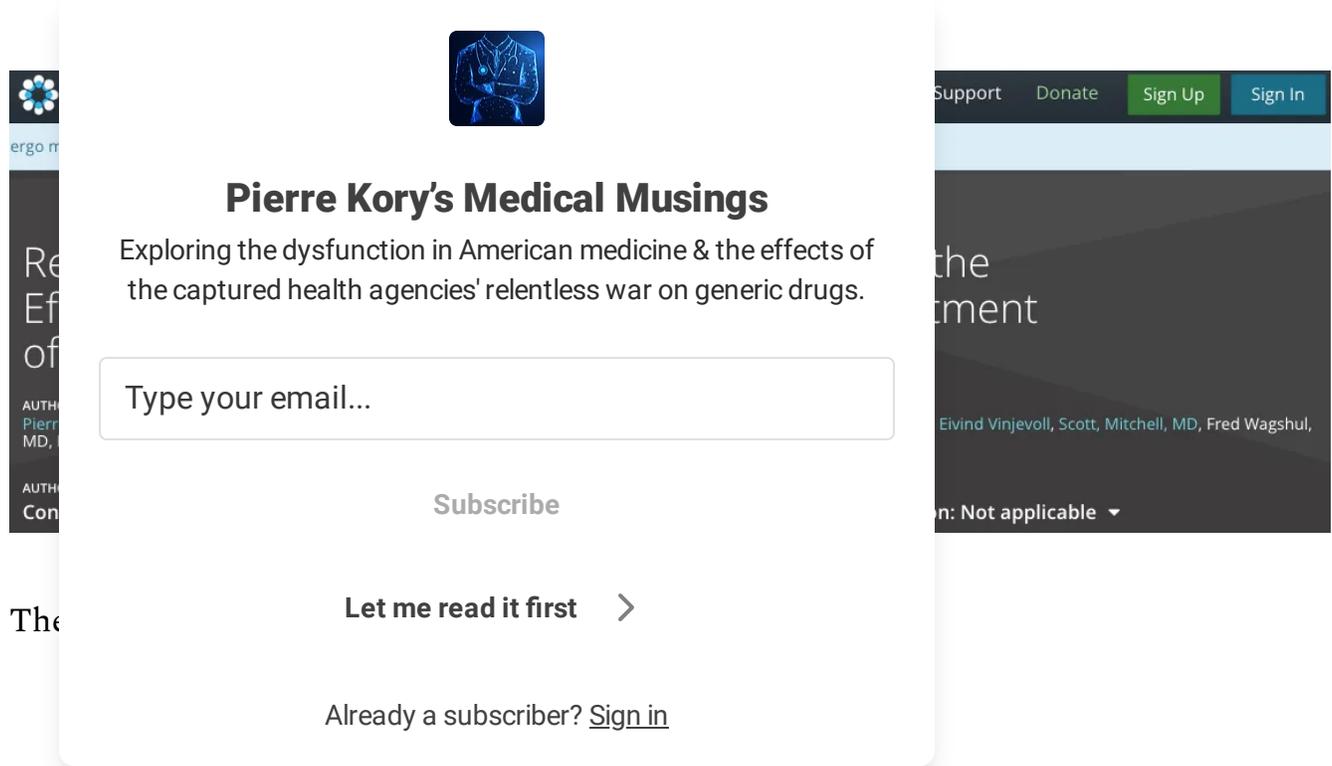


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Analyst: Juan Chamie @jjchamie
Source: www.datosabiertos.gob.pe

Juan's analysis was a powerful, real-world demonstration of what we knew from the trials data. Ivermectin, if deployed widely in both prevention and treatment, could potentially change the face of the entire pandemic. So I began to work furiously on a review paper with the intent of compiling all the varied sources of evidence of efficacy.. and then present it to the world.

