




## The Miracle Not Heard Around the World: The Success of India's Uttar Pradesh

### Description

INDIA:  Print  PDF  Email **The north Indian state of 231 million people eradicated Covid with an ivermectin treatment program, representing one of the greatest public health achievements in history. It was kept a global secret.**

Below is [Part 1 of a series](#) written by Dr. Pierre Kory. You can read Part 2 [HERE](#).

Dr. Pierre Kory is a pulmonary and critical care specialist. He is a founding member of the Front Line Covid-19 Critical Care ("FLCCC") Alliance and co-author of the MATH+ and I-MASK+ prophylaxis and treatment protocols for Covid.

By Dr. Pierre Kory

Uttar Pradesh (UP) is a state in the north of India with a population of 231 million people. It's the home of the Taj Mahal. If it were a country, it would be the sixth largest in the world.

In my view, the foundation of UP's historic achievement rests on the integrity of its Chief Minister (CM) Yogi Adityanath. He is a Hindu monk and known for his policy of zero tolerance **against corruption**. The importance of this quality cannot be overstated, especially given the last 2 years of unceasing corruptions of medical science and public health policy that continuously emerge each day.

More about the Yogi: first off, at 26 he became the youngest member of Parliament in India's history. And although he has clashed at times with his political party leaders (BJP), they leave him alone because he is considered a "star campaigner" (plus he has, at times, successfully helped candidates they did not want to gain office).

Since taking office as CM over three and half years ago, [he took action](#) against 775 corrupt officials in UP from the Indian Administrative Service and the Indian Police Service. His leadership during Covid should serve as a historically inspiring example to politicians. They should take note of how honest, forthright policies designed with the singular goal of serving and protecting the public good can succeed in politics. To wit, in the early 2022 elections in Uttar Pradesh, [Yogi Adityanath was re-elected with his party securing 255 of the 403 seats](#). Compare this to the next most successful opposition party

(INC), which only obtained 5 seats.

Further, Yogi Adityanath is the only CM of the state with a full five years in office to win the subsequent election and retain it. Even the Union Minister of Home Affairs and Cooperation lauded him, saying that Yogi Adityanath brought Uttar Pradesh out of the path of corruption and onto a path of development. This reminds me of the three Brazilian city mayors who won landslide elections after creating city-wide early treatment initiatives with “ineffective” drugs like HCQ, IVM etc. (as you can learn from this hit job of an article on all three mayors).

I believe Yogi Adityanath’s emphasis on deterring corruption was the key ingredient to one of the most successful public health campaigns in history. Yogi Adityanath’s achievement in combatting Covid resulted from the massive amount of human and institutional resources he mobilised, along with his selection of extremely talented and committed public health officials. His oversight of these officials ensured they could carry out their tasks without big Pharma’s influence. It is clear from the record below that his primary purpose was doing what he thought best for the citizens of UP.

One remarkable example of Yogi Adityanath’s early efforts as CM was his launch of a call centre for UP citizens to address grievances to problems in their daily lives or with failures of government services. The call centre received an average of 37,000 calls a day, and resolved 95% of a total of the 2.1 million calls in the program’s first year.

## In debut year, CM helpline solved 20L+ complaints, helped in Covid battle

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Lucknow: Jansunwal Samadhan, the Integrated Grievance Redressal System (IGRS) of UP CM Yogi Adityanath’s office, which completed one year of service, exchanged 2.58 crore calls to redress 20 lakh complaints in the past 365 days.

The call centre received 37,000 calls everyday, that makes it 1.38 inbound calls. While all the problems raised were assigned in real time for redressal, a massive 1.20 outbound calls were made for resolving the problems and taking their feedback to ensure service delivery.

The 500-seater helpline which is fully integrated with other helplines like 102, 112, 108 and 1912 was able

to resolve over 95% of 21.34 lakh complaints recorded.

“An exemplary tool of grievance redressal through technology, the 1076 helpline played an important role in UP’s Covid-19 control plan,” said secretary to CM, Alok Kumar.

Over 8 lakh calls were received

### EXEMPLARY SHOW

by the call centre during lockdown period. These calls related to problems as small as unavailability of milk even in non-containment areas to complaints of people stuck in high burden areas outside states.

