THE GLOBAL WAR ON IVERMECTIN

Pierre Kory, MPA, MD
President, Chief Medical Officer
Front Line COVID-19 Critical Care Alliance
43 EFFECTIVE MEDICATIONS WITH CLINICAL TRIALS SHOWING EFFICACY IN COVID, ONLY ONE OF THE 33 REPURPOSED GENERICS ARE RECOMMENDED IN THE U.S (TYLENOL)

<table>
<thead>
<tr>
<th>All studies (pooled effects, all stages)</th>
<th>c19early.org Nov 12, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improvement</strong></td>
<td><strong>Studies</strong></td>
</tr>
<tr>
<td>Iota-carraghe.</td>
<td>80%</td>
</tr>
<tr>
<td>Proxalutamide</td>
<td>78%</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>74%</td>
</tr>
<tr>
<td>Quercetin</td>
<td>63%</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>62%</td>
</tr>
<tr>
<td>Casirivimab/Im</td>
<td>56%</td>
</tr>
<tr>
<td>Bamlaniv/te</td>
<td>55%</td>
</tr>
<tr>
<td>Nigella Sativa</td>
<td>53%</td>
</tr>
<tr>
<td>Diet</td>
<td>52%</td>
</tr>
<tr>
<td>Povidone-Iod</td>
<td>52%</td>
</tr>
<tr>
<td>Bromolol</td>
<td>50%</td>
</tr>
<tr>
<td>Tavaxy/te</td>
<td>50%</td>
</tr>
<tr>
<td>Lactofen</td>
<td>48%</td>
</tr>
<tr>
<td>Metalinon</td>
<td>47%</td>
</tr>
<tr>
<td>Eritirel</td>
<td>45%</td>
</tr>
<tr>
<td>Spironolactone</td>
<td>45%</td>
</tr>
<tr>
<td>Beboviroimb</td>
<td>44%</td>
</tr>
<tr>
<td>Paxlovid</td>
<td>40%</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>40%</td>
</tr>
<tr>
<td>Curcuminc</td>
<td>39%</td>
</tr>
<tr>
<td>Exercis</td>
<td>39%</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>37%</td>
</tr>
<tr>
<td>Colchicine</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Random effects meta-analysis of all studies (pooled effects, all stages).** Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all stages and outcomes depend on the distribution of stages and outcomes tested - for example late stage treatment may be less effective and if the majority of studies are late stage this may obscure the efficacy of early treatment. Please see the specific stage and outcome analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SCC in studies often includes other treatments.
The Massive Financial Interests Threatened by Effective Repurposed Drugs for COVID (Ivermectin, HCQ & Others)

- Multiple pharmaceutical companies with competing anti-viral medicines for COVID – Merck & Pfizer & Gilead
  - Paxlovid
  - Molnupiravir
  - Remdesivir

- VACCINES
  - Numerous vaccine companies with years of future sales (hundreds of billions)
  - Sovereign nation manufacturers (China/Russia) forming geopolitical ties
  - Threat to the EUA which vaccines have been given?

- Monoclonal antibody demand/sales
- Long-acting injectable antibody products
CORPORATE TACTICS TO COUNTER “SCIENCE INCONVENIENT TO THEIR INTERESTS”

A "Disinformation Playbook" has been used for decades by corporations to delay government action on matters that would adversely affect their income and profit.

1. **The Fake** - Conduct counterfeit science and try to publish as legitimate research.
2. **The Blitz** - Harass scientists who speak out with results or views inconvenient for industry.
3. **The Diversion** - Manufacture uncertainty about science where little or none exists.
4. **The Screen** - Buy credibility through alliances with academia or professional societies.
5. **The Fix** - Manipulate government officials or processes to influence policy inappropriately.

