



# my NC legislators

Rep. Garland Pierce



Sen. Danny Britt



Sen. Tom McInnis



# COVID history brief and confusing

man made virus

ventilators

no steroids

ventilators last resort

yes! steroids

convalescent plasma

no plasma!

masks ?

lockdowns ?

horse de-wormer?

# Patients

- ▣ My Lt Gov's Patrolman
- ▣ My dear vaccinated friends
- ▣ NP's dad
- ▣ 100s

*THANKS, DR. SAM POOLE!*



# Robert Jackson, MD



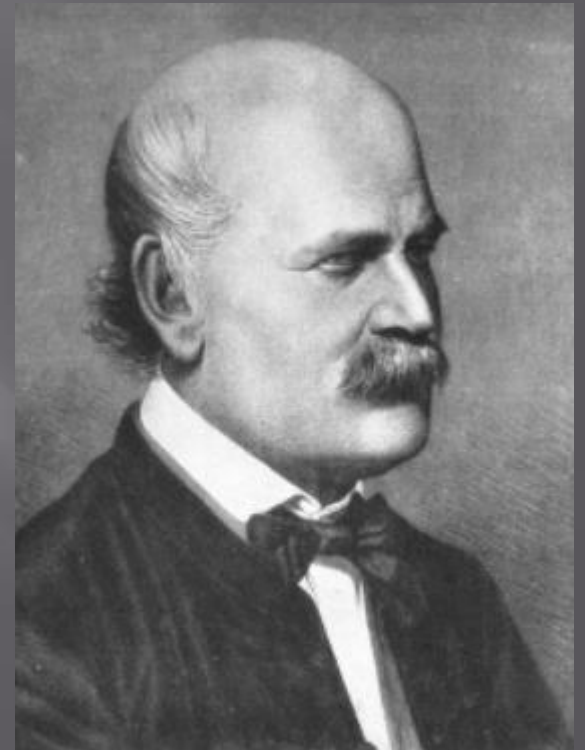
# Ignaz Semmelweis

saved lives with three words:

**wash your hands.**


“Childbirth fever” death  
rates in Vienna hospital  
were 40%

Deaths dropped  
dramatically with hand  
washing



All truth passes through  
three stages. First, it  
is ridiculed. Second, it is  
violently opposed. Third,  
it is accepted as being  
self-evident.

Arthur Schopenhauer

The background of the slide is a dark, moody image of the Grim Reaper. The figure is wearing a black hooded robe and holding a large, curved scythe. The lighting is low, creating a somber and ominous atmosphere. The text is overlaid on this image.

*Early  
treatment*  
with  
ivermectin based  
protocols could  
have saved

**500,000**

Deaths:  
761,841



2,000,000 fewer deaths worldwide

WHO's analysis predicts that over 2 million fewer people would be dead if ivermectin was used from early in the pandemic

# thanks

Malone  
Kory  
Marik  
McCullough  
Lawrie  
Varon  
Gessling  
Campbell  
Urso  
Mobeen  
Jackson  
Mercola  
Weinstein  
Kirsch



FLCCC Alliance



BIRD Group

# Thank you

- ▣ Sandra
- ▣ 39 years
- ▣ our mission

**WE HAVE SAVED LIVES  
TOGETHER**



*Marty: “Can you get me some of that ivermectin?”*

*Studied*

*Zoom presentation locally – several using*

*Contacted Wake Forest & Atrium medical leaders*

## *If we had a treatment for Covid that was...*

- ▣ **SAFE** *safer than plasma, antibodies, antivirals*
- ▣ **EFFECTIVE** *in all phases of disease including prevention*
- ▣ **INEXPENSIVE** *\$50 or less for a course of treatment*
- ▣ **AVAILABLE** *at local pharmacies*
- ▣ **WELL-TOLERATED** *little to no unpleasant side effects*

*...we would use it liberally to reduce the horrendous human cost of this disease.*



# IVERMECTIN

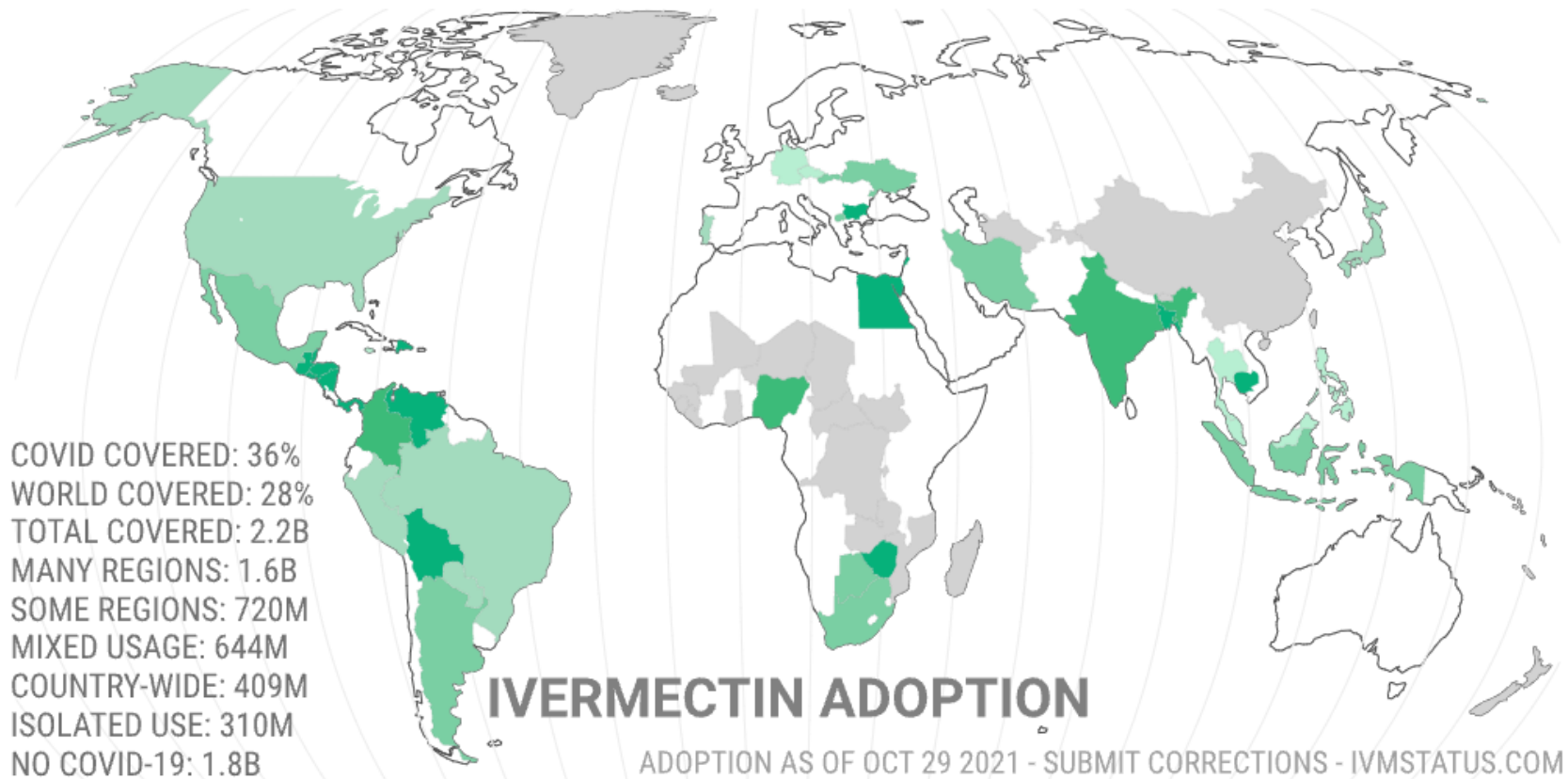
- ▣ 40+ years of use in humans
- ▣ 4 billion doses
- ▣ Natural
- ▣ One of 3 medicines to win the NOBEL PRIZE