“Of the 8.34 lakh complaints received, 99% were redressed by mobilizing the district and field offi-

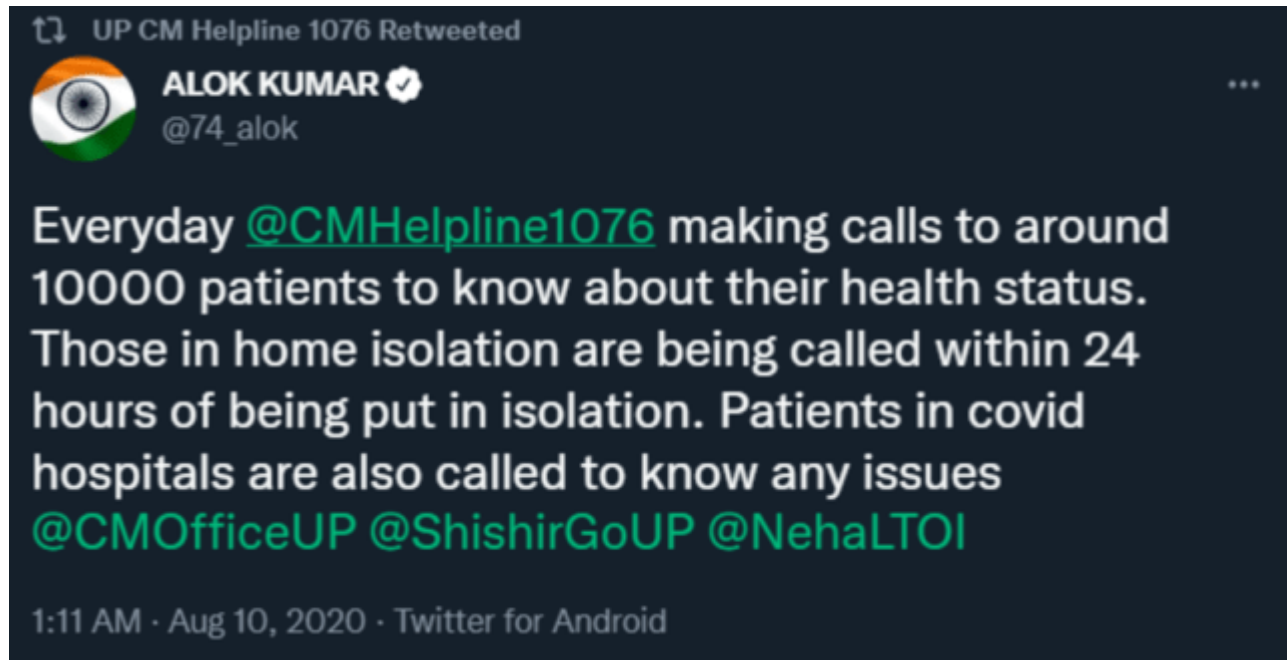
als. More than four lakh feedback related calls were also made to check if the action taken was satisfactory or not,” stated Kumar.

The helpline served an important role in Covid-19 surveillance as well. Follow-up calls were made to students from Kota and migrant workers to track their health status.

The incoming migrants were asked to confirm if they got the monetary and food grain support assured by the government or not. Later, the helpline was also used for skill mapping of the migrants.

Then, the teams called up members of the Nigrani Samiti constituted by the state government to keep an eye on the health of home quarantined migrants.

Now, imagine this. In Covid, the government itself **made 10,000 calls a day to follow up on citizens ill with Covid. Even hospitalised citizens were getting calls** to make sure they were OK and getting the care they needed. An absolutely inspiring example of what I used to think was still possible in this country, i.e., “good government.”



\*\* Quick interlude: This post on UP relies on the work of not only TrialSite News (the only publication in the world to consistently and accurately cover UP's program) but also the incredible work of FLCCC analyst Juan Chamie. Juan, to me, is a historical figure because I credit his pre-print paper of October 2020 — in which he detailed the incredible successes of Peru's mass ivermectin distribution program (Operation Tayta, which I consider almost a prototype for UP's TTT program) as the final data point needed for the FLCCC to conclude that ivermectin should be globally and systematically deployed in prevention and treatment of Covid. His paper also inspired my Senate testimony. Below is a short bio of Juan, written by Mike Capuzzo on his Covid-related Substack "Rescue". Fun fact: Mike is the author of two New York Times best-sellers and is the co-author of my upcoming book "The War on Ivermectin." He is also the author of the amazing and award-winning magazine article: "The Drug that Cracked Covid" (a must read).

*Juan is an independent data analyst in Cambridge, Massachusetts, who does work for major corporate clients. A native Colombian, he heard about the efficacy of ivermectin in South America early in the pandemic, and began deep data dives into public health records across the globe. He created striking graphics showing Covid cases and deaths dropping off the cliff in numerous regions, cities, and countries after introduction of IVM. Chamie has published his work widely and collaborated with Dr. Pierre Kory of the FLCCC Alliance, who says the data scientist is producing historic epidemiological analyses that have influenced doctors and saved lives worldwide.*

Now, let's break down what happened in Uttar Pradesh.