And so began a 4 week frenzy of work, unparalleled in my career (which, if you knew my career, is saying a lot as I have suffered from “workaholism” since before becoming a doctor). At that time I was working full time shifts in a major medical center in Milwaukee while searching, reading, and analyzing studies that were emerging on an almost daily basis. About a month later, on November 13, 2021, I uploaded the first draft of our comprehensive narrative review paper which included wickedly positive meta-analyses of both the prevention and treatment trials along with Chamie’s epidemiologic analyses. It still sits on that pre-print server today:



The image shows a newsletter sign-up form for "Pierre Kory's Medical Musings". At the top center is a blue square icon of a person with a stethoscope. Below it, the title "Pierre Kory's Medical Musings" is displayed in bold. Underneath the title is a short description: "Exploring the dysfunction in American medicine & the effects of the captured health agencies' relentless war on generic drugs." A text input field with the placeholder "Type your email..." is positioned below the description. Under the input field is a "Subscribe" button. Below the button is a link that says "Let me read it first" followed by a right-pointing chevron. At the bottom of the form is a link that says "Already a subscriber? Sign in". To the right of the form, a portion of another webpage is visible, showing a dark header with "Support", "Donate", "Sign Up", and "Sign In" buttons. Below the header, the word "the" is partially visible, and further down, the name "Eivind Vinjevoll, Scott, Mitchell, MD, Fred Wagshul," is visible.

**DECEMBER 4, 2020 - THE FLCCC'S HOUSTON PRESS CONFERENCE
INTRODUCING IVERMECTIN TO THE WORLD**



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PROPHYLAXIS & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

Page 1/2

PROPHYLAXIS PROTOCOL

Behavioral Prophylaxis for High-Risk Individuals



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Behavioral Prophylaxis



WEAR MASKS

Must wear cloth, surgical, or N95 mask (without valve) in all indoor spaces with non-household persons.

Must wear a N95 mask (without valve) during prolonged exposure to non-household persons in any confined, poorly ventilated area.



KEEP DISTANCE

Until the end of the Covid-19 crisis, we recommend keeping a minimum distance of approx. 2m /6 feet in public from people who are not from your own household.

The FLCCC's protocol was certainly getting attention but not penetrating sufficiently into "the system" while the cases and hospitalizations were rising incredibly fast. Now, although the censors were not fully deployed yet (it would get a lot lot worse over time) we still couldn't get the word out enough to the masses.

So Joyce Kamen, our communications director and one of the FLCCC's co-founders, suggested we hold a press conference to announce the protocol and try to get the word out to the public. This was something that another organization with a slightly similar name, (America's Front Line Doctors - AFLDS) had done 5 months earlier in Washington, DC, in an attempt to disseminate the news of efficacy of HCQ to the world

(albeit theirs was immediately “fact checked” to death, censored off of YouTube, Facebook, and Twitter and roundly ridiculed and attacked by media and academia [as in this clip](#)).

But it had gotten the Truth out there, however much they were attacked. So we tried the same. Joe Varon, an FLCCC co-founder, had a ton of media and TV contacts in Houston as he was a super popular and expert interview on Covid. He would do up to 13 TV and radio interviews a day, humorously calling himself “The Covid Hunter” while running his

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So off to Houston we went. Here is the [electronic press kit to the press conference](#) with a link to the early, short documentary (11 minutes) that we produced called “[What is](#)

[Ivermectin](#).” The documentary reviews the historic discovery of ivermectin, its development, and first human applications. Essentially we show that ivermectin led to one of the most important public health advancements in history as it transformed the health status of millions across continents, ridding people of the disfiguring and disabling conditions such as river blindness and elephantiasis.