Penicillin (*no RCTs ever!*)

Aspirin

- ▣ Abundant
- ▣ Generic
- ▣ Inexpensive

# Worldwide Use



# Studies

## IVERMECTIN FOR COVID-19

**64** TRIALS, **627** SCIENTISTS, **48,637** PATIENTS

**30** RANDOMIZED CONTROLLED TRIALS

**86%** IMPROVEMENT IN **14** PROPHYLAXIS TRIALS RR 0.14 [0.08-0.25]

**67%** IMPROVEMENT IN **29** EARLY TREATMENT TRIALS RR 0.33 [0.24-0.47]

**36%** IMPROVEMENT IN **21** LATE TREATMENT TRIALS RR 0.64 [0.52-0.79]

**56%** IMPROVEMENT IN **26** MORTALITY RESULTS RR 0.44 [0.32-0.60]

**56%** IMPROVEMENT IN **30** RANDOMIZED CONTROLLED TRIALS RR 0.44 [0.31-0.63]

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 10/29/21. IVMMETA.COM

# Evidence

- **IN-VITRO (BASIC SCIENCE):** ivermectin has been shown to inhibit the replication [of many viruses](#), including West-Nile, Zika, Dengue, Influenza, and most recently [SARS-CoV-2](#)
- **IN-SILICO:** numerous [computer modeling studies](#) have found ivermectin to have one of the [highest binding affinities](#) to the SARS-CoV-2 spike protein
- **PHARMACOLOGIC:** unparalleled safety profile over decades, prior WHO guidelines report side effects that are “[primarily minor and transient](#)” and experts have found severe adverse events to be “[unequivocally and exceedingly rare](#).” Further, the IC-50 against SARS-CoV2 in lung and adipose tissue easily achieved with standard dosing (Caly/Wagstaff personal communication)

# Epidemiological Evidence

## *The New York Times*

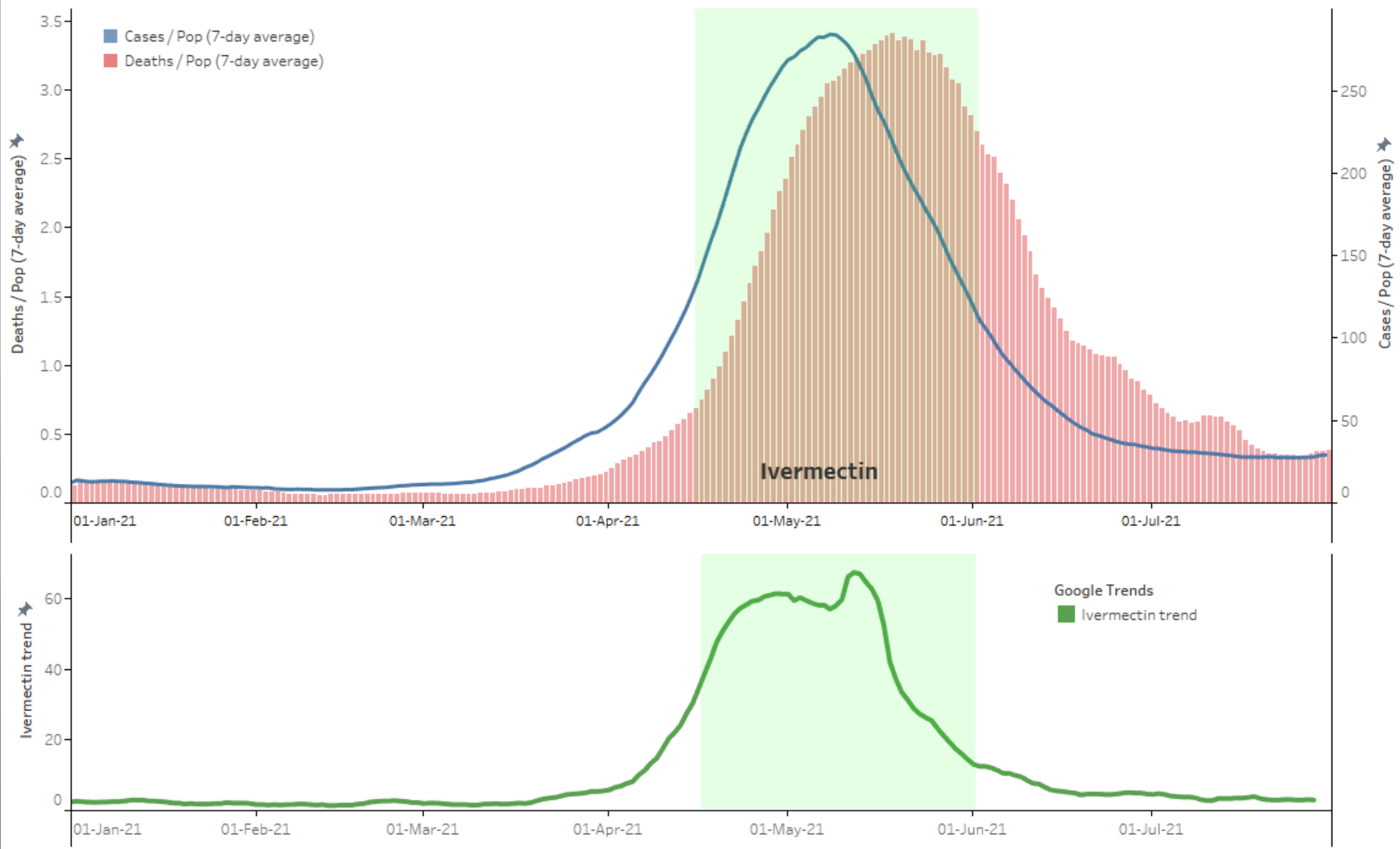
Cases plunged in India in a few weeks.

The New York Times reported on July 30, 2021, that this is a mystery with no clear explanation.



# COVID-19 in INDIA

Juan Chamie @jjchamie  
Source: [worldometers.info/coronavirus/](https://worldometers.info/coronavirus/)



