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**SPEAKERS**

Bret, Pierre Kory

**Bret** 05:24

Hey folks, welcome to the Dark Horse Podcast. I am Dr. Brett Weinstein, I am sitting with Dr. Pierre Curie, who is the president and chief medical officer of the F L, Triple C, which is the front line COVID-19 Critical Care Alliance. He is also a lung specialist and an ICU specialist. Welcome Dr. Corey,

**Pierre Kory** 05:46

Brad, thanks for having me really good to be here.

**Bret** 05:48

I could not be more excited about this podcast, I really have the sense that the story that you and I are about to delve into couldn't possibly be more important. There's a tremendously hopeful aspect of it. And there's a tremendously frightening aspect of it. And I am just simply looking forward to having it in the world well understood. Before we do that, though, I think I need to say a word or two in light of the fact that there is what we will talk about an industrial strength campaign to censor this story. And I need to say something rather directly to those who are most likely to attempt to censor it. What I want to say is that Dr. Cory is not only an advocate for a therapy, that is incredibly useful in the context of COVID-19. But he is also someone who has pioneered therapies already that are now the standard of care for COVID-19 patients. That means he has earned the right to talk about whatever he thinks is important. For my part. As you know, I was also very early on the lab leak hypothesis, and I was very careful about how I presented it. And of course, in the last month, that hypothesis has been vindicated. Everyone, including Dr. Ralph beric, who is the leading expert in the world, on bat borne Corona viruses, and their modification in the lab has acknowledged that a leak from the lab in Wuhan China is plausible, I have also earned the right to talk about what I want to talk about and what I think it's necessary, we are now going to have a conversation. And if you don't like it, that YouTube is your problem, we are entitled to discuss this because a lot depends on it. And what we do when issues are complex, is we hash them out and figure out what's true through dialectic. So that's what we're gonna do.

**Pierre Kory** 07:44

Yeah, I appreciate that. You know, you already said a few things. But I'd like that hopeful part. Because there is a lot of weirdness, the censorship is unpleasant. But ultimately, this is a message, there's a really hopeful message about science here. And so that's why I'm really glad to be here. And I'm glad to see just more scientists of credibility, willing to really look at the evidence behind a phenomenally effective therapy. And so, like I said, I'm really happy to be here. Great.

**Bret** 08:14

Well, let me say, I think the evidence is incredibly compelling, and that the fact that it is compelling and yet not widely known, is an important fact, in and of itself. There are layers to an onion to this story, and whatever it is that causes and obviously useful therapy, to be suspected, in ways that it shouldn't be, based on the evidence, whatever that thing is, is also a disease of sorts. Yeah, somehow we have to get to a place where evidence based medicine really means evidence based medicine.

**Pierre Kory** 08:49

I agree. No, you're right. I like that you just said disease. I mean, it is. It's, it's a symptom of dysfunction in our system. I mean, our system is creating this problem around a really effective medicine and it's, it's really damaging.

**Bret** 09:04

Alright, so I'd like to step back a little bit. Obviously, the best thing to do from the point of view of an interesting discussion is go right to the heart of the matter. But I really think it's important that a couple of things are on the table first. Number one on that list is your organization. The FL Triple C is not an ivermectin organization, yet was founded, as I understand it, to to discover what the most useful therapies for COVID-19 were in the early days of the pandemic. So do you want to say something about where you start?

**Pierre Kory** 09:38

Yeah, so the first thing I have to say is that we start with Professor Paul Merrick. So Paul Merrick is he's actually the most published intensivist in the history of our field who's actually practicing medicine. The other doctor who published more doesn't see patient so so Paul is a sort of a giant in our field, well known internationally. What happened was when COVID was rolling to our shores, and he really kind of hit, you know, New York and Seattle, some prominent doctors went to Paul and said, Hey, you got to come up with a protocol because Paul's well known for his protocols for sepsis and whatnot, get a group of your colleagues put together a protocol to treat this. And that's what he did. And I'm honored to be a member of that team. And so Paul and I started talking with the group and we put together a protocol and our first protocol actually included blood thinners pretty aggressive, and corticosteroids at a time when every national International Society basically said there's insufficient evidence and do not use in fact, they thought corticosteroids were harmful. Um, I was actually invited to give senate testimony back in May, where I testified in the Senate, that it was critical to use corticosteroids that lives are being lost. And as you might know, I got killed for that we got killed for that we were totally criticized for not having an evidence base to say that on and we actually did our reading of the evidence was that you had to use it. And so that basically, that's how we came together. And that was the first components of a protocol. But like you said, ivermectin was not in our protocol initially.

**Bret** 11:14

So I find this just stunning. You discovered as clinicians that corticosteroids and blood thinners were important in the treatment of COVID patients, and in trying to make this point, you were criticized and then vindicated. This is now standard of care or standard of care, standard of care. So in thinking about this question, right, there's a barrage of nonsense that comes back when you even say the word ivermectin, people have to realize who they're up against. They're up against people who have not only been successfully treating patients, but have been innovating the standard of care. The very same people are now talking about ivermectin and its potential and that is the context in which what you say about this drug has to be taken.

