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A COVID Lifeline Is Being Severed

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STORY AT-A-GLANCE

- Multiple studies have demonstrated successful treatment of COVID-19 with ivermectin, which lowered mortality rates, shortened hospital stays and limited viral spread
- Although billions of doses have been used in the last 30 years, Merck now says there is a concerning lack of safety data and the WHO is concerned it may create "false confidence"
- The WHO ignored their own commissioned report that found using ivermectin could cut COVID-19 deaths by 75% and instead cherry-picked data to support the subsequent recommendation that the drug be used only in clinical trials
- The unsubstantiated war against ivermectin has followed in the footsteps of the hydroxychloroquine story and bears a strong resemblance to the lies perpetrated by the tobacco and sugar industries

The growing fear during this pandemic is second to nearly no other time in medical history for the depth and breadth of the strategies used to stoke those fears. Emergency use orders, mask mandates and the suppression of health information all support public fear over a viral illness with a survival rate of over 99%.[1] Ivermectin has fallen victim to these strategies.

It bears repeating that a review of the literature by respected Stanford University professor of medicine and epidemiology John Ioannidis,[2] published in the Bulletin of the World Health Organization,[3] found the infection fatality rate for COVID-19 as of

September 2020, was 0.23%. In people younger than 70 years the median was even lower.

The study[4] was undertaken to look at the different death rates across a variety of locations and included 61 studies and preliminary national estimates. The infection fatality rate is the number of deaths divided by all people who were infected.

But the fear generated by this pandemic is not one-sided. The suppression of information supported by corporations, the pharmaceutical industry and government agencies is an indication of how nervous they are and how far they are willing to go to ensure that the level of public fear remains high enough to ease the burden of manipulating behavior.

Consider the statistics from the U.S. Centers for Disease Control and Prevention. In 2019, 4.6% of the U.S. population was diagnosed with heart disease.[5] The population at the end of 2019 was 328,239,523.[6] This means there were 15,099,018 people with **heart disease** in the U.S. in 2019. There were 659,041 people who died that year from heart disease,[7] which is a death rate of 4.3%.

This is 18.6 times greater than the death rate from COVID-19. Yet these same agencies were not lobbying for mandates against soda or sugar-laden foods; they weren't banning smoking and they weren't mandating exercise — all heart disease risk factors.[8]

Studies Demonstrate Ivermectin Effective Against COVID

Treatment for COVID-19 is not the first time that **ivermectin** has been investigated for its antiviral properties. The long list of potential antiviral effects for ivermectin include Zika virus, influenza A, Venezuelan equine encephalitis and West Nile virus.[9]

The development of the drug originated from a microbe in the soil found in Japan. This discovery by two scientists led to the development of ivermectin and earned them the 2015 Nobel Prize in Physiology or Medicine. According to papers published before 2020, ivermectin continued:[10]

> *"… to surprise and excite scientists, offering more and more promise to help improve global public health by treating a diverse range of diseases, with its unexpected potential as an antibacterial, antiviral and anti-cancer agent being particularly extraordinary."*

However, all that changed as pharmaceutical companies fought to develop the first drug or vaccine that could cure or prevent COVID-19. Ivermectin is a relatively inexpensive drug costing from $17 to $77 per prescription[11] as compared to remdesivir that costs $3,120 for a typical course of treatment.[12]

Unlike the clinical trials testing remdesivir, which provided **disappointing results** and **significant side effects**, ivermectin has a 30-year history of impacting lives throughout the world and "proved ideal in many ways, being highly effective and broad-spectrum, safe, well tolerated and could be easily administered (a single, annual oral dose)."[13]

In June 2020, researchers published[14] an in vitro lab study demonstrating ivermectin effectively reduced the viral load in cell culture 5,000-fold. The information quickly triggered dissent within the scientific community. One group believed the levels of ivermectin used in the lab were too high to achieve results in humans without triggering significant side effects.

Others were willing to use ivermectin at safe dosages without clinical trials demonstrating its effectiveness. One paper[15] reported the results of a discussion of senior physicians from the Academy of Advanced Medical Education.