## Ivermectin group

Countries with Ivermectin Distribution Campaigns

31 countries

### AFRICA



## Non-Ivermectin group

Countries without Ivermectin Distribution Campaigns

22 countries

## Country Comparisons

### Ivermectin(31) vs. Non-Ivermectin (22)

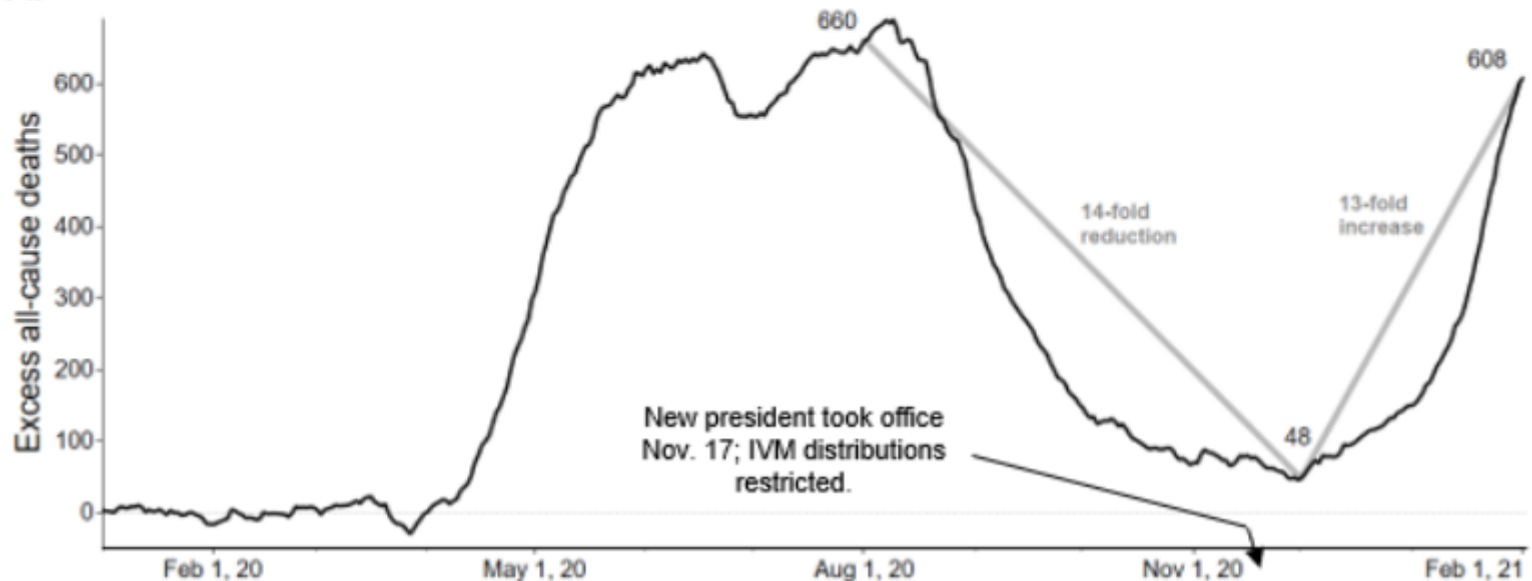
	Ivermectin (n=31) Mean $\pm$ SD	Non-Ivermectin (n=22) Mean $\pm$ SD	P-value	
MORBIDITY/million	926.4	6474	.001	7x
MORTALITY/million	14.4	122	.002	8.5x

# Peru

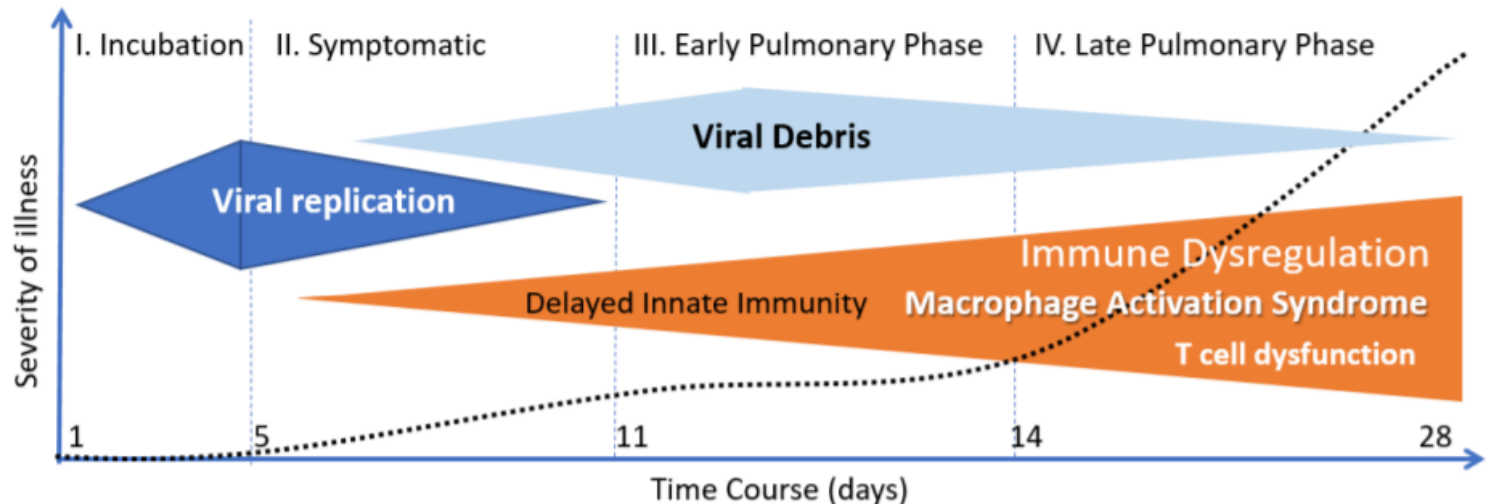
**Ivermectin for COVID-19 in Peru: 14-fold reduction in nationwide excess deaths,  $p=.002$  for effect by state, then 13-fold increase after ivermectin use restricted**

Juan J. Chamie-Quintero,<sup>a</sup> Jennifer A. Hibberd,<sup>b</sup> David E Scheim<sup>c</sup>

A.



**Figure 1. The course of COVID-19 and General Approach to treatment**



Ground-glass infiltrates	+			
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# HELPFUL in ALL PHASES

also “LONG COVID” and “POST-VACCINE”

	<i>Studies</i>	<i><u>Prophylaxis</u></i>	<i><u>Early treatment</u></i>	<i><u>Late treatment</u></i>	<i>Patients</i>	<i>Authors</i>
<u>All studies</u>	64	<b>86%</b> [75-92%]	<b>67%</b> [53-76%]	<b>36%</b> [21-48%]	48,661	627
<u>Peer-reviewed</u>	44	<b>86%</b> [74-93%]	<b>71%</b> [54-82%]	<b>38%</b> [16-55%]	17,126	466
<u>With GMK/BBC exclusions</u>	47	<b>84%</b> [69-91%]	<b>73%</b> [63-80%]	<b>45%</b> [22-61%]	37,558	518
<u>Randomized Controlled Trials</u>	30	<b>84%</b> [25-96%]	<b>63%</b> [44-75%]	<b>20%</b> [-6-39%]	6,368	357



# SAFETY

[A comprehensive review of 350 articles](#) by the famous French toxicologist Jacques Descotes was presented in early 2021. In this document, he states,

Statements, past or present, that ivermectin can kill patients, are therefore considered to be misleading as they do not take into account all the medical information that has been accumulated over the last decades.

despite the wide availability of ivermectin as a veterinary and human medicine

No accidental overdose including in infants and young children had a lethal outcome.