**Pierre Kory** 12:04

And, you know, if you look at our like, if you go to a website, and you look at our sort of resume or contributions to the field, sorry, you're gonna see, you know, repeated contributions over decades. So the, you know, the world expert at steroids in lung disease is Umberto Midori, and he is part of our five that started the flcc. There's a lot of his guidance around storage that we, you know, put it in our protocols. And so, I mean, I keep saying you can't call upon more credibility and experience not only in evidence space, but in clinical medicine, literally treating critical illnesses for decades. And that's what we do.

**Bret** 12:42

So I have my own trajectory into this story much later than yours. You know, as I started to understand how strange This story was, and that, of course, spurred beyond to dig deeper and deeper. The thing that I find so strange about it, you know, I've been to a number of these battles. This isn't my first rodeo as some would say. In general, the people who want to ends up defending in such a circumstance are they are fringe and they may have something very important to say, but there is something about them. That is hard for people to understand at first. You guys, your blue chip, you guys are absolutely unimpeachable. You couldn't ask for better credentials, you couldn't ask for a better publication record. You guys are, you know, center of your discipline, and yet, you're being dismissed as if you were Kooks on the fringe making wild eyed claims. So, you know, I have to say, I haven't seen a battle like this. And I'm a bit excited to see what happens when you know, the heroes of the story are also squeaky clean and, you know, speaking playing, we're not French, right? Yeah, so Okay, that's remarkable. I before we get to the ivermectin question though, I do want to talk to you a little bit about what it looked like as you as a lung specialist and ICU specialists were encountering COVID patients and coming to understand what they were really sick with rather, I mean, I remember the early days of the pandemic and the sort of groping for reason why do the symptoms look like this right? Is it a lung diseases as a blood disease? What is it so what did happen with these patients? What did you realize about them?

**Pierre Kory** 14:36

Yeah, so sorry about clear my throat but you know, it was clearly you know, what was clearly recognized early on is that it was a disease of phases, right? So it started out as a general viral syndrome. Most people recovered self limited. It was like a cold right sometimes a little, little bit more severe than a cold but everyone quickly realized that around day 578 there was proportion of patients who suddenly started dropping their oxygen levels and basically their lungs were inflamed. And we now know that it's a cell called a macrophage, which gets activated and literally attacks the lungs. And so you have this sort of immune response that is attacking the lungs and the lungs start to fail. So yeah, macrophage

**Bret** 15:19

is like an amoeba like cell that goes around, basically, garbage collect. Yeah, so the little scavenger, scavenger cells with a tag

**Pierre Kory** 15:27

line, it's the front line of defense, right? And so yeah, and it goes into the lungs, and it causes a lot of inflammation. And so that inflammation injures the lung. And so you could see the lungs not starting not to work. And so it's predominantly a severe lung disease. And what I will never forget in my life is those early months, because, and I'm going to go back to that steroid thing. We saw patients just this disease marching straight to the ventilator. And so many people were landing on ventilators. And you remember, people were running out of ventilators. And that was two reasons for that. One, is because the entire healthcare community globally, said this is a viral disease. so supportive care, only, you're talking about Tylenol and fluids. And as they did supportive care only because there was no randomized control trials, let him know do like everyone talks about evidence base. I was like, What about experience based medicine? Like, I've been doing this for 30 years? Why can't I do what my experience tells me to do? I don't have randomised control trials, but to do nothing was leading to ventilator shortages.

**Bret** 16:37

Okay, I want to clear one thing up for my audience who won't be familiar with the terminology and then make a point about what you've just said, the first thing is, what did you call this policy of Tylenol and supportive

**Pierre Kory** 16:53

care? Or do you care?

**Bret** 16:54

So the idea here is that, historically speaking, we have had very little to do about virus, yes, we've been tremendously effective with antibiotics against bacteria against fungi. They don't in general work against viruses and antiviral therapies have been a dicey business for a long time, what does work has been vaccines. But if you get to a pandemic, and you don't have a vaccine, what you were effectively being told is, look, there's not a whole lot of positive intervention you can do. So let's just make them comfortable rescue them if they need to be rescued. But other than that kind of hands off.

**Pierre Kory** 17:34

But here's the here's, here's one of the mistakes. So it is correct to say we don't have good antiviral therapies, it's incorrect to say that they were dying of the virus we knew relatively early on, by the time they get to the ICU, and they're that sick. There's not a lot of viral replication going on. In fact, you can't culture virus after about a seven or eight. And so it's actually a disease of inflammation, not viral invasion, in fact, an autopsy series, only 20%? Do they find what's called cytopathic changes from the virus into the lung. And so it wasn't, you didn't have to go after the virus at that point, you had to actually check the inflammation. Okay.

