

FOR IMMEDIATE RELEASE | April 9, 2021**Front Line COVID-19 Critical Care Alliance
Statement on Recent Washington Post Story**FLCCC Alliance, Inc
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WASHINGTON, D.C. – We appreciate the interest from the Washington Post in the use of ivermectin as a safe and effective preventative and treatment for COVID-19. However, the [article](#) published yesterday left out several key components of the complete story of how ivermectin is saving lives all over the world. These include the overwhelming amount of data on ivermectin, the consequences of the prohibitive approach by the government agencies, observations in clinical settings and the censorship of well-respected medical and scientific experts.

The amount of data supporting the efficacy of ivermectin is irrefutable. The British Ivermectin Recommendation Development Panel, following World Health Organization guidelines for meta-analysis of data, [has recommended](#) its use both to prevent and treat COVID-19. In so doing, they followed evidence that included seven controlled trials on over 2,600 patients to conclude that ivermectin both reduces the risk of infection and the risk of bad outcomes for those who get infected. Additionally, a soon to be published peer reviewed study concluded that ivermectin should be the standard of care for preventing and treating COVID-19. To reach this conclusion, the study's authors conducted the most extensive review to date of ivermectin trials.

Rather than completely taking the recommendation of the National Institutes of Health (NIH) at face value, it is our hope that journalists will begin to raise questions around the sudden restrictive approach that the agency is taking in requiring an unprecedented number of expensive clinical trials before recommending a drug for treating COVID-19. Their actions set a precedent that will likely prevent any drug from being repurposed unless it presents a high enough profit margin to make the additional clinical trials worth the investment from a corporate sponsor. In other words, trials are quite expensive making the approval of drugs to be first based on their ability to turn a profit before being submitted for approval. The original intent of the approval, their ability to safely provide a viable public health solution, falls to second place.

The patients who have shared their stories with how ivermectin helped them or a loved one are just a small representation of the thousands of people around the world who have benefited from ivermectin in allowing them to make a full recovery from COVID-19. These success stories include doctors and nurses who themselves were plagued by severe or lingering symptoms from COVID-19 that rapidly resolved soon after taking ivermectin. Although, not scientific evidence, these patients will hardly describe their situations as “anecdotal” as the article states. Moreover, we are confident that, if asked, all of them would disagree with the sentiment that they “would have recovered eventually” as also stated in the article.

Curiously missing from the story was the censorship of medical and scientific professionals who have conducted unbiased research on the safety and efficacy of ivermectin in preventing and treating COVID-19. Many of these experts have had their work unpublished, they have been de-platformed from social media and some even threatened with jail time. The work of these heroes is helping to prevent suffering and loss of life, yet they are treated as if they are committing a crime. This only puts further limitations on our ability to end the pandemic and lessen the loss of life. It seems reasonable to dig deeper into this issue to find out why a scientist cannot share the evidence of peer-reviewed research for the good of all if it might not agree with the current opinion of other medical authorities that do not have the ability to conduct research in a manner as efficiently as other research institutions.

We hope that in the future members of the media will explore the many facets of the current state of affairs with not only ivermectin, but with other promising treatments for COVID-19. If it is true that the virus is here to stay, we are going to need all the help we can get and not rely solely on medical solutions that prove to meet a certain profit threshold to make an unnecessarily high number of trials worth the investment. Additionally, it is misleading to dismiss first-hand accounts of clinicians and patients who have seen the power of ivermectin in their own work. The job of scientists is to always ask questions and explore the evidence for the answers. Journalists have a similar job description. It is our hope that we will both stay true to our professional commitments to the public.

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About the Front Line COVID-19 Critical Care Alliance

The FLCCC Alliance was organized in March 2020 by a group of highly published, world renowned Critical Care physician/scholars – with the academic support of allied physicians from around the world – to research and develop lifesaving protocols for the prevention and treatment of COVID-19 in all stages of illness. Their MATH+ Hospital Treatment Protocol, introduced in March 2020, has saved thousands of patients who were critically ill with COVID-19. Now, the FLCCC’s new I-Mask+ Prophylaxis and Early At-Home Outpatient Treatment Protocol with Ivermectin has been released – and is a potential solution to the global pandemic.
For more information: <https://FLCCC.net>