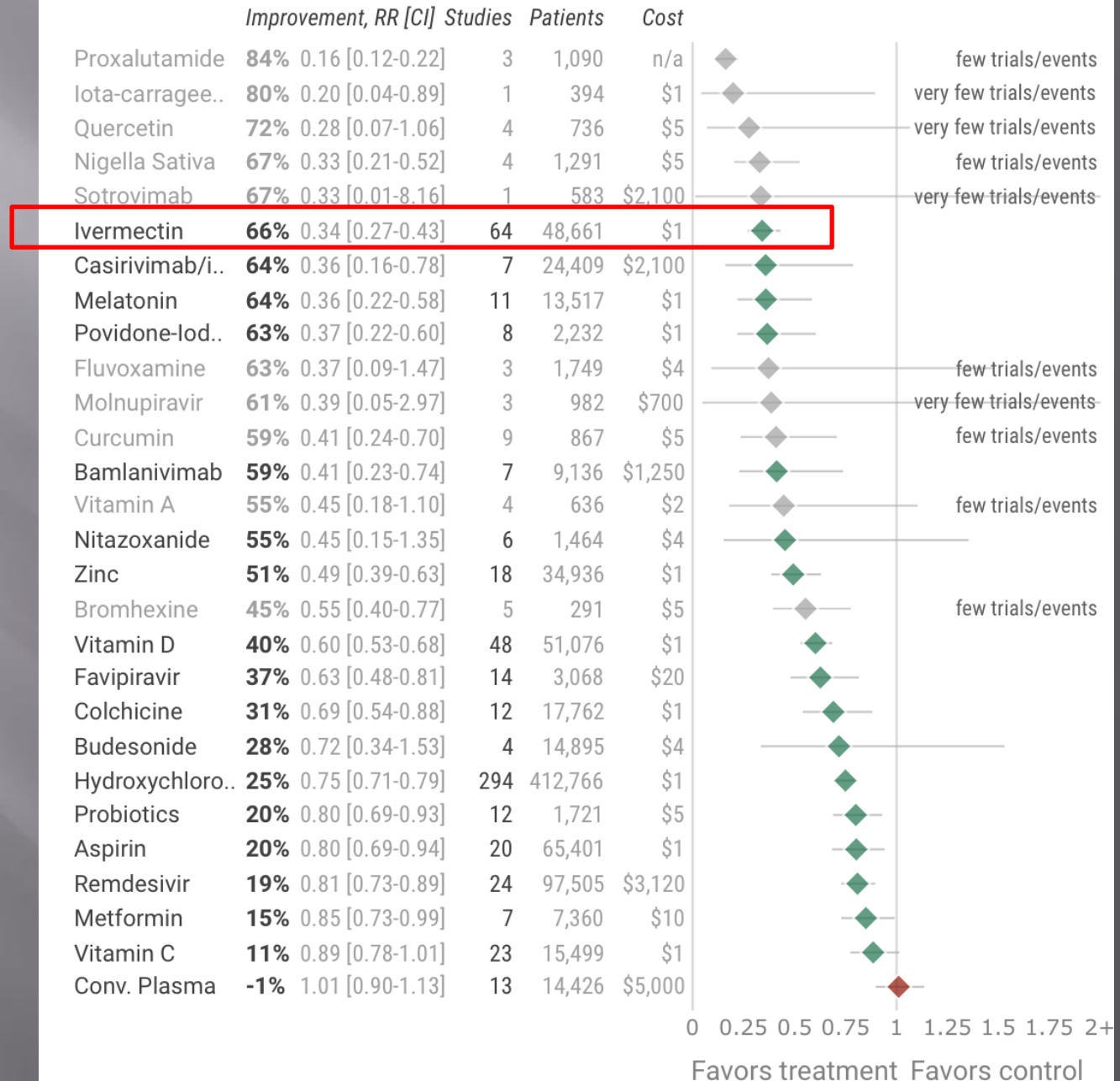
# EXCEEDINGLY SAFE

Safer than Aspirin, Tylenol, Ibuprofen

Should be OTC

# All studies combined (pooled effects, all stages)

c19early.com Oct 27, 2021



IVAMETA.COM

LOTS OF  
TREATMENTS

# news



**Marty Makary MD, MPH**   
@MartyMakary

"A 10-day course of fluvoxamine costs approximately US\$4... compares favorably w/ the treatment effects of more expensive treatments including monoclonal antibodies" Potential mechanisms are anti-inflammatory and antiplatelet action, the researchers added.



# REGULATORY BIAS

	<i>Ibuprofen</i>	<i>Ivermectin (for scabies)</i>	<i>Ivermectin (for COVID-19)</i>
Lives saved	0	0	>500,000
Deaths per year	~450	<1	<1
CDC recommended	Yes	Yes	No
Based on	0 RCTs	10 RCTs 852 patients	30 RCTs 6,368 patients

**Table 5.** Comparison of CDC recommendations [Kory (C)]



# REGULATORY BIAS

<i>Evidence base used for other COVID-19 approvals</i>			
Medication	Studies	Patients	Improvement
<u>Budesonide (UK)</u>	1	1,779	17%
<u>Remdesivir (USA EUA)</u>	1	1,063	31%
<u>Casirivimab/i.. (USA EUA)</u>	1	799	66%
<i>Ivermectin evidence</i>	64	48,637	66% [57-73%]



Front Line COVID-19 Critical Care Alliance  
Prevention & Treatment Protocols for COVID-19

**I-MASK+** **MATH+**  
PREVENTION & EARLY OUTPATIENT  
TREATMENT PROTOCOL FOR COVID-19      HOSPITAL TREATMENT PROTOCOL  
FOR COVID-19

**I-RECOVER**  
MANAGEMENT PROTOCOL FOR  
LONG HAUL COVID-19 SYNDROME



THE COMPLETE GUIDE TO THE CARE OF THE COVID-19 PATIENT

# I-MASK+

## PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

Page 1/3

### PREVENTION PROTOCOL (for Delta variant)

#### ANTI-VIRALS & ANTISEPTICS

##### Ivermectin<sup>2</sup>

###### Chronic Prevention

0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community.

###### Post COVID-19 Exposure Prevention<sup>3</sup>

0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours.

##### Gargle mouthwash

2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), 1% povidone/iodine solution or Listerine™ with essential oils.

#### IMMUNE FORTIFYING / SUPPORTIVE THERAPY

Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000 mg 2 x daily
Quercetin	250 mg/day
Zinc	30–40 mg/day (elemental zinc)
Melatonin	6 mg before bedtime (causes drowsiness)

#### IVERMECTIN ALTERNATIVE

**Nigella Sativa** 40 mg/kg daily<sup>4</sup>  
(black cumin seed)

To be used if ivermectin not available or added to ivermectin for optimal prevention.

# I-MASK+

## PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

Page 2/3

### EARLY TREATMENT PROTOCOL<sup>5</sup> (for Delta variant)

#### 1. First line agents (use any or all medicines; listed in order of priority/importance)

##### ANTI-VIRALS

###### Ivermectin<sup>2</sup>

0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered. Use upper dose if: **1)** in regions with aggressive variants (e.g. Delta); **2)** treatment started on or after day 5 of symptoms or in pulmonary phase; or **3)** multiple comorbidities/risk factors.

###### and/or Nitazoxanide

500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA.)

##### ANTI-SEPTIC ANTI-VIRALS

**Antiviral mouthwash:** Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). **Iodine nasal spray/drops:** Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, must first dilute the more widely available 10%-solution<sup>6</sup> and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)

##### ANTI-COAGULANTS / IMMUNE FORTIFYING

**Aspirin** 325 mg daily (unless contraindicated)  
**Vitamin D** Vitamin D3 5,000 IU daily.  
Preferred form if available: Calcitriol 0.5 mcg on day 1, then 0.25 mcg daily for 7 days  
**Melatonin** 10 mg before bedtime (causes drowsiness)

##### NUTRITIONAL THERAPEUTICS

**Curcumin** (turmeric) 500 mg 2 x daily  
**Nigella Sativa** (black cumin seed) 80 mg/kg daily  
**Honey** 1 gram/kg daily

(for 14 days)<sup>4</sup>

##### SYNERGISTIC THERAPIES

**Quercetin** 250 mg 2 x daily  
**Zinc** 100 mg/day  
(elemental zinc)  
**Vitamin C** 500–1,000 mg 2 x daily

##### PULSE OXIMETER

Monitoring of oxygen saturation is recommended (for instructions see page 3)



## 2. Second line agents (listed in order of priority/importance)

Add to first line therapies above if: 1)  $\geq 5$  days of symptoms; 2) Poor response to therapies above; 3) Significant comorbidities.