**Bret** 18:12

So again, I want to do a little translation for the audience. So inflammation and by the way, this is a place where I would take doctors to task but doctors often treat something like inflammation as if it's inflammation as if it's simply bad. The fact is, inflammation is an adaptation. Yeah, that often gets out of control and easily kill

**Pierre Kory** 18:30

you. Right? Over exuberant. Right, we have to bring it into check. Yeah, so

**Bret** 18:33

what you're telling me is that COVID COVID patients were infected with the virus, it triggered a pathway that is part of healing, but triggered an overreaction. And the patients who were dying on these ventilators weren't really dying of the virus being so very active, they were dying of this cascade of events that follows the body's attempt to fight off a pathogen it's never seen,

**Pierre Kory** 18:55

it was a reaction to the In fact, one of the most impressive studies that Paul actually highlighted is that they, what we think triggers inflammation is actually the viral debris. It's the RNA that actually has this. It triggers this mass of response to the bias, it's not the virus, it's actually the debris of the dead virus that does it. So it's,

**Bret** 19:16

well, let me flag something for the future. My advisor, who's now gone guy named dick Alexander used to talk about the point in a, in a respiratory illness when you stop coughing on behalf of your virus and start coughing on your own behalf. And the point he was making was that actually, the these pathogens necessarily induce changes that cause them to be passed on. So they will create irritation, they will create inflammation, they will create all kinds of phenomena that are symptoms that are actually basically the ecology that allows them to transmit right? And so in a sense, I don't know Why it's the viral debris. But there's a pretty good chance that this virus learned that by creating debris, it could cause a lot of stuff to accumulate in the lungs that got ejected in some chaotic way. Who knows? It could be. So I didn't think of it that way. Yeah, it's worth thinking. But the other point I wanted to make in reference, to your sense, as a clinician, that you were, you know, effectively having your hands tied behind your back when you knew a whole lot about patients, and we're learning more every day, right? You needed to be freed to try things. And the point I would make is, once upon a time, before we were born, doctors were scientists, they had fewer tools. But what they had was a whole lot of experience. And even I want to bring attention to the house call which has now effectively gone extinct. But the house call allowed a doctor who didn't have a huge range of new form of pharmacological agents or tools at his disposal. But what he did have was the ability to observe patterns, right? So if people on one side of town were sick with something and people on the other side of town weren't, maybe there was something in the water, for example. So anyway, that ability to observe patterns was part of a scientific mindset that my impression having interacted with doctors over my lifetime, is that that mindset has basically dwindled.

**Pierre Kory** 21:19

it you know, I love that you're going back because I love the history of medicine. And when I read stuff from 100 years ago, you're constantly shocked by how much they knew. With very little of me, they don't have the experience, you know, the experiments or the, the techniques to discover what now we know, they did it all by powers of observation, just it really, medicine was created by the best doctors who had the keenest power. So the giants of medicine had these unbelievable powers of observation. And they were able to do a lot and that's I always say to my students, I always say that what separates sort of them from me, it's we've read the same books we all have, you know, the textbooks I said, but an expert has pattern recognition, you just see, diseases play out, you see how different people react to seem illnesses, and you just get to see patterns and patterns. And, and what happened to me, I love talking about this. But, you know, every time I came to the bedside of a patient, there was something wrong with them, I always had to very deliberately kind of analyze, it couldn't be this and this and this. And after about a couple years, being immersed in ICU medicine, I noticed that I could now walk into a room. And just like with very little information, just kind of know what was going on, it suddenly became like, intuitive and second nature. And it was all just about observing patterns. And so I think that's really key and, and that's why with this disease, like I said, this is not an ego exercise. But we knew you had to anticoagulant these patients within like four patients. Like we knew they were clotting two degrees that we hadn't seen. And there was so much controversy around putting someone on a blood thinner, which people are put on blood thinners in hospitals for far less reasons that we were promoting with this. And so it was just evidence based Minaya system is bizarre, they've now you can observe, you can't make clinical reasoning, you can't deduce you need a trial before you do anything.

**Bret** 23:16

Okay, so this is, I must tell you exactly the same in my field, right? The people who are really good evolutionary biologists or ecologist and evolutionary ecologist, and in the best cases, have intuition. They know how to follow a hunch they know how to figure out when their hunches are wrong. Yes, right. The point is, it's a it's an art more than a science actually no cost. And in the case of a brand new pandemic, that is spreading like wildfire, this is of course, exactly the mindset that you want. You want people who are capable of deducing that there is some pattern and then figuring out whether they were fooled by some sort of noise pattern, or whether it was actually something testing a hypothesis. But there is a point at which you know, and you know, better than a study, because, you know, you've acted on that hunch, and you've seen that the patients get better, and it happens enough times that it can't be random. And so anyway, there's something about the mindset of the moment in which it's all about peer review. And these published peer reviewed papers, and it's all about the official guidance from, you know, the who and the CDC. And it's basically a kind of intellectual authoritarianism that is so bizarre in the context of a complex system like medicine, especially in the context of a brand new disease, that, you know, we're all not experts, and there are no experts that we can simply default to everybody's, you know, a novice.

**Pierre Kory** 24:40

I'd like that term intellectual authoritarianism, because it it actually, although I don't know that it was occurring to this degree, or even remotely to this degree, pre COVID. I actually I looked around and koban and I started to see like, all the institutions coming up with their treatment protocols. You weren't allowed to stray from the pro Recall even like if you're an expert, and you're like I wanted, like, literally the leaders of the hospitals were saying, don't use and you couldn't do anything else you couldn't actually doctor and suddenly I felt like I was being handcuffed. Well, it is bizarre. I've never seen that in my life before.