New Plays: **Censorship**: Reject positive studies from high impact journals, avoid positive mention in high impact media, avoid recommending by agencies, disallow discussion or mention of effective, generic drugs on social media.
ATTACKS ON IVERMECTIN STARTED WELL BEFORE THE “RIGOROUS HIGH-QUALITY” TRIALS “PROVED” IT WAS INEFFECTIVE
Merck.. Does not want to Research Ivermectin in COVID

Reminder: Merck has explicitly refused request of Satoshi Omura to do a IVM clinical trial

You might have noticed this in the Kitasato University paper [http://jja-contents.wdc-jp.com/pdf/JJA74/74-1-open/74-1_44-95.pdf](http://jja-contents.wdc-jp.com/pdf/JJA74/74-1-open/74-1_44-95.pdf) depending on how closely you read it. I was reminded by the Whiteboard Doctors coverage and I think it's good to point this out explicitly. Merck has refused Satoshi Omura himself (and his colleagues) to investigate IVM for covid. A nice response to anyone making the Merck statement argument...

*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.*
MERCK WARNS AGAINST IVERMECTIN – Feb. 4, 2021

Merck Statement on Ivermectin use During the COVID-19 Pandemic

— No scientific basis for a potential therapeutic effect against COVID-19 from pre-clinical studies;
— No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease, and;
— A concerning lack of safety data in the majority of studies.
SUMMARY OF THE EVIDENCE BASE SUPPORTING IVERMECTIN – ONE OF THE MOST “PROVEN” DRUGS IN HISTORY

Ivermectin for COVID-19
95 studies from 1,023 scientists
134,554 patients in 27 countries

Statistically significant improvement for mortality, ventilation, ICU, hospitalization, recovery, cases, and viral clearance.

82%, 62%, 42% improvement for prophylaxis, early, and late treatment CI [73-88%], [51-70%], [27-54%]

54% improvement in 45 RCTs CI [39-65%]

51% lower mortality from 48 studies CI [37-62%]

COVID-19 IVERMECTIN STUDIES. JAN 2023. C19IVM.ORG
THE FAKE: ONLY TRIALS DESIGNED TO FIND A NEGATIVE RESULT WERE PUBLISHED IN THE HIGH-IMPACT JOURNALS

• The “world’s best trialists” did the following repeatedly:
  • Took very little care to exclude ivermectin from the control group
  • Gave as low a dose for as short a duration as possible
  • Employed completely invented “upper weight limits” to dosing
  • Enrolled patients as late into the disease as possible
  • Enrolled mildly, ill, generally healthy patients who did not go to hospital
  • All sample sizes were too small to detect differences in hospitalization
  • Despite the above, the studies concluded with language like this:
    • “ivermectin has no role in the treatment of Covid”
Original Investigation
February 18, 2022

Efficacy of Ivermectin Treatment on Disease Progression Among Adults With Mild to Moderate COVID-19 and Comorbidities
The I-TECH Randomized Clinical Trial

Steven Chee Loon Lim, MRCP; Chee Peng Hor, MSc; Kim Heng Tay, MRCP; et al.

Original Investigation
March 4, 2021

Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19
A Randomized Clinical Trial

Eduardo Lopez-Martina, MD, MSc; Ph.D. Lopez, MSc; Isabel C. Martiño, MSc; et al.

Original Investigation
March 30, 2022

Effect of Early Treatment with Ivermectin among Patients with Covid-19

Giimar Reis, M.D., Ph.D., Eduardo A.S.M. Silva, M.D., Ph.D., Daniela C.M. Silva, M.D., Ph.D., Leiana Thabane, Ph.D., Aline C. Malagés, R.N., Thiago S. Ferreira, M.D., Cadilo VQ. dos Santos, Victor H.S. Campos, Ana M.R. Nogueira, M.D., Ana P.F.C. de Almeida, M.D., Eduardo D. Callegari, M.D. Adolfo F. Nito, M.D., Ph.D., et al., for the TOGETHER Investigators
National Institutes Of Health ACTIV-6 Trial Studying Ivermectin

JAMA | Original Investigation

Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19
A Randomized Clinical Trial