### DUAL ANTI-ANDROGEN THERAPY

1. **Spironolactone** 100 mg 2 x daily for ten days.
2. **Dutasteride** 2 mg on day 1, followed by 1 mg daily for 10 days. If dutasteride not available, use **Finasteride** 10 mg daily for 10 days.

### FLUVOXAMINE

50 mg 2 x daily for 10 days<sup>7</sup>

Consider **Fluoxetine** 30 mg daily for 10 days as an alternative (it is often better tolerated). Avoid if patient is already on an SSRI.

### MONOCLONAL ANTIBODY THERAPY

#### Casirivimab/Imdevimab<sup>8</sup>

600 mg each in a single subcutaneous injection. Antibody therapy is for patients within 7 days of first symptoms and one or more risk factors as: Age  $> 65$  y; BMI  $> 25$ ; pregnancy; chronic lung, heart, or kidney disease; diabetes; immunosuppressed; developmental disability; chronic tracheostomy; or feeding tube.

## 3. Third line agent

If below criteria are met, consider

### CORTICOSTEROIDS

#### Prednisone or Methylprednisolone

1 mg/kg daily for 5 days followed by slow taper or escalation according to patient response.

Criteria:

After day 7–10 from first symptoms and patient has either: abnormal chest x-ray, shortness of breath, or oxygen saturations of 88–94%. If oxygen saturation is lower than 88%, emergency room evaluation should be sought.



# Hospital care

- ▣ FULL
- ▣ BURN-OUT
- ▣ WELL-MEANING
- ▣ INTIMIDATED
- ▣ SOME HORROR STORIES
- ▣ MANDATE
  
- ▣ REMDESEVIR
  
- ▣ FLCCC MATH+ NOT FOLLOWED
- ▣ NUTRITION, VITAMINS, ZINC, OK
- ▣ IVERMECTIN: RIDICULE, OPPOSITION
- ▣ WRONG STEROIDS, DOSED TOO LOW

# *Inpatient Mortality 5.4% vs >20%*

Author	Country	Number of hospitalized patients	Data collection end date	Hospital or 28 day mortality (%)	Number of hospitals
Docherty <sup>a</sup>	UK	20,133	04-19-20	26.0	208
Richardson <sup>b</sup>	USA	2,634	04-01-20	21.0	12
Horby <sup>c</sup>	UK	6,425	06-08-20	22.9	176
Rosenberg <sup>d</sup>	USA	1,438	04-24-20	20.3	25
Arshad <sup>e</sup>	USA	2,541	05-02-20	18.1	6
Myers <sup>f</sup>	USA	377	03-31-20	15.6	21
Mikami <sup>g</sup>	USA	3,708	04-17-20	21.7	8
Vizcaychipi <sup>h</sup>	UK	923	04-22-20	32.0	2
Zhou <sup>i</sup>	China	191	01-31-20	28.3	2
Wu <sup>j</sup>	China	201	02-13-20	26.4	1
MATH+ hospitals	(A)	140	07-20-20	4.4*	2
	(B)	191		6.1*	

# IVERMECTIN

FDA:

Why You Should Not Use a  
Horse De-Wormer to Treat or  
Prevent COVID-19

*C'mon y'all!*



*“We strongly believe that with the use of masks, together with ivermectin we will be able to control this pandemic and it is urgent that this be done now...”*

*Please give me a break! Patients are dying every day from COVID-19. We do have randomized studies, we have observational studies, we have in vitro studies, we have safety studies. What more do you need? We are facing a crisis. It's absolutely essential that this issue be addressed. I believe it's probably unethical to randomized patients to placebo, but, we need to take this drug seriously.”*

*Dr. Paul Marik, Leader*

*Frontline COVID-19 Critical Care Alliance*

# VACCINES:

Every clinical intervention we make





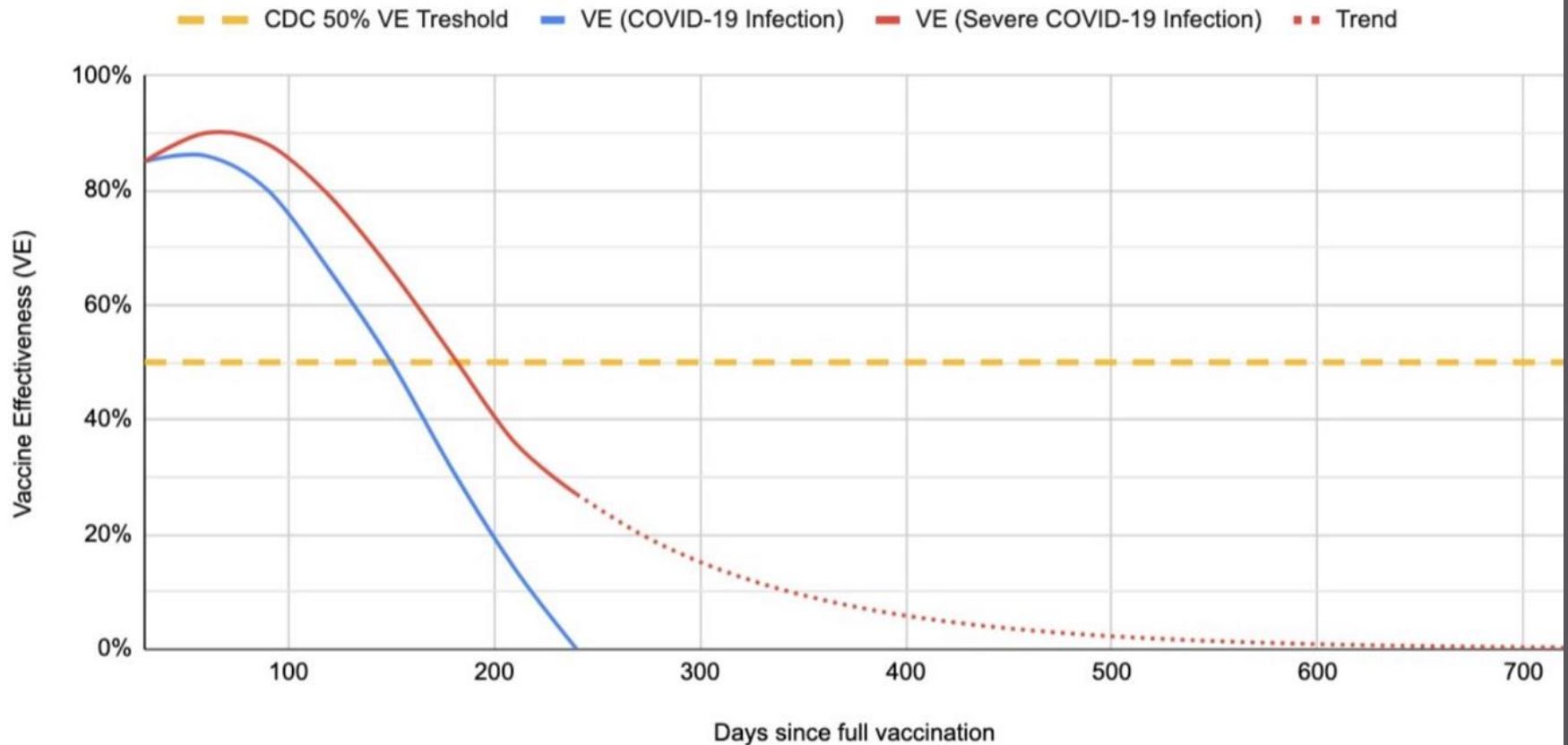
# EFFECTIVE

- ▣ For a while
- ▣ Slow the spread
- ▣ Did protect the vulnerable
- ▣ While working the reduce hospitalizations & deaths