**Bret** 25:15

I have the sense that doctors have been demoted, forcibly demoted from the position of scientific clinician to technician. And the point is, you're really delivering a prepackaged good more than you are coming to understand your patient and what they're sick with and what they therefore need. And it's a travesty.

**Pierre Kory** 25:35

I've never been asked to do that before I've always been asked to use the the best extent of my experience and judgment and insight to best help the patient that's the oath I took my the oath wasn't do what the gods of science and we Paul calls the the healthcare leaders, the gods of science and knowledge, right? Because this, you know, we're just little mortals and we have to listen to the gods. And, and I've never been asked that before to get advice from oftentimes, I'm sorry, but I don't want to sound so dismissive. But many of them are really desk jockeys. I mean, they're not on the front lines. I mean, they're reading some papers, they think they know what the diseases they don't know what this diseases, they're not sweating it out, seeing day to day, the manifestations, the responses to therapy, the lack of responses, they don't understand this disease, and yet to telling everyone how to treat it, and I find it. We want a seat at the table expert clinicians, where's the expert? clinician committee?

**Bret** 26:35

Right. Absolutely agree. And, you know, you see that at the level of doctrine, I see that at the level of the pandemic itself. Yes, right. The fact is, we have a novel phenomenon, it came potentially from an unusual source, right, a normal source, potentially, what we are supposed to do about it to actually take care of it so that it does not become a permanent fellow traveler of humanity that takes really smart, insightful, courageous people who have been totally liberated, to have whatever discussions to be had. Instead, we're in a situation where if we open our mouths and say the wrong word, suddenly there are warnings appended to what we've said. It's insane.

**Pierre Kory** 27:18

It's limiting discussion, limiting choices, limiting approaches, and it's hard. Yes, it's, and I don't know, what do we do we all forget the history books that we read, like, when is censorship ever been a good thing?

**Bret** 27:31

Yeah. When when are the censors ever the good guys like,

**Pierre Kory** 27:35

when does that ever let led to a societal good,

**Bret** 27:38

right, you know? Well, that that is I mean, I, I've, I really hope that whatever thing it is inside of YouTube and Twitter and Facebook and LinkedIn, that as its meetings, I hope they look at this, and they sit down and somebody in the room is courageous enough to look at everybody else and say, Are we the bad guys in the story? And if so, how did that happen?

**Pierre Kory** 27:59

Like, I get the intention, right? So you want to protect people because Medical News misinformation might harm them. But what I find that I've two problems with that, which is, who's the who's gonna you know, if you're going to limit science, I mean, science. That's the antithetical to science is about exploration hypotheses in science is never discovered at the NIH building, right? It's actually the people on the ground doing experiments making the duction we should flow the information to them, not the flow. And so so that is that, and then the placing of medical misinformation, on a par with like, violent hate speech, white supremacy, like, I'm sorry, but medical, you know, it's not as harmful as you would think. I mean, you know, people are afraid that you need a spouse some medicine, that's not going to work and are going to hurt someone. I think people do not need to be protected to that extent. I mean, people have judgment, they do lots of things in the world. You don't saying like censorship is not the answer to

**Bret** 29:02

that? Well, I would say, the problem is that you get the harm to people on both sides, right? If you try to constrain things to only the information that we're really, really, really certain of, you're gonna kill a lot of people because you're not going to benefit from the exploration. And if I can actually just draw an analogy between what you do, you know, with your individual patients and the situation that civilization is caught in with COVID more broadly, in the ICU, and I don't know I've never been an ICU doc. But in the ICU, you are dealing with people who are really sick. Oh, yeah, their lives are on the little the sickest of the sick right now. If I'm in that bed, right, and you're my doctor, my senses, I do not want you so terrified that you may kill me trying to help me that you are paralyzed. I want you to take Your best shot at getting me through it. And I am accepting that you may kill me, because the chances are you are more likely to help me. So when we are talking about the question of what these therapies are, we are in the middle of a brand new disease. Yeah, we are discovery turned out that you were wrong about ivermectin, then some people would die. But the number of people who have already died because we haven't used this drug is gone. Absolutely. It's incalculable. So the point is, look, let's be adults about this, people are dying, they are dying, what we would like to figure out as quickly as possible is what is the way to reduce that number. And I also think we over focus on death, the amount of damage that people are suffering, who get sick and recover is immense to those people will lose years of their lives. No question. So, you know, the question really is how do we minimize the net harm of this disease? And the answer is, there is no way to do it without some people dying, as we figure out when we get our bearings? There's no way I agree.

**Pierre Kory** 31:09

And, you know, you know, Umberto Memorial talks about this a lot is that, you know, we're we are just demoralized, that the lack of really emergency thinking, which is a risk benefit now. So right, everything I do at the bedside of a patient is a risk benefit. Anytime I prescribe a medicine, it's because I believe that the chances of benefit are greater than the harm. And you can do that on any amounts of evidence, you can do it on on assailable mountains of evidence, you could also do it on little evidence, but you're gonna make a risk benefit ratio, and the idea that we're not going to use a really safe drug, which has nothing every study shows nothing but benefit, okay, in why we're not employing it?