The doctors concluded the antiviral properties of ivermectin made it a potential prophylactic and treatment approach that may effectively reduce the burden of COVID-19 based on availability, safety, good tolerability and cost effectiveness. Other groups of doctors and researchers began studying the safety and effectiveness in the treatments of COVID-19. The results proved promising.

Ivermectin Lowered Mortality and Shortened Hospitalization

In one study,[16] 400 symptomatic and confirmed COVID-19 patients received ivermectin and reported early and substantial recovery documented by laboratory results. Another study[17] found patients treated with ivermectin had a lower mortality rate, including those with severe pulmonary involvement.

Interestingly, the mortality rate was significantly lower in the group receiving ivermectin, although most also received hydroxychloroquine and azithromycin. While researchers were testing ivermectin against severe disease, another group published results[18] finding there was no difference in patients who received a placebo or ivermectin.

In this study, 12 people received ivermectin and 12 received a placebo. There were no patients with severe illness, and none had risk factors for complicated disease. In other words, in this extremely small group it appeared illness in people with mild COVID-19 did not respond to ivermectin.

A retrospective study[19] of 325 consecutive people with COVID-19 infection showed ivermectin induced rapid clearance of the virus indicating the drug limited viral spreading and controlled the course of the disease, lowering the mortality rate and shortening hospital stays.

The Unsubstantiated War Against Ivermectin

Although ivermectin has demonstrated significant success against COVID-19, the war against the drug does not stem from an argument over effectiveness, but rather one of politics. One of the underlying problems with approving drugs that are highly effective and inexpensive is that an emergency use vaccine could not be approved.

In a recent press release, the FDA admits to not reviewing data that support the use of ivermectin in COVID-19. Yet they state: “Taking a drug for an unapproved use can be very dangerous. This is true of ivermectin, too.”[20] It should come as no surprise that taking high doses of many drugs can be dangerous.

However, ivermectin has been distributed billions of times over 33 years and has been especially effective in rural communities destroyed by river blindness (onchocerciasis).

For this disease, Merck donated ivermectin for as long as needed, which gave birth to the Mectizan Donation Program dedicated to eradicating river blindness.[21]

As in the fight against **hydroxychloroquine**, most of the disinformation spread about ivermectin is being repeated without checking the sources. One of the myths being perpetuated is based on the initial lab study demonstrating a 5,000-fold reduction in viral load.

News organizations,[22] the NIH[23] and the World Health Organization[24] are repeating information that appears to fit their agenda — that the dose of ivermectin must be dangerously high to achieve results. Yet, the standard human dose given in the studies above were effective in lowering the viral load, shortening hospital stays and reducing mortality rates.

Although ivermectin is commonly used in animals, it's important to remember that the drug has been used in humans for over 30 years. It is important not to use ivermectin manufactured for veterinary use, since these formulations are highly concentrated for large animals and the dose is significantly higher than is safe in humans.

It appears the World Health Organization is concerned that using ivermectin may create a "false confidence" in those taking the drug.[25] Yet, the same can be said for using the vaccine since after vaccination you may continue to shed the virus, may still get sick and can still experience significant side effects, including death.[26]

Many of the official decrees pertaining to ivermectin do not line up with the facts. For example, the WHO commissioned an analysis[27] that found ivermectin would cut **COVID-19 deaths** by 75%. WHO ignored this analysis and chose another team to cherry-pick evidence, finding the effectiveness was far lower than the first commissioned analysis.

Flawed Information Used to Justify Recommendations

The result was a recommendation to limit the use of ivermectin except in patients who had enrolled in a clinical trial.[28] On top of that, social media platform YouTube has taken

up the banner to **censor content** related to ivermectin or hydroxychloroquine, covering this under their "medical misinformation policy."[29]

Since Google owns YouTube, you can well imagine this same policy extends to the results from the search engine that commands 92.41% of the global search market share.[30]

TrialSite News[31] followed up on the FDA's announcement[32] that they had received "multiple reports of patients who have required medical support and been hospitalized" after using a form of the drug for veterinary medicine in horses. The TrialSite reporter could not find information about the number of people and so contacted the FDA.