# Vaccines

## Vaccine Efficiency (VE) Against COVID-19 Infection in Sweden

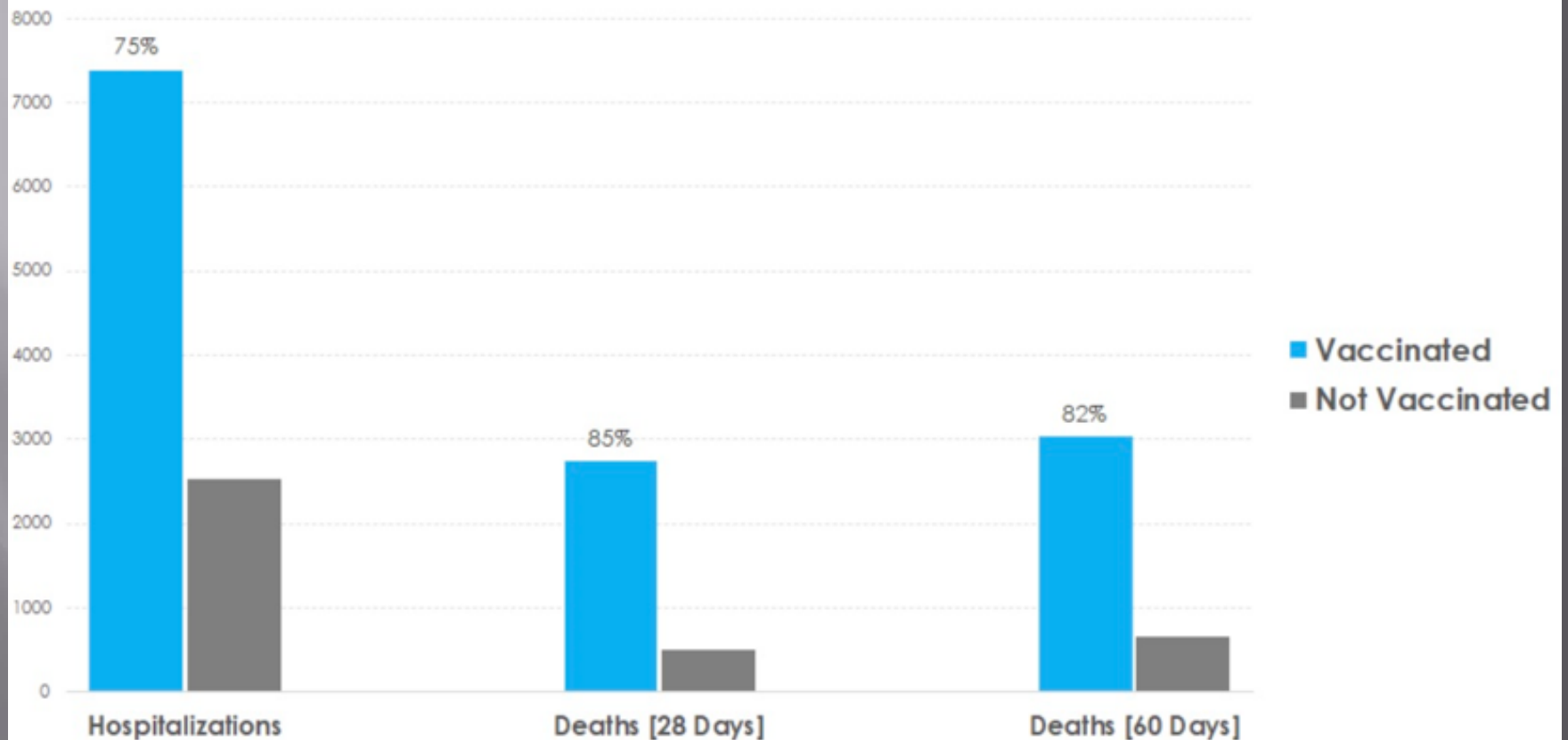
Source: The Lancet Preprint - Nordström, et al. (2021)



# UK (previews?)

## UK Covid Hospitalizations & Deaths [Weeks 38-41]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1027511/Vaccine-surveillance-report-week-42.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf)



# Winning the War Against Therapeutic Nihilism and the Rush to Replace Trusted Treatments with Untested Novel Therapies

Peter A. McCullough, MD, MPH, FACC, FAHA, FASN, FNKF, FNLA, FCRSA  
Chief Medical Advisor, Truth for Health Foundation  
President, Cardiorenal Society of America  
Editor-in-Chief, *Reviews in Cardiovascular Medicine*  
Senior Associate Editor, *American Journal of Cardiology*  
Tagline: <https://americaoutloud.com/the-mccullough-report/>

Dr. McCullough is an internist, cardiologist, epidemiologist. He maintains ABIM certification in internal medicine and cardiovascular diseases. He practices both internal medicine including the management of common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in Dallas TX, USA. Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the *American Journal of Medicine* and subsequently updated in *Reviews in Cardiovascular Medicine*. He has 46 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in *TheHill* and on *FOX NEWS Channel*. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response. Dr. McCullough has had one full-year of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

Before it was cut short, the program's goal was to vaccinate every American by the end of 1976



[Mark Gollom](#) · CBC News · Posted: Dec 03, 2020 4:00 AM ET | Last Updated: December 3, 2020