Also you will notice above that, during the press conference, me and Paul were wearing masks.. outside. I am getting crushing chest pain looking at that but I trust you guys get

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HOMELAND

SECURITY HEARING ON THE IMPORTANCE OF EARLY TREATMENT

Senator Johnson first reached out to me in April of 2020 when he came across the [FLCCC website](#) featuring our aggressive, combination therapy [hospital treatment protocol](#) we titled MATH+. Although I was impressed with the fact that a Senator wanted to talk to me (he chose to reach out to me because I, at the time, was the Medical Director of the University of Wisconsin's Trauma and Life Support Center as well as the Chief of the Critical Care Service, with UW being one of the top research institutions in the country. Since it was in his home state, he reached out to me (Lucky Pierre). Problem: I was an indoctrinated liberal New Yorker at the time. As a then life-long reader of the NY Times (ouch), I had been well trained to hate Senator Johnson, but I took the call because the issue was so important.

It was clear from that first conversation that he knew something was wrong with the U.S response and he wanted to try to do something about it. The prevailing “supportive care only” approach in the US (a.k.a “try nothing until a Pharma RCT tells us what to use”), relying only on fluids, Tylenol, oxygen, ventilators and nothing else was leading to overwhelmed ICU’s with patients lingering for weeks on ventilators before dying. Within minutes, I couldn’t help liking the guy and what he was about. I will never forget something he told me in that first conversation which endeared him to me, he said, “I want the doctors to take their gloves off!” Exactly.



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d me in May 2020 to testify that corticosteroids were national health care society months later when it EVERY trial proved what

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high-impact journals as "high-quality", and "rigorous." The same narratives that would engulf ivermectin over the next 2 years. He also provided the highlight of the whole hearing when he was asked "Have you ever treated a Covid patient?" The answer was a sheepish and reluctant "No."

Please never forget that answer. By definition, any HCQ or ivermectin naysayer never once used it in clinical practice yet formed such fierce, negative opinions on these therapies in Covid. I will remind you of this when we get to "Andy Hill's Gang" - folks like Gideon Meyerowitz Katz, Nick Brown, and Kyle Shedrick et al. Most of them are not clinicians so could never know how effective these drugs were.

Note that Dja was later rewarded for this Disinformation effort with a position as the White House Coronavirus Response Coordinator. Another clown joins clown world. To wit: his [latest White House podium attempt](#) to boost vaccination rates includes this asinine statement, "I really believe this is why God gave us two arms, one for the flu shot and the other one for the COVID shot." You really cannot make this stuff up.

DISINFORMATION RESPONSE

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The Snake-Oil Salesmen of the Senate



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...e helps Covid-19
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Bastards. Know that headline was not written by journalists. Written by PR professionals (propagandists) heading up the HCQ Disinformation campaign. Still have to admit it was effective as they have been using that “snake oil” phrase on a ton of us. It works. But I hope less so over time as the emerging data shows that many of us “dissidents” were correct in our early and accurate advocacy on numerous pandemic related scientific topics.

DEC. 8, 2020 - SENATOR JOHNSONS 2ND HEARING ON EARLY TREATMENT

Two weeks later, I was invited to testify alongside other early treatment experts and researchers and epidemiologists. Know that we, and I think I can include Senator Johnson, did not really know how absolutely threatening the hearings would be to Pharma as it threatened massive markets for their about-to-be rolled out vaccines and the pre-ordained approval of worthless antivirals like Paxlovid and Molnupiravir.

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document was the first description of what I was seeing without being able to make sense of it. 2 years later and now I see it all pretty clearly.