The answer was four. They recorded three people who were hospitalized but had no further information. The FDA spokesperson explained in an email to the reporter, "Some of these cases were lost to follow up, so we can't be sure of the final outcome."[33] In other words, the only cases of adverse effects from using ivermectin were from people who were using doses meant for animals weighing 900 to 2,000 pounds.[34]

The WHO report included a flawed study published in the Journal of the American Medical Association.[35] Not long after, an open letter signed by 120 doctors from the U.S. critiqued the study, calling the results into serious question.[36]

The group identified several issues, including the median age in the participants was 37 with a BMI of 26, placing them in a low-risk category for COVID-19. The primary endpoint was moved halfway through the study and the information from the participants was gathered through a telephone survey and not clinical evaluation.

Despite years of safety data and assertions that ivermectin is a safe and essential medication in the treatment of **parasitic infections**, Merck suddenly turned in February 2021 and stated there was "a concerning lack of safety data in the majority of studies."[37]

Does this mean the drug has been responsible for significant adverse effects in the last 33 years without being recognized? TrialSite News[38] points to the organized and aggressive campaign to remove "misinformation" from Twitter, LinkedIn, Facebook and YouTube, which the media have barely noticed.

This seems strange since the news industry is founded on free expression and free speech guaranteed by the First Amendment to the U.S. Constitution.[39] While most media outlets are intentionally overlooking this blatant disregard of the First Amendment, what happens when the stories they want to tell are suddenly deemed "misinformation"? Will they stand and fight or roll over as it appears they are doing now?

Hydroxychloroquine Squelched in Similar Battle

At the start of the COVID pandemic, many doctors began using the antimalarial drug hydroxychloroquine with great success. This garnered the attention of **pharmaceutical giants** and those they influence, since hydroxychloroquine is relatively inexpensive and offers small financial gain.

Instead, pharmaceutical companies were aiming at expensive new antiviral drugs or vaccines that could net billions of dollars in the coming years. Not long afterward, there were fraudulent and misleading studies published about the drug to squash public interest in an effective and low-cost solution.

As I discussed in "**NY Doctor Proved Everyone Wrong About Hydroxychloroquine**," both the Solidarity Trial,[40] led by the WHO, and the Bill & Melinda Gates Foundation-funded Recovery Trial,[41] administered high doses of the drug.

It's also significant to note that previous to this the hydroxychloroquine safety profile was already well-established with upper limit thresholds well-understood. It has been in use since the early 1950s in the treatment of systemic lupus erythematosus.[42]

The drug is also used for rheumatoid arthritis and studies show those treated with hydroxychloroquine had a lower risk of developing diabetes. This means the upper limit of the drug was well-known and should never have been administered to patients in the higher, more dangerous dosage levels. In the article linked above you can watch my interview with Dr. Vladimir Zelenko.

Zelenko garnered national attention in early 2020 when he told radio host Sean Hannity that he had nearly 100% success treating COVID-19 patients with hydroxychloroquine,

azithromycin and zinc sulfate for five days. However, like others who could document success using treatment methods other than vaccines and standard antivirals, his social media platforms were censored, and he was recently removed from Twitter.

As of that interview, he had treated more than 3,000 patients with COVID-19-related symptoms. One third of them received the triple drug regimen as the remaining were in a low-risk category and did not need drug treatment. Of the 3,000, 15 were hospitalized and only three high-risk patients died.

In a patient cohort of 3,000 people, 1,000 of whom received the triple treatment regimen, the mortality rate was 0.3%. The push against hydroxychloroquine is described by Zelenko as a "psychological operation" to scare people away from the drug. He is appalled, saying in this transcript of his interview:[43]

> *"This is a genocide against the elderly and infirm, it's a mass murder and a crime against humanity. There are plenty of people who have blood on their hands, including the media. It's unbelievable the crime that's been done on the human psyche. I'm screaming to humanity: Don't be scared! Be cautious. Be smart. Use common sense. But don't be scared."*

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