**550 cases of Guillain-Barre and 25 deaths**



Yearly PreCOVID

70 vaccines 280M Injections

Expect 16,320 VAERS reports

158 deaths

46x reports

100x deaths

752,801 Reports  
Through September 24, 2021

15,937

DEATHS

71,036

HOSPITALIZATIONS

85,377

URGENT CARE

117,838

DOCTOR OFFICE VISITS

6,737

ANAPHYLAXIS

9,035

BELL'S Palsy

2,262

Miscarriages

7,582

Heart Attacks

6,812

Myocarditis/Pericarditis

20,789

Permanently  
Disabled

3,427

Thrombocytopenia/  
Low Platelet

16,875

Life Threatening

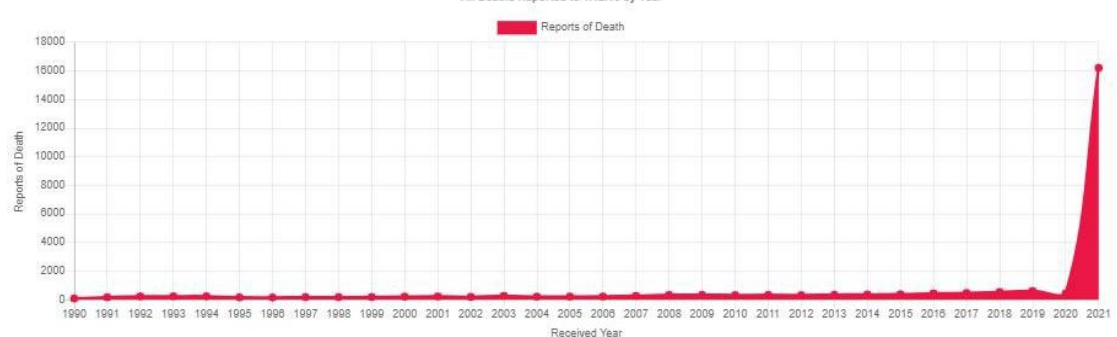
28,168

Severe Allergic  
Reaction

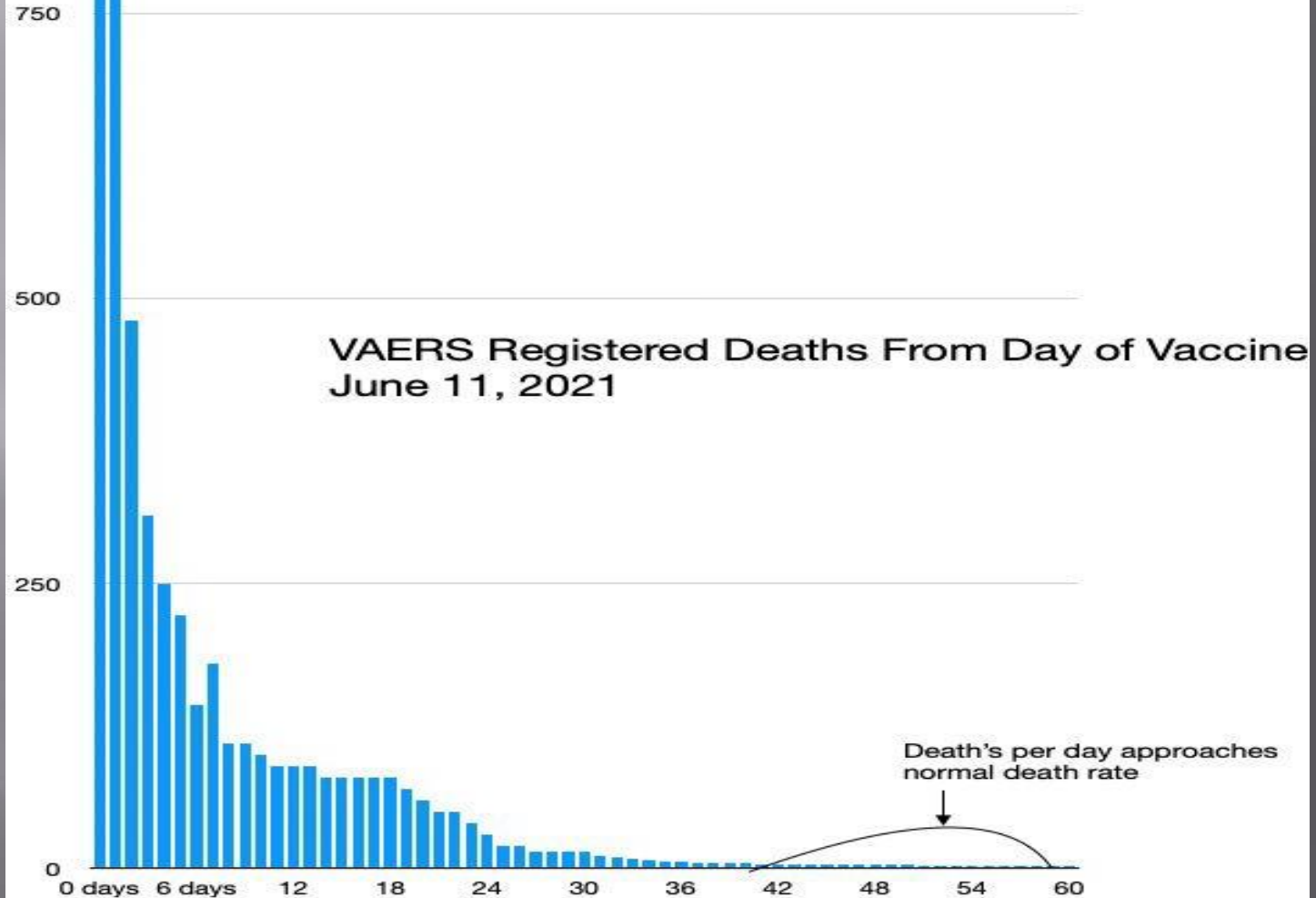
8,153

Shingles

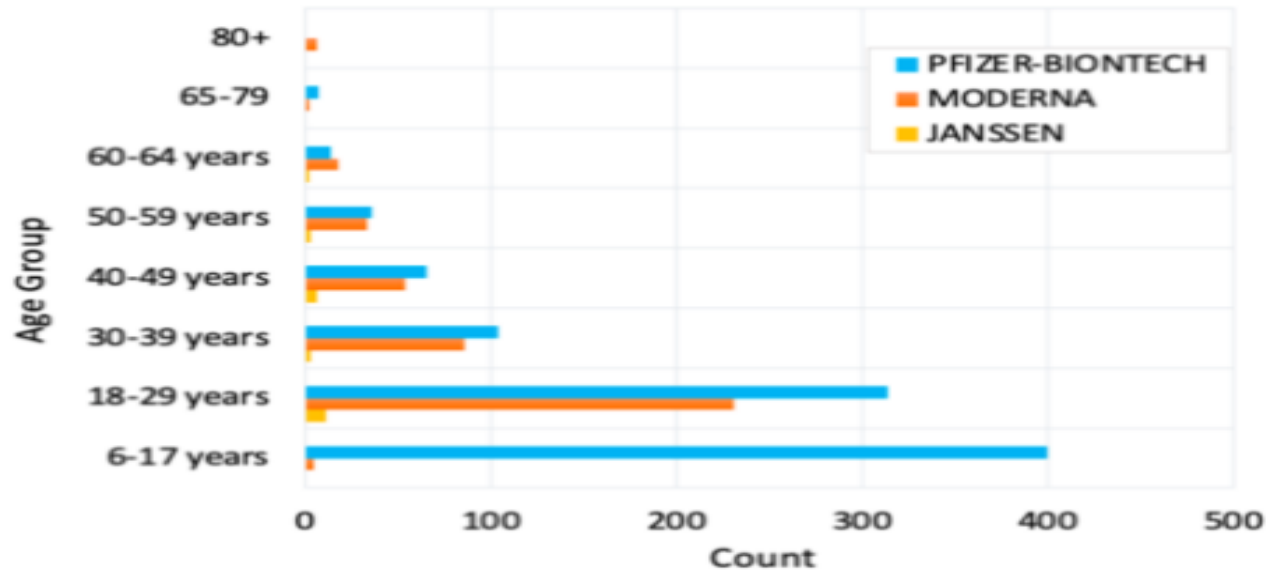
All Deaths Reported to VAERS by Year



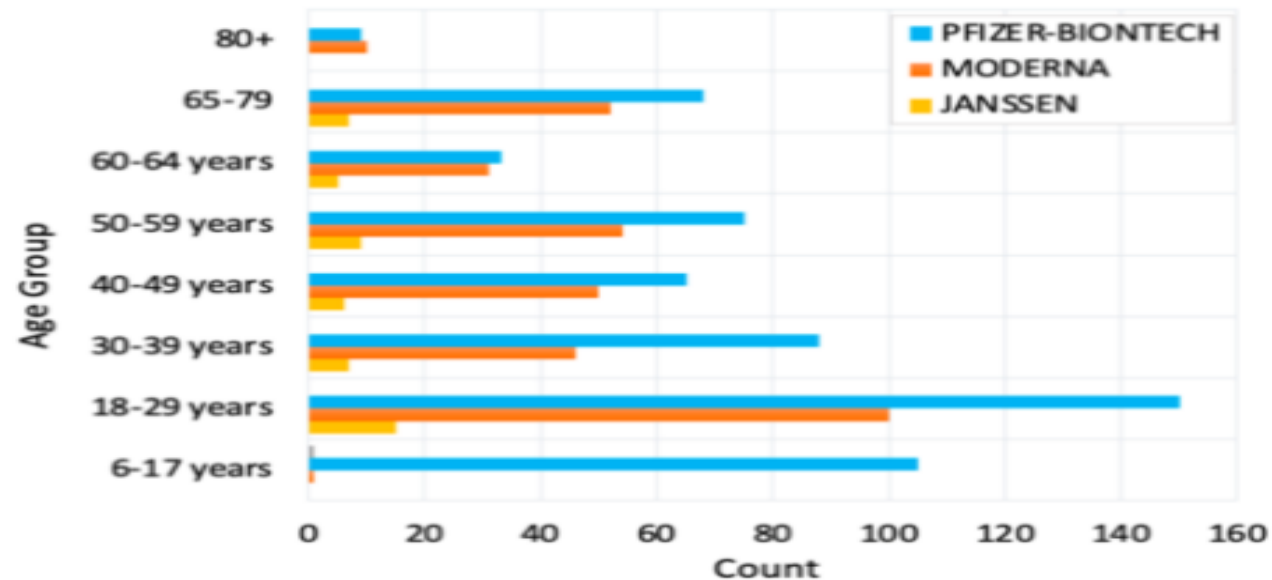
# Day of Death after COVID-19 Vaccination



**a) Myocarditis Adverse Event Counts by Age Group and Vaccine**



**b) Pericarditis Adverse Event Counts by Age Group and Vaccine**



# Vaccine Concerns

- Vaccines induce production of the Spike protein
  - Cell, tissue, organ endothelial damage*
  - Spike protein circulation*
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced fertility study (Moderna, EMA)
- No restriction of properly excluded groups from RCTs
  - Pregnant women, women of childbearing potential*
  - COVID survivors, previously immune*
- No effort to restrict vaccination according to risk for COVID-19 hospitalization and death
- No attempts to present or mitigate risks

# CLOTS

- ▣ COVID kills with “pnemonia” & with clots
- ▣ Vaccines kill often with clots
- ▣ Spike protein causes clots
- ▣ Vaccines cause you to make toxic Spike
- ▣ GIVE ASPIRIN for a few weeks after vaccine!



## Jayanta Bhattacharya

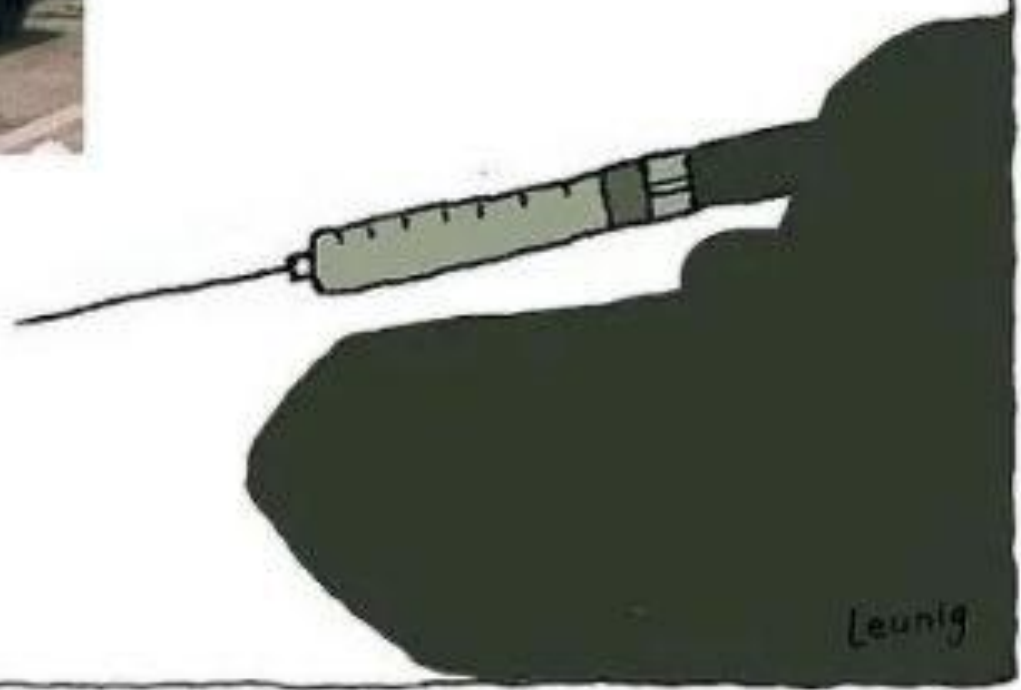
PROFESSOR OF MEDICINE, SENIOR FELLOW AT THE STANFORD INSTITUTE FOR ECONOMIC POLICY RESEARCH AND PROFESSOR, BY COURTESY, OF ECONOMICS

Health Policy - HP/PCOR

Web page: <http://web.stanford.edu/people/jay>

**“COERCION IS NOT AN  
EFFECTIVE PUBLIC  
HEALTH TOOL”**





MANDATING VACCINE, MIX & MATCH  