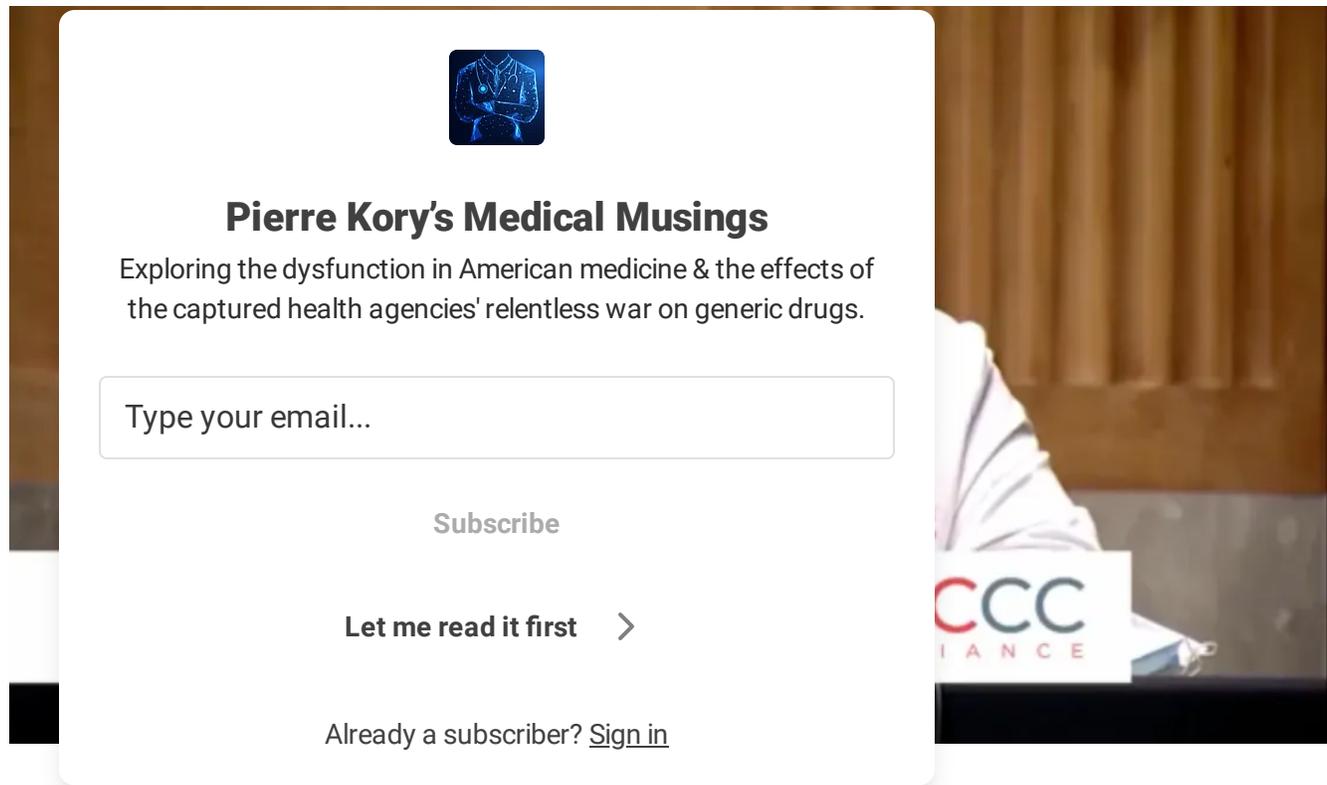
Anyway, the [written testimony is here](#) and the [video testimony is here](#). My favorite line from the document:

Numerous studies have consistently positive reported large magnitudes of benefits in all disease's phases but - with the most significant public health impact in the prevention of transmission. On this compelling evidence, we recommend ivermectin's administration for both prophylaxis in all high-risk patients as well as in the early and late phases of the disease. If this were to occur nationally and globally, we predict that, like in many of the regions shown above, the pandemic will end, the economy can re-open, social interactions and

activity can resume, and life can normalize. The expected impact will allow our nation to grow and focus on the multitude of other pressing problems facing our society.

Whoa. That is NOT what happened.

In my spoken testimony I could only cover a portion of it even in the extended time Senator Johnson granted me.