Susanna Naggie, MD, MHS; David R. Boulware, MD, MPH; Christopher J. Lindsell, PhD; Thomas G. Stewart, PhD; Nina Gentile, MD; Sean Collins, MD, MSci; Matthew William McCarthy, MD; Dushyantha Jayaweera, MD; Mario Castro, MD, MPH; Mark Sulkowski, MD; Kathleen McTigue, MD, MPH, MS; Florence Thicklin; G. Michael Felker, MD, MHS; Adit A. Ginde, MD, MPH; Carolyn T. Bramante, MD, MPH; Alex J. Sladzicki, MD; Ahab Gabriel, MD; Nirav S. Shah, MD, MPH; Leslie A. Lenert, MD, MS; Sarah E. Dunsmore, PhD; Stacey J. Adam, PhD; Allison DeLong, BS; George Hanna, MD; April Remaly, BA; Rhonda Wilder, MS; Sybil Wilson, RN; Elizabeth Shenkman, PhD; Adrian F. Hernandez, MD, MHS; for the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators
ACTIV-6 – How They Manipulated The Presentation of Data to Find Ivermectin Ineffective

Primary Outcome Measures:

1. Number of hospitalizations as measured by patient reports.
   [ Time Frame: Up to 14 – 28 days ]

2. Number of deaths as measured by patient reports
   [ Time Frame: Up to 14 – 28 days ]

3. Number of symptoms as measured by patient reports
   [ Time Frame: Up to 14 – 28 days ]

<table>
<thead>
<tr>
<th>Day</th>
<th>OR (CrI)</th>
<th>Posterior P(eficacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 7</td>
<td>0.76 (0.55, 1.00)</td>
<td>0.97</td>
</tr>
<tr>
<td>Day 14</td>
<td>0.73 (0.52, 0.98)</td>
<td>0.98</td>
</tr>
<tr>
<td>Day 28</td>
<td>0.90 (0.60, 1.21)</td>
<td>0.74</td>
</tr>
</tbody>
</table>

\(^a\text{OR}<1\text{ favors ivermectin}\)
## OXFORD’s PRINCIPLE TRIAL: HOW TO DESIGN A TRIAL “TO FAIL”

**PRINCIPLE Trial Ivermectin arm: unexplained delay and extension**

**PRINCIPLE** (Preprint), PRINCIPLE, ISRCTN86534580

### October 2022

<table>
<thead>
<tr>
<th></th>
<th>Molnupiravir</th>
<th>Ivermectin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trial</strong></td>
<td>PANORAMIC</td>
<td>PRINCIPLE</td>
</tr>
<tr>
<td><strong>Chief investigator</strong></td>
<td>Prof. Chris Butler</td>
<td>Prof. Chris Butler</td>
</tr>
<tr>
<td><strong>Randomization delay</strong></td>
<td>Median 2 days, ≤5 days from onset</td>
<td>≤14 days from onset (median unknown)</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>50+ or 18+ w/comorbidities</td>
<td>18+ (mid-trial change, prev. 18+ w/dyspnea or comorbidity, 65+)</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>5 days, 2x per day</td>
<td>3 days, 1x per day, dosage below real-world protocols and recent trials</td>
</tr>
<tr>
<td><strong>Patients randomized</strong></td>
<td>25,783</td>
<td>est. 4,500</td>
</tr>
<tr>
<td><strong>Enrollment period</strong></td>
<td>Dec 8, 2021 - Apr 27, 2022</td>
<td>May 12, 2021 - Jul 8, 2022 (est.)</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>$707</td>
<td>&lt;$1 (off patent)</td>
</tr>
<tr>
<td><strong>Merck profit</strong></td>
<td>$5.4B sales to June 30, 2022 (2021, 2022). Estimated $17.74 to produce.</td>
<td>~$0 (potential, unlikely competitive with low cost manufacturers)</td>
</tr>
<tr>
<td><strong>Mutagenic</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Design better for showing efficacy**