ONLY 1 FULLY FDA APPROVED  
AND IT IS NOT AVAILABLE IN U.S.

# Robert Jackson, MD

*...another twist on “truth”?*



# MONOLITHIC “TRUTH”

- ▣ Pandemic of unvaccinated
- ▣ Vaccination is the only way out
- ▣ Ivermectin doesn't work
- ▣ Vaccines are safe
- ▣ Vaccination of children protects adults
- ▣ Natural immunity is boosted by vaccination
- ▣ Natural immunity is not reliable

# Emerging Truth

- ▣ Pandemic of the ~~unvaccinated~~ untreated
- ▣ Vaccination is ~~the only way out~~ a tool
- ▣ Ivermectin ~~doesn't~~ works in all phases
- ▣ Vaccines are safer than COVID for the vulnerable
- ▣ Vaccination ~~of children protects adults~~ does not reduce transmission
- ▣ Natural immunity is ~~boosted by vaccination~~ so superior that the vaccine adds mostly risk
- ▣ Natural immunity is ~~not reliable~~ is comprehensive and lifelong

**WHY?**

“Follow the money”

- *Deep Throat*

# Captured

- Media
- Tech
- Congress
- State legislators
- FDA,NIH,CDC
- AMA
- Academic medicine



## **Scott Gottlieb**

On the left is the former FDA commissioner in charge of regulating Pfizer. On the right is a current member of the Board of Directors of Pfizer.

## **Stephen Hahn**

On the left is the former FDA commissioner in charge of regulating Moderna. On the right is the current Chief Medical Officer of Flagship Pioneering - the venture capital firm behind Moderna.

## **James C. Smith**

On the left is the CEO of Reuters in charge of informing people about the COVID-19 vaccines. On the right is a current member of the Board of Directors of Pfizer.

## **Anthony Fauci**

On the left is the NIAID Director under the National Institutes of Health. On the right is the funder of bioweapons research on gain of function bat coronaviruses at the Wuhan Institute of Virology.



# 65 million doses for children?

- ▣ No GP wants their GK taking *any risks!*
- ▣ Children can have serious COVID, *rarely*
- ▣ Treatments, like ivermectin, are likely safer
- ▣ Until we *know more...*

*...ther're not coming for mine!*



THANK YOU

