The Biggest Crime Committed During Vaccine Heist

By Dr. Joseph Mercola | mercola.com

STORY AT-A-GLANCE

- While the list of crimes committed by authorities during the COVID-19 pandemic is a long one, perhaps the biggest crime of all is the purposeful suppression of safe and effective treatments, including ivermectin. This appears to have been done to protect the COVID "vaccine" program
- The COVID shots were brought to market under emergency use authorization (EUA), which can only be obtained if there are no other safe and effective alternatives available
- Several systematic reviews and meta-analyses of studies looked at ivermectin for the prevention and treatment of COVID-19 infection. A rapid review performed on behalf of the Front Line COVID-19 Critical Care Alliance (FLCCC) in the U.S., January 3, 2021, found the drug "probably reduces deaths by an average 83% compared to no ivermectin treatment"
- According to a more recent review and meta-analysis, ivermectin, when used preventatively, reduced COVID-19 infection by an average of 86%
- Another recent scientific review concluded ivermectin produces large statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance

While the list of crimes committed by authorities during the COVID-19 pandemic is a long one, perhaps the biggest crime of all is the purposeful suppression of safe and effective

treatments. At this point, it seems quite clear that this was done to protect the COVID jab rollout.

The COVID shots were brought to market under emergency use authorization (EUA), which can only be obtained if there are no other alternatives available. In a sane world, the COVID gene therapies would never have gotten a EUA, as there are several safe and effective treatment options available.

One treatment that stands out above the others is ivermectin, a decades-old antiparasitic drug that is on the World Health Organization's list of essential medications.

What makes ivermectin particularly useful in COVID-19 is the fact that it works both in the initial viral phase of the illness, when antivirals are required, as well as the inflammatory stage when the viral load drops off and anti-inflammatories become necessary. It's been shown to significantly inhibit SARS-CoV-2 replication in vitro,[1] speed up the viral clearance and dramatically reduce the risk of death.

Gold Standard Review Supports Use of Ivermectin

Dr. Tess Lawrie, a medical doctor, Ph.D., researcher, and director of Evidence-Based Medicine Consultancy Ltd (video above).[2] in the U.K., has been trying to get the word out about ivermectin. To that end, she helped organize the British Ivermectin Recommendation Development (BIRD) panel[3] and the International Ivermectin for COVID Conference,[4] which was held online, April 24, 2021.

Twelve medical experts[5] from around the world shared their knowledge during this conference, reviewing mechanism of action, protocols for prevention and treatment, including so-

called long-hauler syndrome, research findings, and real-world data. All of the lectures, which were recorded via Zoom, can be viewed on Bird-Group.org.[6]

Lawrie has published several systematic reviews and meta-analyses of studies looking at ivermectin for the prevention and treatment of COVID-19 infection. A rapid review performed on behalf of the Front Line COVID-19 Critical Care Alliance (FLCCC) in the U.S., January 3, 2021, found the drug "probably reduces deaths by an average 83% compared to no ivermectin treatment."[7]

Her February 2021 meta-analysis, which included 13 studies, found a 68% reduction in deaths. This is an underestimation of the beneficial effect because one of the studies included used hydroxychloroquine (HCQ) in the control arm. Since HCQ is an active treatment that has also been shown to have a positive impact on outcomes, it's not surprising that this particular study did not rate ivermectin as better than the control treatment (which was HCQ).

Two months later, on March 31, 2021, Lawrie published an updated analysis that included two additional randomized controlled trials. This time, the mortality reduction was 62%. When four studies with a high risk of bias were removed during a subsequent sensitivity analysis, they ended up with a 72% reduction in deaths.

(Sensitivity analyses are done to double-check and verify results. Since the sensitivity analysis rendered an even better result, it confirms the initial finding. In other words, ivermectin is unlikely to reduce mortality by anything less than 62%.)

Lawrie reviewed the February and March analyses and other meta-analyses in an interview with Dr. John Campbell, featured in "More Good News on Ivermectin." Lawrie has now published her third systematic review. According to this paper,

published June 17, 2021, in the American Journal of Therapeutics:[8]

> *"Meta-analysis of 15 trials found that ivermectin reduced risk of death compared to no ivermectin (average risk ratio 0.38 …) … Low-certainty evidence found that ivermectin prophylaxis reduced COVID-19 infection by an average 86% … Secondary outcomes provided less certain evidence.*
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> *Low-certainly evidence suggested that there may be no benefit with ivermectin for 'need for mechanical ventilation,' whereas effect estimates for 'improvement' and 'deterioration' clearly favored ivermectin use. Severe adverse events were rare among treatment trials …"*

World Health Organization Refuses to Recommend Ivermectin

Despite the fact that most of the evidence favors ivermectin, when the WHO finally updated its guidance on ivermectin at the end of March 2021,[9,10] they largely rejected it, saying more data are needed. They only recommend it for patients who are enrolled in a clinical trial.