## The First Covid Wave

In March of 2020, Yogi Adityanath convened (and chaired throughout) a committee of [11 senior government officials](#) tasked with managing different aspects like surveillance and contact tracing,

testing and treatment, sanitisation, containment, enforcement, doorstep delivery, issues of migrants, communication strategy etc. The committee was widely known as “Team 11.” The complexity and comprehensiveness of UP’s “Test, Track, and Treat” (TTT) program was superbly well detailed [in this 132-page report](#) from October 2021, compiled by a professor from one of the top universities in India (the Indian Institute of Technology – Kanpur).

In a bit of foreshadowing to the central focus of this post, one of the most notable aspects of this dense report is that it was issued a month after the near complete eradication of Covid that occurred in UP during September of 2021. ***The word ivermectin appears only once in the report, at the end of a list of drugs “they monitor the supply of,”*** despite the fact that almost the entire success of the TTT program relied on the massive distribution of IVM to 97,000 villages using 400,000 health care workers working in teams that performed the most testing in all of India (UP was also in the top 5 testing countries in the world). Shocking, I know.

But note that UP started out strong right from the beginning. Early on in the pandemic, in March 2020, taking the lead from India’s national protocol, UP immediately adopted hydroxychloroquine for use in the prevention of Covid for all its Health Care Workers as well as household contacts of all laboratory-confirmed cases (to get to their 2020 protocol, you need to set your VPN to India).

Recall that HCQ’s promise in treatment had been known since the [original SARS pandemic](#), a fact long ago highlighted by Anthony Fauci. Yet in Covid, when its threat to Pharma as an effective treatment became reality, Fauci essentially led the first Disinformation campaign against a repurposed drug in the pandemic. His campaign is described in RFK Jr’s book, [The Real Anthony Fauci](#) in the deeply referenced first section of Chapter 1, called “Killing Hydroxychloroquine.”

Then, in August 2020, UP broke from the Feds and switched their protocol to ivermectin after an “experiment” in UP’s Agra, a city of 1.6 million inhabitants. The head of the state’s Rapid Response Team units, Dr. Anshul Pareek, had decided to conduct a study of ivermectin as a preventive agent based on a report from a veterinarian (to be fair, it was also based on other promising clinical reports in humans).

*I came to know that this virus is also found in cow-buffalo and other animals. Then a vet friend of mine told that in such a situation, animals are cured with large doses of ivermectin. First, we started with one pill every 15 days. There were 10 members in my team. Everyone used to eat it on 15-15 days; the experiment was successful. The team members did not get infected even after coming in contact with the infected. Viral load was found to be very low in those who were infected. Then it was used on health and other frontline workers.*

Uttar Pradesh State Surveillance Officer Vikssendu Agrawal went on the record later telling TrialSite News:

*Uttar Pradesh was the primary state within the nation to introduce large-scale prophylactic and therapeutic use of ivermectin.” Agrawal recounted that early on, Dr. Pareek administered ivermectin to local health staff members, finding that “none of them developed Covid-19 regardless of being in day-by-day contact with sufferers who had examined optimistic for the virus. This gave them positive results. We took note at the state*



*headquarters, and asked a technical team to look into it. It recommended that it can be tried across the state as a prophylactic. Recognising the sense of urgency, we decided to go ahead.*

So, UP immediately started administering ivermectin to close contacts of positive cases in the district and noticed profoundly positive results. Based on these observations, the state health authorities gave the green light to use off-label ivermectin not only in prevention... **but in treatment**. This was their protocol for use of ivermectin:

1. **Close contacts of Covid-19 patients**
2. **Health care workers**
3. **General care of Covid-19 patients**

The Indian Express announced the big switch from HCQ to IVM [in this article from early August 2020](#):