**Design worse for showing efficacy**
PRINCIPLE TRIAL.. RUNS OUT OF IVERMECTIN?
WHY HAVE THE RESULTS OF THE PRINCIPLE TRIAL NOT BEEN MADE PUBLIC?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Treatment patients</th>
<th>Duration</th>
<th>Results delay</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCQ</td>
<td>n/a (523 trial total on Jun 16)</td>
<td>2 months</td>
<td>over 1,075 days [principletrial.org (B)]</td>
</tr>
<tr>
<td>Azithromycin [thelancet.com]</td>
<td>540</td>
<td>6 months</td>
<td>56 days [nihr.ac.uk]</td>
</tr>
<tr>
<td>Doxycycline [thelancet.com (B)]</td>
<td>780</td>
<td>5 months</td>
<td>42 days [nihr.ac.uk]</td>
</tr>
<tr>
<td>Budesonide [thelancet.com (C)]</td>
<td>1,073</td>
<td>4 months</td>
<td>12 days [principletrial.org (C)]</td>
</tr>
<tr>
<td>Colchicine [bjgp.org]</td>
<td>156</td>
<td>3 months</td>
<td>120 days [medrxiv.org]</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>~2,250</td>
<td>14 months</td>
<td>over 298 days (over 516 days from ~1,000 per arm enrollment)</td>
</tr>
<tr>
<td>Favipiravir</td>
<td>~2,250</td>
<td>15 months</td>
<td>over 298 days (over 516 days from ~1,000 per arm enrollment)</td>
</tr>
</tbody>
</table>

* PRINCIPLE stopped enrolling 10 months ago. Still no word on what they found.
THE FOUNDATION OF THE ENTIRE CORRUPTION OF COVID SCIENCE IS AT THE HIGH IMPACT MEDICAL JOURNALS

- **REJECTION** OF HIGH QUALITY, POSITIVE STUDIES OF IVERMECTIN
  - Prof. Eli Schwartz, Israel – double blind RCT showing faster viral clearance via PCR and culture
  - Prof. Waheed Shouman, Egypt, Zagazig University – double blind RCT showing massive reduction in COVID with ivermectin prophylaxis - NEJM
  - Prof. Hector Carvallo, Argentina – large study demonstrating perfect protection against COVID with ivermectin prophylaxis – JAMA

- **RETRACTION** OF PEER-REVIEWED PUBLISHED POSITIVE STUDIES
THE DIVERSION - WIDESPREAD RETRACTIONS OF POSITIVE STUDIES ON IVERMECTIN

UK

Clinical Research and Trials

Spain

JAPAN

Global trends in clinical studies of ivermectin in COVID-19

Marimasa Yagisawa, Ph.D.,†2, Patrick J. Foster, M.D.,†2, Hideaki Hanaki, Ph.D.1 and Satoshi Ōmura, Ph.D.1

Clinical Research and Trials

Potential use of ivermectin for the treatment and prophylaxis of SARS-CoV-2 infection: Efficacy of ivermectin for SARS-CoV-2

Clinical Research and Trials

Research Article

Potential use of ivermectin for the treatment and prophylaxis of SARS-CoV-2 infection: Efficacy of ivermectin for SARS-CoV-2

Potential use of ivermectin for the treatment and prophylaxis of SARS-CoV-2 infection: Efficacy of ivermectin for SARS-CoV-2

ITALY

US

** THREE MANUSCRIPTs WERE RETRACTED AFTER PASSING PEER REVIEW AT THREE SEPARATE HIGH IMPACT MEDICAL JOURNALS (OVER ALL THE AUTHOR AND PEER-REVIEWER OBJECTIONS IN EACH CASE)
Misleading clinical evidence and systematic reviews on ivermectin for COVID-19

Concluding, research related to ivermectin in COVID-19 has serious methodological limitations resulting in very low certainty of the evidence, and continues to grow. The use of ivermectin, among others repurposed drugs for prophylaxis or treatment for COVID-19, should be done based on trustable evidence, without conflicts of interest, with proven safety and efficacy in patient-consented, ethically approved, randomised clinical trials.

The Rise and Fall of Ivermectin — 1 Year Later

Here's a confession few board-certified ID doctors will make — there was a brief period when I thought ivermectin could very well be an effective treatment for COVID-19.

It wasn’t when the in vitro data first came out. Therapeutic concentrations were not achievable in humans.