Yet, they based their negative recommendation on a review that included just five studies, which still ended up showing a 72% reduction in deaths. What's more, in the WHO's summary of findings, they suddenly include data from seven studies, which combined show an 81% reduction in deaths. The confidence interval is also surprisingly high, with a 64% reduction in deaths on the low end, and 91% on the high end.

Even more remarkable, their absolute effect estimate for the standard of care is 70 deaths per 1,000, compared to just 14 deaths per 1,000 when treating with ivermectin. That's a

reduction in deaths of 56 per 1,000 when using the drug. The confidence interval is between 44 and 63 fewer deaths per 1,000.

Despite that, the WHO refuses to recommend this drug for COVID-19. Rabindra Abeyasinghe, a WHO representative to the Philippines, commented that using ivermectin without "strong" evidence is "harmful" because it can give "false confidence" to the public.[11]

Why Ivermectin Has Been Censored

If you've been trying to share the good news about ivermectin, you're undoubtedly noticed that doing so is incredibly difficult. Many social media companies are banning such posts outright.

Promoting ivermectin on YouTube, or even discussing benefits cited in published research, violates the platform's posting policies. DarkHorse podcast host Bret Weinstein, Ph.D., is but one of the victims of this censorship policy.

His interviews with medical and scientific experts such as Dr. Pierre Kory, a lung and ICU specialist, former professor of medicine at St. Luke's Aurora Medical Center in Milwaukee, Wisconsin, and the president and chief medical officer[12] of the FLCCC, and Dr. Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology,[13] have been deleted from the platform. The interview with Malone had more than 587,330 views by the time it was wiped from YouTube.[14]

But why? Why don't they want people to feel confident that there's treatment out there and that COVID-19 is not the death sentence they've been led to believe it is? The short answer is because ivermectin threatens the vaccine program. As explained by Andrew Bannister in a May 12, 2021, Biz News

article:[15]

> *"What if there was a cheap drug, so old its patent had expired, so safe that it's on the WHO's lists of Essential and Children's Medicines, and used in mass drug administration rollouts?*
>
> *What if it can be taken at home with the first signs COVID symptoms, given to those in close contact, and significantly reduce COVID disease progression and cases, and far fewer few people would need hospitalization?*
>
> *The international vaccine rollout under Emergency Use Authorization (EUA) would legally have to be halted. For an EUA to be legal, 'there must be no adequate, approved and available alternative to the candidate product for diagnosing, preventing or treating the disease or condition.'*
>
> *The vaccines would only become legal once they passed level 4 trials and that certainly won't happen in 2021 … The vaccine rollout, outside of trials, would become illegal.*
>
> *The vaccine manufactures, having spent hundreds of million dollars developing and testing vaccines during a pandemic, would not see the $100bn they were expecting in 2021 … Allowing any existing drug, at this time, well into stage 3 trials, to challenge the legality of the EUA of vaccines, is not going to happen easily."*

The WHO and Drug Companies Are Severely Compromised

The WHO's rejection of ivermectin only makes sense if a) you take into account the EUA requirements, and b) remember that

the WHO receives a significant portion of its funding from private vaccine interests.

The Bill & Melinda Gates Foundation is the second-largest funder of the WHO after the United States, and The GAVI Alliance, also owned by Gates, is the fourth largest donor. The GAVI Alliance exists solely to promote and profit from vaccines, and for several years, the WHO director-general, Tedros Adhanom Ghebreyesus, served on the GAVI board of directors.[16]

As reported by Bannister, Merck, the original patent holder of ivermectin, also has severe conflicts of interest that appear to have played a role in the rejection of ivermectin. He writes:[17]

> *"Ivermectin has been used in humans for 35 years and over 4 billion doses have been administered. Merck, the original patent holder,[18] donated 3.7 billion doses to developing countries … Its safety is documented at doses twenty times the normal …*
>
> *Merck's patent on Ivermectin expired in 1996 and they produce less than 5% of global supply. In 2020 they were asked to assist in Nigerian and Japanese trials but declined both.*
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> *In 2021 Merck released a statement claiming that Ivermectin was not an effective treatment against Covid-19 and bizarrely claimed, 'A concerning lack of safety data in the majority of studies' of the drug they donated to be distributed in mass rollouts, by primary care workers, in mass campaigns, to millions in developing countries.*
>
> *The media reported the Merck statement as a blinding truth without looking at the conflict of interests when days later, Merck received $356m from the US government to develop an*

investigational therapeutic.