## August 6, 2020

Home » India

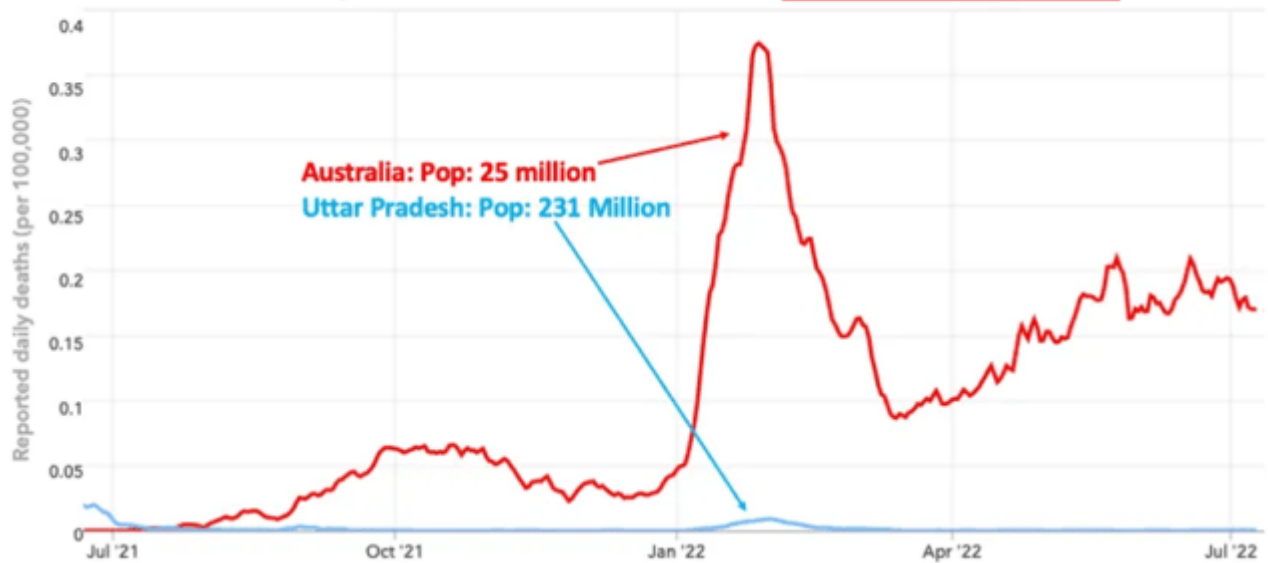
### UP govt directs use of drug Ivermectin for treatment of COVID-19 patients, to replace HCQ

This drug will be used as a replacement for hydroxychloroquine.

- The Uttar Pradesh government has **approved the use of ivermectin** for the treatment and prevention of COVID-19.
- This drug will be used as a replacement for hydroxychloroquine.
- The drug will also be given to frontline health workers in COVID-19 hospitals, apart from people infected with COVID-19 and their contacts.
- Further, the health department has instructed people who came into contact with COVID-19 positive patient to take this drug in order to protect them from possible infection.

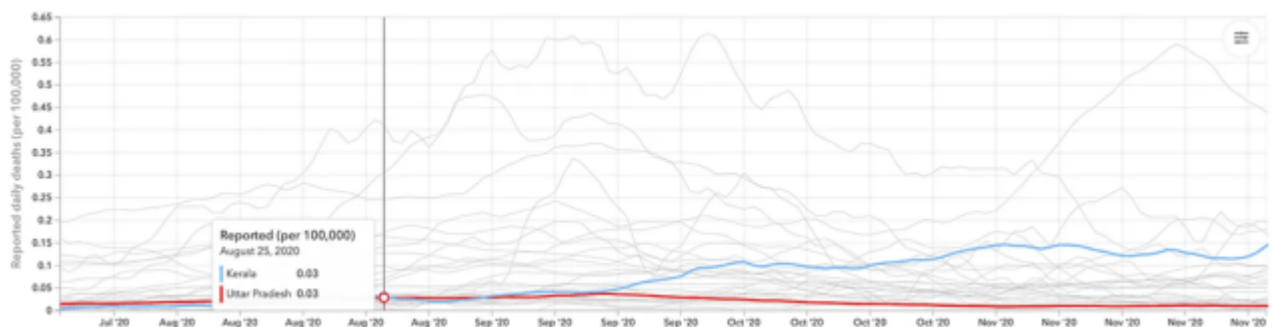
Notice that UP's government did what my colleagues and I had been imploring since the pandemic began. *Employ a risk/benefit decision-making analysis in an emergency.* Like you do in war. Even if the view was that the clinical trials' evidence for HCQ or IVM was "insufficient," the evidence for harm was near nil, while the evidence for harm of widespread untreated Covid was obviously catastrophic. Just ask Australia right now in the summer of 2022 after years of lockdowns and mass vaccination campaigns and outlawing of ivermectin:

## Daily COVID Deaths Per 100,000



Now, let's compare UP's response with the response of some other states in India. Keep in mind, choosing Indian states to compare to is hard, because many Indian states started using ivermectin broadly once India's Federal Ministry of Health put it on their national protocol during the Delta Wave in April 2021 (I will detail that war in [Part 3 of this post](#)). Despite this bold move by the Indian Feds, the states of Kerala and Tamil Nadu did not follow their lead. What is interesting is that at the time of the launch of UP's "Test, Track, and Treat" (with ivermectin) program in August 2020, UP and Kerala had identical, low rates of death from Covid as below compared to 28 other Indian States.