Nor when the anecdotal reports started pouring in, and sometimes making news. A former colleague of mine, a smart and clinically active person practicing in the Midwest, contacted me in late 2020 telling me that...
The Disinformation Playbook

THE FIX: Manipulate officials or to influence policy inappropriately

Dr. Andrew Hill, leading ivermectin researcher for the WHO and Unitaid... gets captured
Andrew Hill Retracts His Own Paper

Retracted: Meta-analysis of Randomized Trials Ivermectin to Treat SARS-CoV-2 Infection

Andrew Hill, Anna Garratt, Jacob Levi, Jonathan Falconer, Leah Ellis, Kaitlyn McGuinness, Victoria Pilkington, Ambar Qavi, Junzheng Wang, Hannah Wentzel

Open Forum Infectious Diseases, Volume 8, Issue 11, November 2021, ofab358, https://doi.org/10.1093/ofid/ofab358

Published: 06 July 2021    Article history

Ivermectin for COVID-19: Addressing Potential Bias and Medical Fraud

Andrew Hill, Manya Mirchandani, Victoria Pilkington

Open Forum Infectious Diseases, Volume 8, Issue 2, February 2022, ofab645
Hill Whittles Down The Evidence Base... To nothing... Published in the NEJM
THE FIX: Manipulate agencies to influence policy inappropriately.
DISINFORMATION TACTIC: “THE DIVERSION”

“We do not recommend Ivermectin be used outside of a clinical trial”

FLCCC Alliance Statement on the Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign Against Ivermectin
WHAT THE WHO DID TO THE EVIDENCE BASE OF IVERMECTIN IN THE TREATMENT OF COVID

- Single person served as Chair of Guidance Support, & member of Methods Committee, and Systematic Review Team
- Failed to publish a pre-established protocol for data exclusion
- Excluded trials.. that were included in their original Unitaid search protocol
- Excluded two “quasi-randomized” RCT’s finding statistically significant lower mortality
- Excluded two RCT’s compared to/given with other medications, finding statistically significant lower mortality
- Excluded up to seven or more other available ivermectin RCT results
- Excluded all RCT’s and OCT’s investigating ivermectin in the prevention of COVID-19
- Excluded 13 OCT’s with over 5,500 patients, overall large reductions in mortality found
- Excluded numerous published and pre-print epidemiologic studies finding population wide mortality decreases
- Included only 3 studies such that this limited dataset allowed them to “suggest” increased harms of IVM
- Graded the JAMA study as “low risk of bias” yet all independent expert reviewers have graded as high risk of bias
- Downgraded the quality of evidence on mortality due to “imprecision” despite displaying a precise estimate
## IVERMECTIN IN PREVENTION OF COVID – IGNORED AND NOT REVIEWED BY THE WHO

<table>
<thead>
<tr>
<th>Study</th>
<th>Improvement, RR [CI]</th>
<th>Treatment</th>
<th>Control</th>
<th>Dose (1m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shouman (RCT)</td>
<td>91% 0.09 [0.03-0.23]</td>
<td>symp. case</td>
<td>15/203</td>
<td>36mg</td>
</tr>
<tr>
<td>Carvallo</td>
<td>96% 0.04 [0.00-0.63]</td>
<td>cases</td>
<td>0/131</td>
<td>14mg</td>
</tr>
<tr>
<td>Behera</td>
<td>54% 0.46 [0.29-0.71]</td>
<td>cases</td>
<td>41/117</td>
<td>42mg</td>
</tr>
<tr>
<td>Carvallo</td>
<td>100% 0.00 [0.00-0.02]</td>
<td>cases</td>
<td>0/788</td>
<td>48mg</td>
</tr>
<tr>
<td>Hellwig (ECO.)</td>
<td>78% 0.22 [0.06-0.76]</td>
<td>ecological</td>
<td></td>
<td>14mg</td>
</tr>
<tr>
<td>Bernigaud</td>
<td>99% 0.01 [0.00-0.10]</td>
<td>death</td>
<td>0/69</td>
<td>84mg</td>
</tr>
<tr>
<td>Alam</td>
<td>91% 0.09 [0.04-0.25]</td>
<td>cases</td>
<td>4/58</td>
<td>12mg</td>
</tr>
<tr>
<td>IVERCOR PREP</td>
<td>73% 0.27 [0.15-0.48]</td>
<td>cases</td>
<td>13/389</td>
<td>48mg</td>
</tr>
<tr>
<td>Chahla (RCT)</td>
<td>95% 0.05 [0.00-0.80]</td>
<td>m/s case</td>
<td>0/117</td>
<td>48mg</td>
</tr>
<tr>
<td>Behera</td>
<td>83% 0.17 [0.12-0.23]</td>
<td>cases</td>
<td>45/2,199</td>
<td>42mg</td>
</tr>
<tr>
<td>Tanioka (ECO.)</td>
<td>88% 0.12 [0.03-0.46]</td>
<td>death</td>
<td>0/117</td>
<td>14mg</td>
</tr>
<tr>
<td>Seet (CLUS. RCT)</td>
<td>50% 0.50 [0.33-0.76]</td>
<td>symp. case</td>
<td>32/617</td>
<td>12mg</td>
</tr>
<tr>
<td>Morgenstern (PSM)</td>
<td>80% 0.20 [0.01-4.15]</td>
<td>hosp.</td>
<td>0/271</td>
<td>56mg</td>
</tr>
<tr>
<td>Mondal</td>
<td>88% 0.12 [0.01-0.55]</td>
<td>symp. case</td>
<td>128 (n)</td>
<td>n/a</td>
</tr>
<tr>
<td>Samajdar</td>
<td>80% 0.20 [0.11-0.38]</td>
<td>cases</td>
<td>12/164</td>
<td>29/81</td>
</tr>
<tr>
<td>Kerr (PSM)</td>
<td>70% 0.30 [0.19-0.46]</td>
<td>death</td>
<td>25/3,034</td>
<td>56mg</td>
</tr>
<tr>
<td>MedInCell (DB RCT)</td>
<td>72% 0.28 [0.20-0.41]</td>
<td>cases</td>
<td>30/200</td>
<td>203mg</td>
</tr>
</tbody>
</table>