**Bret** 31:48

Well, this is the impossible question. And I will say, when I started to detect assets that you guys were sending out, I was cautious about it. Right? I looked at this and I thought, well, fair, you know, be cautious. there's a there's a drug, it has positive effects. Why am I not seeing it discussed more. And then as I went deeper into the evidence, and as you all generated more evidence, and put it into the world, and as the natural experiments that are in the world, revealed themselves and showed the very same pattern, it became clear that this was actually taken in the aggregate, the amount of evidence is incredible, right? This is a very clear signal, it'd be hard to miss it. Unless that was your purpose unless you had some confusion or reason not to want to know. And then if you extrapolate from that, you get into some very strange territory about why in light of this tool that is apparently at our disposal, safe, highly effective, not only highly effective at treating these patients, but treating but preventing people from coming down with COVID. You know, what would it mean if we had that at our disposal and didn't use it? So let's talk a little bit about the evidence. What is ivermectin for you?

**Pierre Kory** 33:04

So ivermectin, right, is it's one of the most common medicines in the world, it's actually works against parasites, right? So worms, different parasitic diseases that affect humans and animals. So it's very common medicine given to animals, and also won the Nobel Prize, because it essentially transformed the health status of huge portions of the globe. So there's a lot of continents where parasitic diseases were endemic. And I mean, absolutely were decimated the health status of really low and middle income countries. One of them is a disease called uncle sir crisis or river blindness. It literally causes blindness. And there were some populations in Africa, some societies where it's like 50% of the men by the time of age 40, were blind. So you had the villages where like, all the people were blind. And here comes ivermectin known to be this, you know, really effective entity, and it basically eradicated the disease. And so it's been used now for 40 years, 4 billion doses on the who has administered mass distribution programs to many of those areas. And so, for that reason, it's one of the greatest feats of a medicine in history. Well, you know, maybe on the part not not maybe not as big as penicillin. That's the, you know, one of the biggest the discoveries, but literally, it's on that shelf, right, and that's just parasites, right.

**Bret** 34:28

So as I understand the story, it's discovered in the early

**Pierre Kory** 34:33

shows that first discovery identified in like 7075,

**Bret** 34:36

by Satoshi remora. Japanese, the scientist was Yes,

**Pierre Kory** 34:42

he's a scientist biologist, and he

**Bret** 34:44

discovered it in it was produced in the soil by bacteria, I think

**Pierre Kory** 34:48

so he was what he was doing his expertise was looking at substances made by micro organisms, sort of like penicillin, right, and what their effects were as a medicine. against other organisms, because many organisms make substances to ward off other organisms. And so he would take organisms from the soil and look at the substance they created, and then test them as medicines. That was his expertise. And what's so fascinating about ivermectin is that he found the micro organism near a golf course outside of Tokyo. And it's a it's an organism called strapped on my C's. And so it made this substance which is actually Avery called Eva machten. But to this day, that microorganism in Japan is still the only place you can find the knot. Now, it's obviously produced everywhere, but the source right is still in the soil in Japan, like as he is never been found from any other sources. It's really, really wild his discovery. And so that's cool.

**Bret** 35:49

That's cool. So I must say, as an evolutionary biologist, this also strikes a chord because I'm much more concerned about a totally novel molecule that we have created in a laboratory. And the reason I'm more concerned about it is that there's every possibility when you create something in the laboratory, that our ancestors will never have encountered anything like it, and therefore our bodies may not know what to do with it. But a natural molecule is something you can't you know, obviously, if it's endemic to Japan, most of our ancestors probably never encountered the exact molecule, but the chances that they have encountered many molecules like it and therefore Sure, we'll be able to process it in some reasonable way is very, very high, right? Unlike something like that, like Tylenol, for example, which seems very safe, but it's actually quite destructive as liver especially in combination with alcohol. You just don't foresee how dangerous a molecule you've ingested because it's so common. So anyway, okay. So ivermectin is discovered 2015 wins. Well, you

**Pierre Kory** 36:52

know what? Yeah. When the because and really, that was in recognition, not only of the discovery, but really the impacts on global health and why that's like some of the hidden heyday of the who is their early work on some of those diseases. So but but the story goes on, right? So around 2012, the first study started coming out of labs in virus models. So they started looking at cell culture models in labs, they showed that ivermectin was like working against Zika, and dengue, and West Nile and influenza like it was showing antiviral properties and experiments. So here you have this phenomenal anti parasite drug. And now it's showing that it has efficacy against viruses. And so that's where the anti viral story, which is, I think, again, we can we're gonna talk about it in terms of COVID. But I actually think I'm so likely go back to the hopeful part, I am so interested in the future of this drug against other viruses as well. So before we get to that, we should talk about COVID. But

**Bret** 37:57

yeah, you know, well, but I think this fits beautifully. So it's not like this was you know, when I heard that ivermectin had some utility, and then I looked into the the evidence for it, my assumption was that people were just throwing random molecules at what stuck. And so that is a more tenuous connection, then actually, this does have broad antiviral failures