### STATE DEATH RATES in 2020 – INDIA



News of the launch of the TTT program using ivermectin is broadcast from numerous news outlets in the state, and even onto social media channels.



I want to emphasise that very soon after, “official” mentions of the use of ivermectin became fewer and farther between. Although [this major article](#) specifically highlighted the importance of ivermectin, it was one of the last to do so prior to the Delta wave in April 2021. It was published in December of 2020, 9 days after my Senate testimony on ivermectin in Senator Ron Johnson’s (also historic) Dept. of Homeland Security hearings. I want to remind everyone that the Senator was the only Federal legislator prescient and courageous enough to publicly address the fact that something was very wrong with our initial Federal response to the Covid pandemic.

In what would later become a “life-transforming” moment for me, the video of my testimony in Senator Johnson’s hearing went “viral” (the definition of a “viral video” is one that exceeds 40,000 views in 4 hours, and/or exceeds 1 million views in total). Apparently, that video exceeded both benchmarks. So much so that I got a text from my FLCCC team telling me that Fox News wanted to interview me *while I was still in the hearing room*. So, although Professor Paul Marik and the FLCCC are credited for the most public identification of ivermectin’s effectiveness against SARS-CoV-2, it should be remembered that the 6th largest “country” in the world had already adopted its widespread use in prevention and treatment **4 months prior to my (our) testimony**.

Within days of the video’s circulation, researchers, deeply interested citizens, and advocacy groups reached out to me and the FLCCC from all over the world. They were all telling us that they had subtitled and posted the video on numerous channels.

We started hearing about how the testimony video also went viral in Brazil, the Netherlands, France, the Philippines, Indonesia, and well, everywhere really. *Whoa*. Paul Marik and I started giving lectures remotely to a number of countries, in particular South Africa where our lectures essentially started a civil war of sorts – ivermectin advocates vs. the government and its academic physicians (who on the whole have failed in almost every aspect of the Covid response across the world – implementing idiotic measures such as overly broad use of standard masks, “social” distancing, and lockdowns, followed by failing to identify what is now almost three dozen effective, repurposed medicines against Covid.

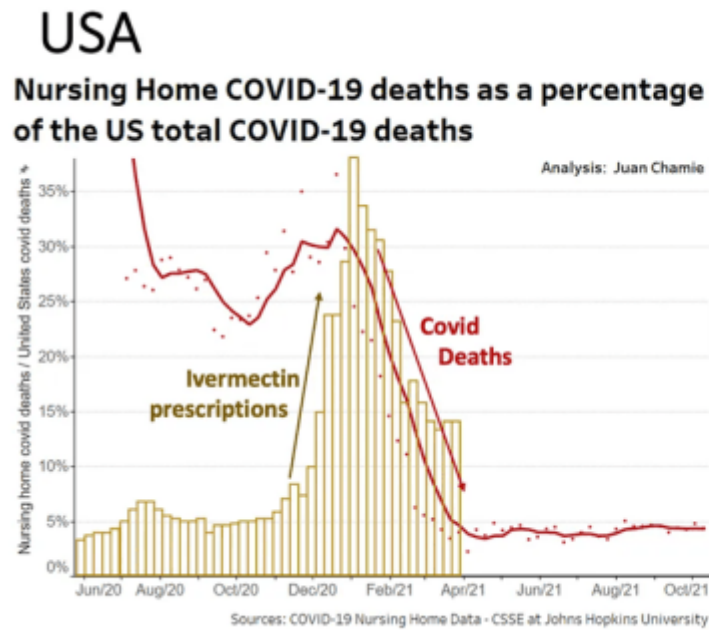
These failures were then bested by the most catastrophic intervention in the history of medicine. You know, the one where they embarked on a global frenzy of vaccinating against a goddamn highly mutagenic respiratory virus with rapidly outdated and highly lethal spike proteins... all while ignoring natural immunity. Brilliant. Insane.

