



## Doctor: Suppressing data on ivermectin cost ‘half a million lives’

### Description

In a recent Zoom call, Dr. Pierre Kory of the Front Line COVID-19 Critical Care Alliance outlined numerous details showing the World Health Organization (WHO) knowingly suppressed data on the effectiveness of ivermectin against the virus in order to benefit the vaccine interests of Big Pharma.

*“It’s criminal,” Kory said. “It’s literally criminal.” The drug “could have saved half a million lives this year if it had been approved.”*

The WHO, Kory contends, is simply taking part in the tactics of a time-worn *“Disinformation Playbook.”* The term was coined by the Union of Concerned Scientists 50 years ago to describe the strategies corporations have developed over decades to *“attack science when it goes against their financial interests.”*

It consists of five parts:

1. The Fake – Conduct counterfeit science and try to pass it off as legitimate research.
2. The Blitz – Harass scientists who speak out with results reviews 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.

In the full Zoom call, since removed by YouTube but [available on Bitchute](#), Kory describes how the five tactics have been deployed against the scientific findings on ivermectin. One example is the corruption of leading medical journals, whose editors refuse to allow ivermectin studies to advance to peer review. The most egregious institutional participant, however, is the WHO.

Kory is the lead author of a scientific review of the studies on ivermectin worldwide, which was published in the May-June edition of The American Journal of Therapeutics.

As reported on the [FICCC website](#), there have been a total of 56 trials involving 469 scientists and

18,447 patients. Of these, 28 were randomized control trials (RCT), the type of trial considered highly authoritative in the medical community.

Together these have shown an 85 percent improvement as a preventative against the disease when taken before exposure. There has been a 78 percent patient improvement when administered early and a 46 percent improvement when delivered late. A 74 percent improvement in mortality was found and a 66 percent improvement across multiple areas in the 28 randomized control trials.

Within only 10 days of publication the paper on ivermectin was rated number 13 most-read among the more than 200,000 other scientific publications that appeared during that time, Kory reports.

Out of the 17.7 million papers that have been tracked by the rating source since it began, the ivermectin study is already ranked 246.

Kory believes the response to the paper is a good sign, and says he sees *“a sea change happening.”*

Kory notes his team is hardly alone. *“Dr. [Tess] Lawrie is one of the world’s experts in making guidelines and doing systematic reviews. Just her group alone and their independent effort, the BIRD (British Ivermectin Recommendation Development) consortium, they arrived at the conclusion that it should be the standard of care. Our article also arrived at that same conclusion. We are not alone. Prof. [Satoshi] Omura, the Nobel prize winner, his group from Japan, published their paper concluding the same. Another independent group from Spain and Italy”* did so.

Most importantly, he said, *“the key about all of these groups... is that we are independent expert panels. None of us are conflicted. None of us have any other interests than the oath that we took as physicians which is to the care of our patients.”*

Part of the problem is that the WHO’s corporate donors not only provide funds, they determine all aspects of research and even provide the research teams.

*“Look at where the money is coming from. Now the money has strings attached,”* Kory said. *“People give the WHO money, but they say ‘we want you to do this or study that. We want you to use our consultants and our experts, and our scientists.’ Many of them come from pharma. Pharma has pretty much completely infiltrated this organization.”*

When *“you look critically at the medicine, especially in a pandemic, you can’t help but arrive at an objective conclusion that it is the standard of care,”* Kory said. *“And it really is doing phenomenal impacts around the world.”*

In Mexico and India for example, *“the death rates and hospitalizations just absolutely plummeted”* where ivermectin was used.

The real problem with the drug, Kory believes, is that in addition to being effective, safe, and easily available, it is very cheap. Ivermectin costs only a few dollars per dose.

*This pits the drug against financial interests of over 100 billions of dollars to be made from vaccines.*

*"I can't imagine in the history of pharmaceuticals, a competing interest as deep and as vast as is arrayed against little ivermectin," Kory said. "It is truly almost incalculable the interest against it."*

Once trusted healthcare agencies such as the WHO, have become the chief advocates of the interests of their Big Pharma, vaccine-driven donors.

As a result, Kory said, *the WHO and others, are actively suppressing the vast evidence for ivermectin in order to keep it out of public view.*

The evidence for this claim is startling. Looking at the WHO's panel report on ivermectin, he said, *"The stuff that they are doing is not subtle. It is so clear that whoever was in charge of that panel had a nonscientific objective."*

*"Number one, there was no protocol for excluding data. So they were basically free throw out any trial that they found inconvenient to their purpose," Kory noted. "And guess what? They did that. They threw out a lot of the trials that their own Unitaid team had uncovered and amassed over the last few months."*

The most egregious thing, Kory found, is a sentence in the WHO report their researchers did not even bother to defend, *"it just simply says, 'We did not look at randomized controlled trials and the prevention of COVID-19.' No reason why, no reason not why. We just didn't do it."*

One of the most important indicators of effectiveness in a drug is dose response data, Kory explains. *"They deliberately avoided mention" of dose response data. "They completely omitted really important data, because if that's there, that's a huge scientific pillar showing efficacy."*

They also did not include epidemiological studies, such as that by Juan Chamie's research that has been going on for a year *"showing every place that does widespread distribution and adoption you see case counts and death plummet,"* and which was presented to the WHO.

*"So when I read that, I know this data. My head was in my hands and I was just like these people or criminals. They're literally are criminals," Kory said.*

When the report examines whether ivermectin is safe or not, Kory remarked, *"it's just absolutely comical."*

Speaking of a drug used for over 40 years with billions of doses delivered and a better safety track record than aspirin or Tylenol, he says, the WHO found three studies that contain a suggestion that there might be adverse effects. The panel then determined, Kory said, *"it doesn't work, because we threw out all the data showing that it works. But you know what, we are seeing that it could be harmful. I mean, [it is] absolutely ludicrous what they're doing."*

By contrast, the WHO allowed remdesivir for COVID-19, which costs between \$2340 and \$3120, on the basis of a single study performed with 800 patients. That study found remdesivir does not reduce mortality, and reduces length of hospitalization among survivors by an average of two days.

In 2018, the WHO recommended ivermectin for the treatment of scabies on the basis of 10 randomized control trials with only 852 patients. It did the same for ivermectin as a treatment for strongyloides, a

parasitic infection, on the basis of five randomized control trials and 591 patients.

**However, 28 randomized control trials consisting of almost 3,000 patients have not been enough for the WHO to approve this life-saving therapy for COVID-19.**

*“The WHO essentially committed a criminal action,” Kory said. “This is clearly not science going on here.”*

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