**Pierre Kory** 38:18

of experiments, they just haven't been clinical trials of it. Right, right. And then you know, the story with COVID is that a group in Australia, published a study I think, was late April of 2020. Showing that in their cell culture model, it basically eradicated all viral material within 48 hours. And and so it showed this phenomenal efficacy in the petri dish in the lab, right? And so I always say, you know, very few in yoga know this, do very few molecules make it from the bench to the bedside, right? There's a whole bunch of stuff that has to happen, right? Sure, you know, the concentrations have to be appropriate, the safety house and then it has to work in a human model, right? Because we're not petri dishes. But anyway, so you get you know, very few can make that leap and then hit the goals of safety and efficacy, right and at inadequate concentration, right to be effective and so, so great. It worked in the lab, then that remember, that was the time where I mean, literally, the world was going insane, right? I mean, people were dying. There's so much that was going on that a couple of countries, Peru in particular, they did the boldest move and because of it that was really emergency thinking emergency action. They actually in their national health ministry they got together they saw what was happening on the ground in Peru, and based on a basic science lab experiment, they recommended ivermectin to the population

**Bret** 39:46

which is not crazy because they point out there's a lot that can go wrong between the bench and the bedside. But in this case, it wasn't like some molecule works at the bench. What the hell is going to happen what you have to do is say you knew it was safe because so many people have taken it.

**Pierre Kory** 40:00

do is save it may not work in the human as it did in this But you knew that you weren't going to hurt anyone. Right? Right, right. So why

**Bret** 40:07

not try it? And then you would imagine the evidence would accumulate if it works in people and it's safe enough to try it and you've got an emergency situation where you don't have another effective therapy, then Okay, you give it to people, you know, it's a Hail Mary, But lo and behold, the evidence accumulates. So what happened?

**Pierre Kory** 40:24

It was very controversial. Okay, so So first of all, a couple things happen. So the way I understand in the beginning is that it was part of the National Guideline, but it was really attacked. So a lot of scientists thought that was irresponsible, unproven, you know, the cry of these is this insufficient evidence that I always hear. And that actually probably applied back then there was really not sufficient evidence, but you could send a risk base, the risk benefit ratio, it's reasonable, but anyway, it was very controversial. And so it wasn't widely adopted. I think a lot of people didn't agree with that. And fairly soon after that, after a lot of discussion, they removed it from the national guidelines. However, many states did, adopted and began to distribute ivermectin in Peru. And what you saw in those states, every time they began a campaign, they began at different times across the summer, spring and summer, every time it was followed by precipitous declines in case counts and deaths, and really the excess deaths were plummeting in all these regions in Peru. But what's interesting so that what I think is a landmark paper and probably the one of the most important people in the store besides Paul Merrick right. So going back to that identification, right of the the evidence is, you know, when we talk about pattern recognition, it's really Paul who identified that there was something happening around I ever met him he did, he noticed this pattern based on just a few studies. He saw the the magnitudes and what it was showing. And he said, You know, he says, I think this is something because we've been studying all of the trials on everything. So many were failing. So many were like conflicting, unsatisfying, but here comes ivermectin and the signal around ivermectin was really astonishing. And even the lead researcher for unitate. And who he found it remarkable to hear that there was a team that was looking at repurposed drugs since last June, they were on their seventh molecule. And he had heard about it and I think was because of our advocacy. And suddenly, that's all they studied. And he saw the same thing. He saw everything breaking in this remarkable reproducible consistency around I've met, and it's just an astonishing story in that way. But

**Bret** 42:35

so remind me, I think you said, but when was

**Pierre Kory** 42:38

that show? Paul? I think the first studies that Paul said, I think we got something here was about mid October, because Paul put a, it would be cool historically. If you look at mid October 2121. That show and remember, we did not have ivermectin on our protocols, we actually didn't even have the flcc did not have an early treatment protocol Paul Merrick did at his medical school, he had put down some general recommendations of stuff you could do, you know, sort of nutritional and vitamin supplementation to prevent and some stuff with antiviral properties like melatonin and zinc and, and sort of an outpatient regimen. But we didn't have one as part of the flcc. And but we were watching it. And Paul had always had ivermectin on his protocol with a question mark, because we just didn't have the data to really recommend it. And so when Paul started to see these trials, and they were really very profound benefits. We put it on and we put together a protocol. So my paper, the preprint, went up November 13, is after Paul started talking about it, I got intrigued. And so I dove in right behind, and I just started reading and reading and reading and, and looking at all these papers, and I started to put together review paper and the first draft was November 13, which is like three years ago. Feels like three years ago. Yeah, seems um, but what I wanted to also mention is another character in the story besides Paul as a man named Juan chummy. And he's actually a business data analyst, and he's from South America. And he starting back in June, he'd heard from friends in Colombia, that they were using over math and they said, this stuff works. And so he had heard like, I'm just on the ground that like, people who taking out math and just did really well, and they weren't getting sick, and it seemed to be effective. And he started looking at all publicly available database in different regions. And he started to notice a pattern and he has been posting and publishing these graphs for a year now. And they all show reproducible benefits and at a population base level whenever ivermectin is adopted into guidelines, or used in a city or region, and so we have masses of evidence showing that it's working epidemiologically on that kind of data, and his paper, which he wrote with a couple of their experts. It's now Peer Review, but I think it's a historic landmark paper. And what they did is they showed that that the relationship of the states in Peru, the distribution of ivermectin, and what happened to the case councils, and that's and they very carefully ruled out all the other confounders like lockdowns and mobility and mask wearing and everything they show you. There's nothing else to explain those precipitous drops. But I've ever met. I think that paper. And so what's interesting is Paul identified it, I fell in behind Paul, I started looking at all the clinical evidence. And then one day, I found one to me his paper on a preprint server. And I literally, I think there was goosebumps going through me because I'm looking at this paper. And I already knew that this was probably a gangbuster of medicine. But I saw the paper showing like that it's actually working on a population base level in Peru and like I call Paul and, Paul, I just sent you this paper, you look at it. And you know, and Paul was Paul was not a surprise me because I think Paul or Paul knows everything he already knew that ivermectin was cable was, but I thought it was really important because this was like the, there's no better evidence that you know, nevermind, randomized control trials, like you're seeing, like, 1000s upon 1000s of people like not dying in society.