The image shows a white subscription form overlaid on a video background. At the top of the form is a blue icon of a human torso with a glowing blue grid pattern. Below the icon is the title "Pierre Kory's Medical Musings" in bold black text. Underneath the title is a subtitle: "Exploring the dysfunction in American medicine & the effects of the captured health agencies' relentless war on generic drugs." There is a text input field with the placeholder "Type your email...". Below the input field is a "Subscribe" button. Underneath the button is a link that says "Let me read it first" followed by a right-pointing chevron. At the bottom of the form is a link that says "Already a subscriber? [Sign in](#)". The background video shows a person in a white lab coat sitting at a desk with a sign that says "CCC FINANCE".

Fun fact: The energy, frustration and even rage I expressed would never have been generated if it were not for my being “triggered” by the then ranking member of the Committee, Senator Gary Peters. He and the rest of the Democrats on the Committee opened the hearing with a statement that insulted both Chairman Ron Johnson and the rest of us expert witnesses as non-scientific political actors. And then they walked out. I was so enraged I couldn’t even think.

Luckily I didn’t testify for another hour or so but I was still fired up when it came to my turn. So I let it rip. It wasn’t just the Dem’s insult and walkout, but it was me thinking during that hour about the past years daily horrors of watching colleagues and experts and health systems do insanely stupid things, having to watch so much under-treatment and so much dying for so long, and working so many hours, not only running ICU’s but

building the FLCCC and studying COVID. I was in quite a state when it came to my turn. I had just had it. But, that was probably one case in my life where my supposed “justifiable anger” actually led to something good happening. The video went viral, putting both ivermectin and the FLCCC on a much much larger map, like a global map. Lucky Pierre strikes again.

DECEMBER 2020 PAUL AND I START GIVING LECTURES ON IVERMECTIN

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Association of Black Bishops, and numerous Covid summits like the International Covid Summits in Rome and Vienna and Bath as well dozens of summits and conferences across the U.S, often in person.

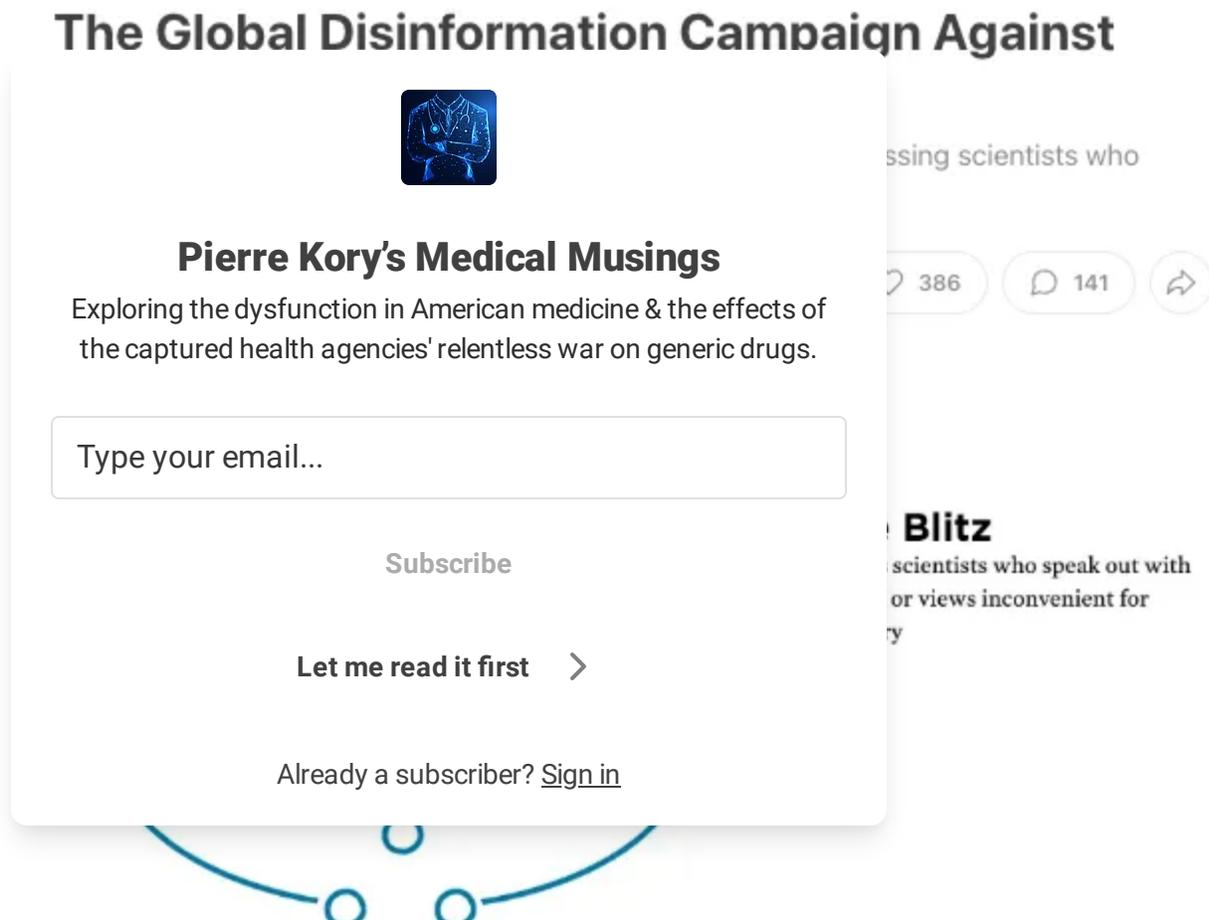
The most immediate and impactful of our talks occurred in Paul's home country of South Africa. We essentially started a medical civil war around the issue of ivermectin such that the South African ivermectin war could literally be its own book. Our talks caused a huge run on veterinary stocks largely due to the fact that the South African government quickly *criminalized its importation*. Too much to go into but in Meryl Nass's [article on ivermectin](#) in CHD's The Defender, she succinctly summarized it with:

South Africa was the trial balloon. On Christmas Eve 2020, South African authorities banned the importation of ivermectin. However, several local organizations mounted legal

actions, and they won. Within several months ivermectin was back on the shelves.

DISINFORMATION RESPONSE

They started “blitzing” me and the FLCCC individually and organizationally in the media.



The screenshot shows a newsletter sign-up form for 'Pierre Kory's Medical Musings'. At the top, there is a blue icon of a person with a stethoscope. The title is 'Pierre Kory's Medical Musings' in bold black text. Below the title is a subtitle: 'Exploring the dysfunction in American medicine & the effects of the captured health agencies' relentless war on generic drugs.' There is a text input field with the placeholder 'Type your email...'. Below the input field is a 'Subscribe' button. Underneath the button is the text 'Let me read it first' followed by a right-pointing chevron. At the bottom of the form is the text 'Already a subscriber? [Sign in](#)'. To the right of the form, there is a partial view of another article titled 'Blitz' with a subtitle 'scientists who speak out with or views inconvenient for' and a '386' comment count.

[My above post on the Disinformation tactic called “The Blitz,”](#) details a lot of these attacks, the very first being the dispatch of an AP reporter to “debunk” the testimony. It was lame, but it was where they started. I would also argue this is when the immense censorship ramped up even further - discussion of ivermectin’s efficacy was more and more aggressively banned based on the absurd “community guidelines” of numerous social media companies. Although Fox News was largely the only major media outlet that posted my video testimony on their website, two months later, as it was approaching 9 million total views, suddenly it “disappeared” overnight. Poof.

JANUARY 6, 2021 - PAUL MARIK, ANDREW HILL, AND MYSELF PRESENT OUR IVERMECTIN EFFICACY DATA TO THE NIH'S COVID-19 TREATMENT GUIDELINES COMMITTEE

I recorded our presentation to the NIH Treatment Guidelines Committee. Never shared it with the world.. until now. Just uploaded it to Rumble. Sue me NIH.