Anyway, South Africa’s government responded to this development by criminalising the importation of ivermectin (I am not making this up). The South African ivermectin advocates (many of whom are now my friends and close colleagues) eventually achieved a “compassionate use” designation allowing physicians to prescribe without penalty. But it wasn’t easy. Or quick. Many died unnecessarily during that time. The high point of South Africa’s ivermectin frenzy was when South African farmers reported that [there was no longer a supply of ivermectin available](#) for their animals. *Whoa* again.

This outpouring of interest and support was before the social media and corporate media monsters began their global censorship strategy via history’s most atrocious development in journalism, the “[Trusted News Initiative](#).” My life, and the lives of all my colleagues in the FLCCC, were about to get very, very difficult — although we did not know it then (more on that in later posts and my book). In this post, I will present the absurd lengths that censorship was employed in suppressing the news of what UP accomplished with its TTT program.

Although the consequences of my viral video in the U.S did not have the same impact as UP’s coordinated and sophisticated launch of ivermectin, it did have a major impact. Check out the below analysis by Juan Chamie. After my video went viral, he tracked the subsequent number of ivermectin prescriptions in the U.S. with nursing home deaths. This is what he found: the proportion of U.S. citizens dying from Covid who were residents of nursing homes dropped from 30% to 5%... and has remained there since. *Whoa* again.





**Strong correlation between the increase in ivermectin prescriptions and decrease in the Nursing Home deaths share.**

Nursing homes death share dropped from 30% to 5% in less than 2 months.

The drop happened right after the Senate testimony sharing ivermectin data.

Vaccination can't explain the drop because:

1. The sharp drop started when vaccination rates were minimal.
2. The population at risk outside nursing homes also received the vaccine.
3. The death share didn't return to previous values.
4. Vaccination rate in Florida's Nursing Homes were below 70% by May 2021.

Fun fact: nursing homes don't have to go through retail pharmacies to get ivermectin. What they treat their residents with is thus relatively "under the table." Not-so-fun fact: nursing homes lose money when a resident dies and leaves an empty, non-paying bed. Always about the Benjamins apparently.

Another fun fact: pretty much the first report on the efficacy of ivermectin against Covid came from the observations of the impacts of ivermectin use in nursing homes. A group of nursing homes in France, in early 2020, noticed that in the one nursing home that had a scabies outbreak which, per protocol, was followed by treating all residents and staff with ivermectin, that nursing home had a remarkably low rate of hospitalisation and death from Covid compared to other nursing homes in the area. Yet here we are, over 2 years later, still trying to "prove" that ivermectin works against Covid.

Back to UP. On August 28, 2020, the government of UP tweeted out that the Department of Health will provide both HCQ and ivermectin!





Government of UP ✓  
@UPGovt

...

स्वास्थ्य विभाग द्वारा हाइड्रॉक्सीक्लोरोक्विन या आइवरमेक्टिन दवाएं उपलब्ध कराई जाती हैं। दवाई उपलब्ध न होने पर हेल्पलाइन नम्बर 1800 180 5145 पर या @CMHelpline1076 पर कॉल कर सकते हैं: ACS, चिकित्सा एवं स्वास्थ्य, श्री अमित मोहन प्रसाद जी

Translated from Hindi by Google

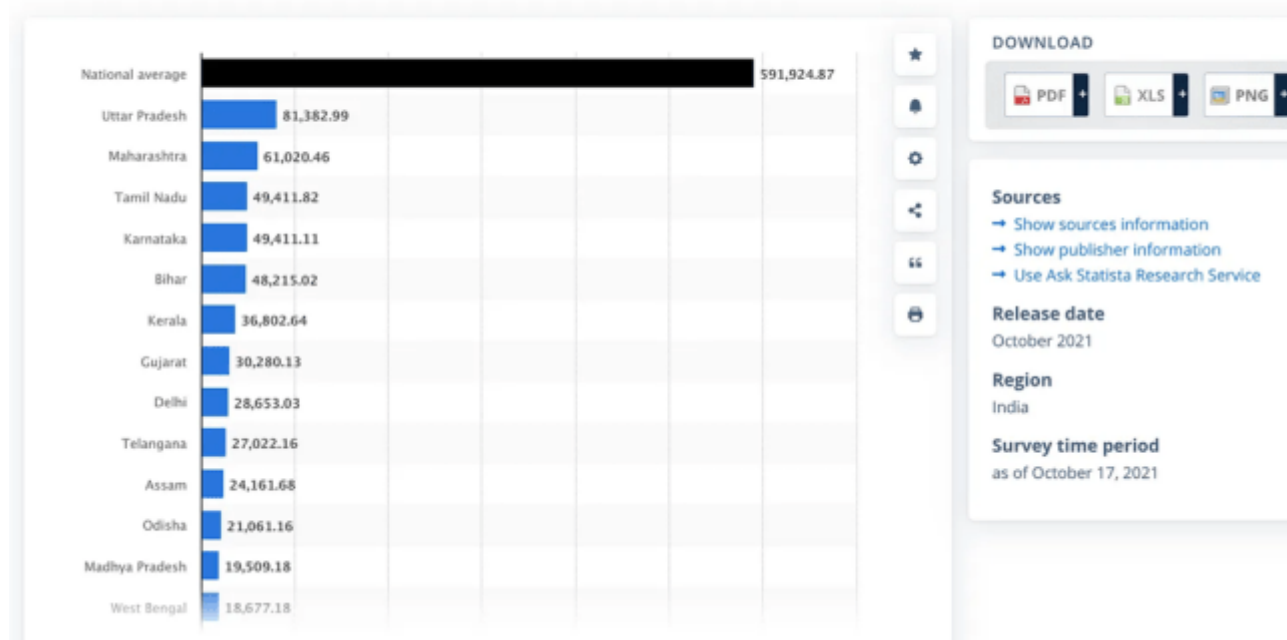
The medicines hydroxychloroquine or ivermectin are provided by the Department of Health. In case of non-availability of medicines, the helpline number can be called on 1800 180 5145 or @CMHelpline1076 : ACS, Medical & Health, Shri Amit Mohan Prasad Ji