The WHO even quoted Merck, as evidence, that it didn't work, in their recommendation against the use of Ivermectin. It's a dangerous world when corporate marketing determines public health policy."

FLCCC Calls for Widespread and Early Use of Ivermectin

In the U.S., the FLCCC has been calling for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19,[19,20] and Kory has testified to the benefits of ivermectin before a number of COVID-19 panels, including the Senate Committee on Homeland Security and Governmental Affairs in December 2020[21] and the National Institutes of Health COVID-19 Treatment Guidelines Panel in January 2021.[22]

Based on a meta-analysis of 18 randomized controlled trials, ivermectin produces large statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance.

As noted by the FLCCC:[23]

"The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover.

… numerous clinical studies – including peer-reviewed randomized controlled trials – showed large magnitude benefits of Ivermectin in prophylaxis, early treatment and also in late-stage disease. Taken together … dozens of

clinical trials that have now emerged from around the world are substantial enough to reliably assess clinical efficacy."

The FLCCC has published three different COVID-19 protocols, all of which include the use of ivermectin:

- I-MASK+[24] – prevention and early at-home treatment protocol
- I-MATH+[25] – an in-hospital treatment protocol. The clinical and scientific rationale for this protocol has been peer-reviewed and was published in the Journal of Intensive Care Medicine[26] in mid-December 2020
- I-RECOVER[27] – a long-term management protocol for the long-haul syndrome

In addition to Lawrie's meta-analysis in the American Journal of Therapeutics, the FLCCC has also published a scientific review[28] in that same journal.

This paper, "Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19," published in the May/June 2021 issue, found that, based on a meta-analysis of 18 randomized controlled trials, ivermectin produces "large statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance."

Ivermectin Significantly Reduces Infection Risk and Death

The FLCCC also found that when used as a preventive, ivermectin "significantly reduced risks of contracting COVID-19." In one study, of those given a dose of 0.4 mg per kilo on Day 1 and a second dose on Day 7, only 2% tested positive for SARS-CoV-2, compared to 10% of controls who did

not get the drug.

In another, family members of patients who had tested positive were given two doses of 0.25 mg/kg, 72 hours apart. At follow-up two weeks later, only 7.4% of the exposed family members who took ivermectin tested positive, compared to 58.4% of those who did not take ivermectin.

In a third, which unfortunately was unblended, the difference between the two groups was even greater. Only 6.7% of the ivermectin group tested positive compared to 73.3% of controls. According to the FLCCC, "the difference between the two groups was so large and similar to the other prophylaxis trial results that confounders alone are unlikely to explain such a result."

The FLCCC also points out that ivermectin distribution campaigns have resulted in "rapid population-wide decreases in morbidity and mortality," which indicates that ivermectin is "effective in all phases of COVID-19." For example, in Brazil, three regions distributed ivermectin to their residents, while at least six others did not. The difference in average weekly deaths is stark.

In Santa Catarina, average weekly deaths declined by 36% after two weeks of ivermectin distribution, whereas two neighboring regions in the South saw declines of just 3% and 5%. Amapa in the North saw a 75% decline, while the Amazonas had a 42% decline and Para saw an increase of 13%.

It's worth noting that ivermectin's effectiveness appears largely unaffected by variants, meaning it has worked on any and all variants that have so far popped up around the world. Additional evidence for ivermectin will hopefully come from the British PRINCIPLE trial,[29] which began June 23, 2021. Ivermectin will be evaluated as an outpatient treatment in this study, which will be the largest clinical trial to date.

Ivermectin in the Treatment of Long-Haul Syndrome

The FLCCC believes ivermectin may also be an important treatment adjunct for long-haul COVID syndrome. In their June 16, 2021, video update, the team reviewed the newly released I-RECOVER protocol.

Keep in mind that ivermectin is not to be used in isolation. Corticosteroids, for example, are often a crucial treatment component when organizing pneumonia-related lung damage is present. Vitamin C is also important to combat inflammation. Be sure to work with your doctor to identify the right combination of drugs and supplements for you.

Last but not least, as noted by Kory in this video, it's really important to realize that long-haul syndrome is entirely preventable. The key is early treatment when you develop symptoms of COVID-19.

While ivermectin has a good track record when it comes to prevention and early treatment, it can be tricky to obtain, depending on where you live and who your doctor is.

A highly effective alternative that anyone can use, anywhere, is nebulized hydrogen peroxide. It's extremely safe and very inexpensive. The biggest cost is the one-time purchase of a good tabletop jet nebulizer. To learn more, download Dr. Thomas Levy's free e-book, "Rapid Virus Recovery," in which he details how to use this treatment.