[One clip is of the entire meeting](#) and the other is just the shorter [Q & A after our](#)

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C: Optional recommendation for the statement

I: One or more randomized trials without major limitations

IIa: Other randomized trials or subgroup analyses of randomized trials

IIb: Nonrandomized trials or observational cohort studies

III: Expert opinion

Remember, they work for Pharma.. but they also work for Congress who oversees their budget. And the latter is the only reason why we had an audience with them. In fact, it was Reyn Archer, a brilliant former Texas Health Commissioner and Chief of Staff to

Nebraska Congressman Jeff Fortenberry (who sits on the HHS's House oversight committee) who made the meeting happen (no way Fauci would have reached out to us on his own). So, although we got the meeting and presented convincing evidence, the NIH knew they could not issue even a weak recommendation for ivermectin. Had they done that, ivermectin would have become the standard of care overnight and that was never going to happen. But they had to do something.

So they instead moved their existing recommendation of “*do not use outside of a clinical trial*”

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Why is ivermectin the only n all the other proposed oong pause before what

Pharmacist Alice Pau (the dismissed the attempt, I told to me that in a similar ated with the same pause

when they asked the committee if any childhood vaccine had ever been tested in a *placebo controlled* RCT (none have by the way). He said their committee's pause in answering was 12 seconds. Fauci apparently ended up answering with “it's unethical to do randomized controlled trials.” Yup.

JANUARY 7, 2021 - DR. TESS LAWRIE POSTS A HEARTFELT PLEA TO BORIS JOHNSON TO GET IVERMECTIN APPROVED FOR USE IN THE U.K

Unbeknownst to us at the time of the NIH presentation, Tess Lawrie, a highly published, world renowned and long-time WHO and NHS consultant who specializes in evaluating scientific evidence for medical therapeutics was shown my testimony video.

She was immediately intrigued by what “this doctor ” was saying and decided to evaluate my “claims” in the systematic and sophisticated manner that had made her a world expert.

It turns out that Tess, unlike the NIH, agreed with our interpretations and conclusions. She knew the critical importance of ivermectin to the world so she immediately wrote a letter to Boris Johnson providing him the evidence and imploring him to approve and recommend its use. In the face of a non-reply to that letter, she then recorded and

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get his attention.” Historic
solemnly asks at the end,



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Within days, Tess and I made a connection, quickly became fast friends and colleagues and began earnestly working in concert with our organizations to maximally disseminate the evidence of efficacy for ivermectin in Covid.

DISINFORMATION RESPONSE

The video was fairly quickly taken down off YouTube. The UK government ignored Tess's letter and video.

JANUARY 7, 2021 - BUFFALO, NY ATTORNEY RALPH LORIGO GETS HIS FIRST CASE OF A FAMILY MEMBER WANTING TO SUE A HOSPITAL BLOCKING TREATMENT OF A FAMILY MEMBER WITH IVERMECTIN

Ralph Lorigo, in my mind, is one of the unsung heroes in the war on ivermectin. Starting in January of 2021 and over the next year, he sued hospitals on behalf of patients dying under rigid treatment with captured federal agency mandated protocols using insanely small doses of corticosteroids and the ineffective and toxic (but pricey) Remdesivir.

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Article

Changes in SpO2 on Room Air for 34 Severe COVID-19 Patients after Ivermectin-Based Combination Treatment: 62% Normalization within 24 Hours

Jaqueline C. Stone ¹, Pisirai Ndarukwa ^{2,3}, David E. Scheim ^{4,*}, Barry M. Dancis ⁵, Jerome Dancis ⁶, Martin G. Gill ⁷ and Colleen Aldous ⁸

Over the next year, Ralph took on over 200 cases in 40 different states and won most of them in the first months, with the vast majority of patients rapidly improving after being treated with ivermectin, even being able to be taken off ventilators and/or discharged. One of the saddest aspects of his efforts is that.. after those first months, the hospitals got wise and began to fight like they never had before, terrified of allowing a

precedent to be set which would cede their authority to... patients and their deeply studied family members.