**Bret** 46:16

So I know exactly what you're getting that right, there's a signal that's so strong, and I've now seen it in the papers. Largely, you know, your your group has directed the world who is paying attention to this, we have a very tiny fraction of the world, but it's directed us to the evidence, and the evidence is unambiguous. It's a menace signal. It is maddening, I must say, to hear the responses, the finger wagging, that comes from officialdom. And all of the people who are repeating these claims that, you know, you know, I remember the that remarkable AP fact check. Yeah, in which they, you know, said that there was no evidence that it was a miracle drug as if that sentence even means anything. And then, basically, the point was, well, of course, there is evidence, but it's not of the gold standard type, what we'd really ideally in a perfect universe, like is gigantic, randomized controlled trials, Well, okay, yeah, in a perfect world, you'd have that. But absent that, it doesn't mean you know, nothing. And the evidence here is so strong on so many different fronts, that it must have been incredibly frustrating to see the effects, to see the effects reflected in different kinds of data. And then to be told, well, that doesn't mean anything. It's not like you saw a patient get better, right? You saw this happening at every scale.

**Pierre Kory** 47:47

It's so I also say the man that I was back in October, and we already struggled getting our message out of effective treatment protocols. But I'd never could have imagined this, I'll tell you how naive I was. And why, by the way, I borrowed your phrase the other day. What is it no matter how cynical I get, it turns out I'm naive. No matter how cynical you get, you're still being nice. There'll be no yeah. So so I have learned that lesson. I keep learning that lesson, the How naive I am. But let me let me tell you how naive I was. When I posted our preprint November 13. I literally thought the pandemic was over. Right? posted it. It's there. We showed we showed the basic science level we showed multiple clinical trials, we showed the epidemiological facts, like everything was there to show that this is a this is an intervention on the part of vaccines that could literally extinguish the pandemic. And what happened? crickets. Crickets and and so that's a whole other story, which we're gonna talk about. But but that's that's what I thought at the beginning is that it was as simple as putting the evidence out there when you said gold standard, you know, that triggers me because right, you're talking about, it doesn't have the gold gold gold standard. It has dozens of randomized control trials, which is the gold standard. It just doesn't have a big pharma conducted or when I say North American or Western European conducted trial.

**Bret** 49:23

Right now this is clearly clearly based on the quality of the evidence that does exist, and the fact that the meta analyses run in spades and that meta analyses are awesome because they correct for the biases of any individual study, and on and on and on. It is clearly obstructionist, right, the claim that this is not good enough to act on when people are dying, right? That is preposterous. But the experience of feeling like well, I did the work. I did, I did it the way I was supposed to do it. The thing that I'm pointing to is good enough. My work here is done. Now we're going to get to the part where things Start getting better quickly and then nothing happens. That's actually part and parcel of, I call it the phenomenon where you can detect something based on the gravity it exerts. You can't see it. It's like when Yes, planets that was discovered because it pulled on something else. And you know, there's something out there, right? Yep. And it's pulling on something big. You can tell how big it is. But you don't know. Right? As you can see,

**Pierre Kory** 50:22

it's a really interesting analogy. Yeah, yeah.

**Bret** 50:25

So in this case, you know, I mean, I hear you, brother, you, you did the work, it should have been good enough. And then something else happened. Cricket says, describe it,

**Pierre Kory** 50:34

we gotta just I just want to take a second just to talk about how massive of a problem that is the fact that our public health agencies are basically limiting the choices and the treatments that they champion, and they literally excluding this one, they have failed their goal of protecting global health of citizens. And I think it's a colossal and it will be a historic injustice to the world, lady, you're you're being kind. I mean, I can't I cannot believe that this is occurring. It's literally people are dying, because they don't know about this medicine providers being told not to use the medicine,

**Bret** 51:20

their ailing up their licenses are jeopardized if they do what's in the interest of their patients.