| Prophylaxis | 82% 0.18 [0.12-0.27] | 217/8,485 | 1,129/11,279 | 82% improvement |

*WHO: This guideline does not include studies of ivermectin in the prevention of Covid*
LETS COMPARE THE APPROVAL OF IVERMECTIN IN THE TREATMENT OF SCABIES TO THE APPROVAL IN THE TREATMENT IN COVID

• Marked differences in the evidence bases used to support prior guideline recommendations for ivermectin;
  • WHO: Approved ivermectin in the treatment of scabies **based on ten RCT’s including only 852 patients**, despite it being inferior to then standard of care
  • WHO: Approved ivermectin in the treatment of strongyloidiasis **based on 5 RCT’s including only 591 patients**
  • Current Ivermectin Evidence Base: **95 controlled trials, 38 randomized, 16 double-blind randomized controlled trials, numerous meta-analyses, Bayesian meta-analyses finding major impacts on mortality.**
    • BIRD Group: Approved ivermectin in March, 2021 for the prevention and treatment of COVID-19 based on **21 RCT’s and 2,741 patients**
The Disinformation Playbook

- MASS COORDINATED CENSORSHIP OF POSITIVE DATA

- MASS COORDINATED PUBLICATION OF ANTI-IVERMECTIN NARRATIVES
SO HOW DID “THEY” GET MUCH OF THE WORLD TO BELIEVE THAT IVERMECTIN WAS INEFFECTIVE?

Trusted News Initiative (TNI) to combat spread of harmful vaccine disinformation and announces major research project

At a recent summit chaired by the BBC’s new Director General, Tim Davie, the Trusted News Initiative (TNI) agreed to focus on combatting the spread of harmful vaccine disinformation.

SOCIAL MEDIA CENSORS DISCUSSION OF IVERMECTIN OR HYDROXYCHLOROQUINE - TWITTER/YOUTUBE/FACEBOOK

Posted by u/heinerprahm 19 days ago 🌐

Today my over 12 years old Twitter Account finally was permanently banned for reporting on Ivermectin.

Youtube community policy specifically prohibits mention of ivermectin for the treatment of COVID-19

Facebook Group, “Ivermectin MD Team” with over 10,000 members shut down for months
U.S Gov’t Paid 1 Billion to Media to Promote Positive Vaccine Coverage

Feds Secretly Paid Media to Promote COVID Shots

The Biden administration made direct payments to nearly all major corporate media outlets to deploy a $1 billion taxpayer-funded outreach campaign designed to push only positive coverage about COVID-19 vaccines and to censor any negative coverage, according to documents obtained by The Blaze.