So the hospitals started pulling every dastardly legal trick in the book - appealing judgements while patients were dying on ventilators, disobeying judge's orders to give ivermectin, stating that no provider on their staff would agree to administer and then they delayed and/or denied granting of temporary privileges to the non-hospital employed doctors that were willing to give ivermectin (one of the safest, if not the safest

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However, Ralph recently told me that, in his 48 years in practice, 2021 was his most satisfying in his career. He had never been able to directly save lives in court before and he saved many, working 7 days a week for nearly the whole year. His last case was in January of 2022, after which Omicron took over and hospital cases plummeted while ivermectin was subsequently “proven” by the high-impact journal frauds to be ineffective. Ralph’s story must be made into a documentary. Please.

JANUARY 15TH, 2021 - TESS CONFRONTS ANDY HILL, LEAD IVERMECTIN RESEARCHER FOR THE WHO, AFTER HE ALLOWED HIS STUDY TO BE

MANIPULATED

Big Pharma and BMGF, via the organization Unitaid, make a move against Andrew Hill - well detailed in the below post. The people who manipulated Andy's paper also manipulate the WHO's ivermectin guideline.

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[article](#). we detailed what transpired during our working relationship with Andy in this short documentary called "A Letter To Andrew Hill."

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in this [New Republic](#)

In October 2020 Dr Andrew Hill was tasked to report to the World Health Organisation on dozens of studies from around the world evaluating Ivermectin for the treatment of COVID-19.



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RE TO A SOUTH

incredible evidence of
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I will just pull some quotes from the transcript of his lecture as I want the world to never forget what the lead ivermectin researcher (of just the RCT's mind you) said on January 29, 2021, almost two years ago:

Now, we have data in December from 1452 patients, 11 trials showing an 84% survival benefit. Now, in January, we have 18 trials and 2294 patients showing a 75% survival benefit. In February, we'll have data from 23 trials and 4100 patients and so on going up to April where we get to 10,000 patients.

The probability of there being a chance finding is 1:5000. So it's quite a low chance. So, in terms of risk/benefit, the risk of ordering the drug supply now is that it could cost some money

and then the drug might not be used in the country. The benefit is having a secured supply that could be deployed as soon as the regulatory decision has been taken.

Methodological issues with the Elgazzar trial? So we did a sensitivity analysis of survival, and we took out each one of the studies as we had six trials showing that 75% improvement in survival. Even if we took out the Elgazzar trial, we still saw a significant effect in survival, so it's not driving the analysis.



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"The purpose of this report is to forewarn people that this is coming: get prepared, get supplies, get ready to approve it. We need to be ready." - Dr. Andrew Hill

The probability that the measured impacts on survival of ivermectin is due to chance is "1 in 5,000" - Dr. Andrew Hill

"Millions of vaccine doses were manufactured/purchased 'at risk' by countries before efficacy was confirmed. Can we start to upscale ivermectin as well?"

- Dr. Andrew Hill

Unitaid/BMGF tell Andy he is no longer allowed to speak in public. Within days of the lecture, a NY Times reporter reached out to me wanting to do an interview with him. Andy told me he was no longer allowed to speak publicly until his contract with Unitaid (err, BMGF) was over in April 2021. He also informed me during that conversation that he could no longer share his emerging ivermectin trials data with me and Paul as he had been doing. Shocker.

[Click here for Part 2](#), which starts with Merck's posting of brazen lies on their website

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P.P.S. I am writing a book about what I have personally witnessed and learned during Pharma's historic Disinformation war on ivermectin. [Pre-order here for:](#)

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**THE MEDICINE THAT SAVED
MILLIONS AND COULD HAVE
ENDED THE COVID PANDEMIC**

.....

DR. PIERRE KORY



37 Comments



Write a comment...



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re Kory, MD, MPA

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