They began treating positive cases with ivermectin with 12mg doses for 3 days and then they would reassess response on the 4th and 5th day. Real doctoring. They also used the drug in jails, where they reported that it cut the Covid-19 infection rate to a “fantastic extent.”

Then, in February and March of 2021, just prior to the disastrous Delta wave — the impacts of which were covered by newspapers all over the world — there was only a tiny number of cases in UP despite massive testing (they have done the most tests out of any state in India, some of which can be attributed to UP’s size, but not their money — they are one of the poorest states in India). Furthermore, despite Big Pharma’s social media and corporate media minions that deride and dismiss data coming out of India due to a supposed lack of testing and reporting, [this paper found](#) that India actually ranked 5th in the world in testing! Further, check out UP’s performance compared to the rest of India from [statista.com](#):

### Coronavirus (COVID-19) test numbers across India as of October 17, 2021, by state (in 1,000s)



So, UP was #1 in the country, within the 5th most highly tested countries in the world, not only in the numbers of tests done, but in “positivity rate,” which is the true measure of the amount of testing. The lower the number positive, the more you are testing compared to the prevalence of Covid. Only one other state (Madhya Pradesh) even comes close (UP is the last row in the below table):



COVID19\_INDIA\_Testing : Weekly\_TPR

	30-Jun	23-Jun	16-Jun	9-Jun	2-Jun
Andaman & Nicobar	0.54	2.34	2.35	2.45	3.86
Andhra Pradesh	4.34	5.65	6.74	10.58	14.7
Arunachal Pradesh	5.74	4.57	4.5	4.33	5.68
Assam	2.28	1.98	2.44	3.32	4.37
Bihar	0.17	0.3	0.4	0.81	1.5
Chandigarh	1.32	2.43	2.74	3.39	5.47
Chhattisgarh	1.13	1.24	1.67	2.6	3.83
Dadra Daman & Diu	no testing data	no testing data	no testing data	no testing data	no testing data
Delhi	0.16	0.33	0.31	0.52	1.18
Goa	6.29	7.99	12.72	14.69	21.4
Gujarat	0.2	0.36	0.66	1.19	2.15
Haryana	0.36	0.62	1.07	1.95	3.85
Himachal Pradesh	1.21	1.27	1.78	3.71	9.07
Jammu and Kashmir	0.8	1.13	1.76	2.89	5.22
Jharkhand	0.2	0.23	0.54	1.07	1.37
Karnataka	2.25	3.2	5.26	9.07	14.4
Kerala	10.34	10.42	12.42	14.46	15.9
Ladakh	0.74	0.87	1.44	2.94	4.36
Lakshadweep	2.03	2.4	3.04	5.66	6.28
Madhya Pradesh	0.06	0.14	0.39	0.85	1.96
Maharashtra	4.23	4.22	4.69	5.44	6.82
Manipur	12.85	10.94	8.7	9.51	16.0
Meghalaya	10.48	10.65	11.09	12.92	13.9
Mizoram	11.4	10.5	7.7	9.14	6.83
Nagaland	7.91	8.57	8.63	14.26	14.8
Odisha	4.8	5.34	7.12	10.08	14.2
Puducherry	2.83	3.36	4.71	7.16	11.1
Punjab	0.6	1.01	1.74	2.67	4.22
Rajasthan	0.31	0.41	0.82	1.75	4.45
Sikkim	17.29	11.06	12.19	10.61	16.9
Tamil Nadu	3.12	4.57	7.82	11.71	16.8
Telangana	0.87	1.07	1.37	1.55	3.02
Tripura	4.97	4.1	5.01	3.76	5.41
Uttar Pradesh	0.07	0.07	0.14	0.32	0.57