By Megan Redshaw
I DISCOVERED THE “TWO CLICKS TO BILL GATES RULE”

Documents show Bill Gates has given $319 million to media outlets to promote his global agenda

3 ALAN MACLEOD · NOVEMBER 21, 2021

Awards Directly to Media Outlets:

- NPR - $24,663,066
- The Guardian (including TheGuardian.org) - $12,951,391
- Cascade Public Media – $10,895,016
- Public Radio International (PRI.org/TheWorld.org) – $7,719,113
- The Conversation - $6,664,271
- Univision - $5,924,043
- Der Spiegel (Germany) - $5,437,294
- Project Syndicate – $5,280,186
- Education Week – $4,898,240
- WETA – $4,529,400
- NBCUniversal Media – $4,373,500
- Nation Media Group (Kenya) – $4,073,194
- Le Monde (France) – $4,014,512
MEDIA “NARRATIVES” AGAINST IVERMECTIN CIRCULATE AND COMPOUND

• “Effective concentrations of ivermectin could never be achieved with standard dosing”
• “All the studies on Ivermectin were small”
• “All the studies on Ivermectin were low quality”
• “All the positive studies were of an observational design”
• “All the positive studies were in countries with parasites/worms”
• “Ivermectin advocates promote it with a religious fervor”
• “The larger and more rigorously done studies were negative”
• “Ivermectin advocates see their “political stars” rise”
The Disinformation Playbook

The Screen - Buy credibility through alliances with academia or professional societies

The Fix - Manipulate government officials or processes to influence policy inappropriately
UNITED STATES: “THE GUNS OF AUGUST”-PHARMAGEDDON BEGINS 8/29/2021

• Entirely focused on Ivermectin, a highly effective, repurposed drug
  • N.B. Repurposed drugs are the singular enemy of the pharmaceutical industry, and have been for decades
• Triggered by.. the meteoric rise in U.S ivermectin prescriptions
Public Relation Bombs start to fall…

This is an official
CDC HEALTH ADVISORY

Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19

Summary

FDA makes fun of ivermectin, tweet goes “viral”
U.S. Doctors get scared & stop prescribing, U.S. pharmacists get scared and stop filling prescriptions

AMA, APhA, ASHP Call for Immediate End to Prescribing, Dispensing, and Use of Ivermectin to Prevent or Treat COVID-19 Outside Clinical Trials

September 2, 2021
HORSE DEWORMER PUBLIC RELATIONS CAMPAIGN KICKS OFF – AUGUST/SEPTEMBER 2021
PUBLIC RELATIONS CAMPAIGN GOES VIRAL

Gunshot Victims Left Waiting as Horse Dewormer Overdoses Overwhelm Oklahoma Hospitals, Doctor Says

“The ERs are so backed up that gunshot victims were having hard times getting to facilities where they can get definitive care and be treated,” Dr. Jason McElyea said
One Hospital Denies Oklahoma Doctor’s Story of Ivermectin Overdoses Causing ER Delays for Gunshot Victims

The hospital says it hasn’t experienced any care backlog due to patients overdosing on a drug that’s been falsely peddled as a covid cure
Ivermectin: How false science created a Covid 'miracle' drug

By Rachel Schraer & Jack Goodman
BBC Reality Check

Ivermectin may help covid-19 patients, but only those with worms

An anti-parasite drug’s benefit is limited to places with lots of parasites
“Don’t do it, there’s no evidence whatsoever that that works”

“There’s no clinical evidence that indicates that this works”
Merck says its new Covid pill reduces the risk of hospitalization, death by half for some patients

- PAXLOVID™ (PF-07321332; ritonavir) was found to reduce the risk of hospitalization or death by 89% compared to placebo in non-hospitalized high-risk adults with COVID-19
- In the overall study population through Day 28, no deaths were reported in patients who received PAXLOVID™ as compared to 10 deaths in patients who received placebo
- Pfizer plans to submit the data as part of its ongoing rolling submission to the U.S. FDA for Emergency Use Authorization (EUA) as soon as possible