In the first truly disturbing sign that global forces of censorship were being deployed, a month after the launch of UP's new ivermectin-based Covid program, the WHO [posted a document called "Learnings from the State of Uttar Pradesh."](#)



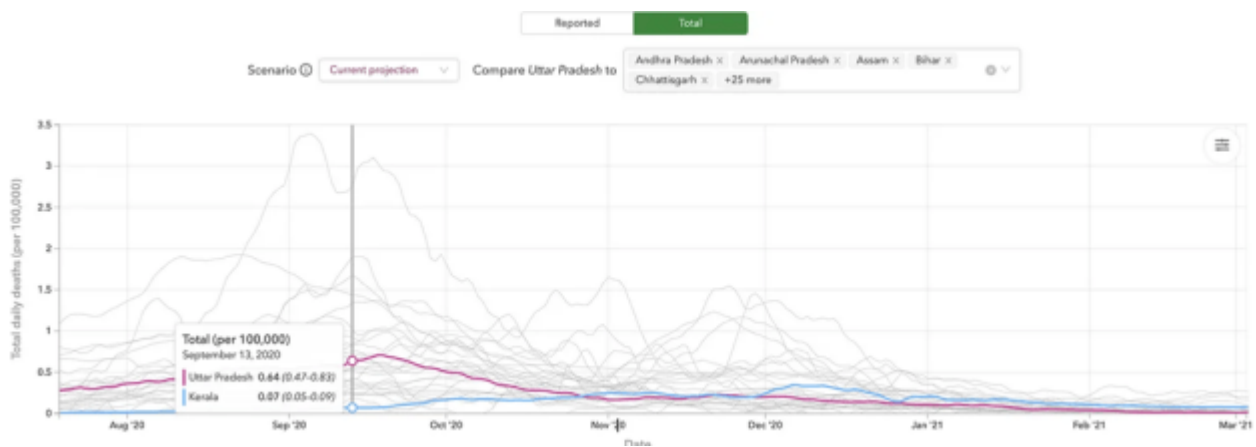
The WHO glowingly detailed the comprehensiveness, sophistication, and resources invested by UP into the TTT program. Neither the words **ivermectin** nor **treatment** are mentioned in the WHO document. Not even once. This is what the WHO wrote instead:

*For Vishesh Surveillance Abhiyaan Initiative (VSAI), a two-member team visited households, communicating best practices on infection prevention and control, identifying individuals displaying ILI/SARI and co-morbidities. If the team found people demonstrating ILI/SARI symptoms, their cases were sent for sampling. The team also put up notification stickers including contact information for helplines and ensured community awareness*

### ***on basic Covid-19 prevention measures during the visits (say more?)***

Despite the above nonsensical description of what UP was actually doing, after the launch of the TTT program on August 6th of 2020, UP's Covid death rates started to come down over the next two months and by November they had the 6th lowest rate of death in India (on the day of their program launch back in August, they were tied for 16th).

Remember that I said to keep an eye on the state of Kerala? Well, when UP launched TTT, Kerala had the third lowest death rate among the 30 Indian states. As you can see in the below graph, by November, UP's death rate was just lower than Kerala. Then by January of 2021, almost all the states in India went "quiet" with Covid for months, and even though UP had some of the lowest case and death rates in the country, the differences between states were not impressive (but they soon would be).



## **End of Part 1**

In Part 2, I detail Uttar Pradesh's historic achievement and the massive censorship and propaganda that followed in the wake of their response to India's Delta Wave.

In Part 3, I cover India's national response to the Delta wave (also censored and propagandised) as well as the events leading up to the removal of ivermectin from the national guideline in September of 2021 (hint: Bill Gates went to visit Prime Minister Modi).

posted by Rhoda Wilson

### **Category**

1. Freedom-Free speech-Resistance & H-rights
2. Health-Wellness-Healing-Nutrition & Fitness
3. Main
4. NWO-Deep State-Dictatorship-Tyranny

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