**Pierre Kory** 51:25

And I've never been I've never studied in medicine with has more evidence than this. You talked about meta analysis. So everybody's waiting for this big randomized control trial. Right, which oddly isn't really being done. Right. Right. So that's strange. I noticed. I mean, well, actually, that's not necessarily true, there is a trial that was funded in large part by philanthropy that we know about that's being conducted. And so that trial will probably meet the this ever elusive criteria, right of the the trial. But you have dozens of randomized control trials conducted by interested and committed clinicians from oftentimes low and middle income countries around the world. And there's no conflicts of interest, none of them are going to make a million dollars by finding out that ivermectin works and COVID. None of them have a conflict of interest. And, and what kills me is that I have been battling the evidence base maniacs before COVID, because there are certain treatments that I know work. And usually I have to argue with these interventions with the ivory tower. ebms, right. But I usually have to argue around observational control trials, right? Because that's a different design where you don't necessarily have you know, randomized to groups that are totally equal. A lot of times you look back and you see who got the drug and who didn't. And there are problems with those trials. And so you can argue that observational control trials, some of them may not be the highest quality. I've never been in an argument where you literally have a stack of two dozen randomized control trials. And yet someone will look at you in the face and say they're small, poorly conducted, you don't know the follow up, you don't know the allocation concealment, randomization strategy. I mean, they get so hyper granted, you know, the forest for the trees, like literally, they're hacking down these little trees. Yeah. And then you have like, this decimated forest. And so where's the data? God, you know, it's

**Bret** 53:26

crazy. It's obviously obstructionists, right? The point is, ivermectin is not going to be allowed to be an effective tree. Right? That's the point it's not about whether it is an effective treatment or whether you can establish that based on the available evidence, it's whether or not that will be formally allowed into the effective medical court.

**Pierre Kory** 53:44

So let's go back to my evolution. I thought that this was a data argument in the beginning. And actually To be honest, I want to be fair, there are some scientists who legitimately we'll look at it that way that it is insufficient data, poorly constructed trials, you don't know who's doing these and they really just are suspicious of this so there are some who scientifically derived their I think they're bizarre and I think they're crazy nice thing I should get away from my patients. But there is another reason why I ever met and that there is a much more sinister one but I thought it was a data argument and so like I kept trying to argue that I would say but you know, meta analyses are stronger than any big trial you don't need a big trial, you know, and so I would have these data arguments, but it's not about the data. Yeah, there's something else there's that thing the gravity there's that thing that we can see and feel out there. That is just squashing distorting, suppressing the efficacy of ivermectin and it's, it's egregious well,

**Bret** 54:43

and it's not even difficult to prove it. Right. And I mean, for one thing, you can see it on the the social media platforms, right. In fact, it's YouTube's community guidelines, Thou shalt not mentioned blah, blah, blah, and so on. The point is okay. To the extent that something like YouTube might be confused, right, it is confused into thinking that What the Who says is God given well, even if it was convinced of that a month ago, which there is no basis for it to be convinced of that, but even if it was convinced of that a month ago, they've just seen that the who massively misstepped on the lab leak. Yeah, right. So to the extent that they might have been dumb enough to think it was smart to prevent people from talking about stuff, the who said wasn't real. they now know that you have to be able to critique the who. So why are we in a different place with ivermectin because this isn't about data, as you say, this is about something else. Yeah.

**Pierre Kory** 55:43

No, there there are forces that are seeking to make sure that ivermectin is not accepted widely as an effective therapy. And it's,

**Bret** 55:52

despite the fact that millions are dying.

**Pierre Kory** 55:55

I still it still leaves me speechless.

**Bret** 55:57

So let's talk a little bit about the evidence and the patterns, right. And then we will talk about why and how the message is being silenced. So when you say, this could end the pandemic. So I have a friend online has done a very good analysis, which is on my Twitter feed, if people want to look for it, a data analysis analyst from Brazil, and he is very supportive. He agrees completely that ivermectin is a very important potential treatment for COVID and that we should be using it any quote, chapter and verse, he says that it is overreaching to imagine this could end the pandemic. Now, I think he's incorrect. And I think I know why he's incorrect. He's obviously an honest broker. But I think he's being too cautious. But I would like to hear you you've just said you think you could end the pandemic? Why do you say that?

**Pierre Kory** 56:53

Well, I my guess at first, I want to guess why he'd said that maybe because just based on the trials, evidence, he doesn't see it as being as effective as it could be. But a couple of reasons why I think he's under estimating its powers that the trials really can't capture the efficacy perfectly because trials generally don't start day one, right? So the randomized control trials, by timing, identify, have symptoms, test, enroll, consent, and begin treat, you're talking about days, right? We know in clinical experiences you treat upon for symptoms, almost everyone gets better very, very quickly. So

**Bret** 57:32

So let's say that again, slowly. If you treat COVID-19 patients on first symptoms with ivermectin, almost everybody gets better quickly. So clearly,

**Pierre Kory** 57:41

your eyes, I see it in my own clinical experience. And beyond like soy, we talk about all the buckets of data as you have the randomized controlled trials, the observational control trials, which everyone likes to dismiss because they're too fraught with, I don't know what inaccuracy is, which is false. But I try to recommend remind everyone that randomize and observational around this both match each other. In fact, there are times where the randomized control trials show bigger effects than the observation we have randomized, you have observational, you have case series, you have epidemiologic analyses, and then the clinical experience of doctors, you can't find a doctor who has incorporated ivermectin into their treatments, who will come back and say, my patients didn't get better, you can't find that doctor, I'm still looking for that. Right? Okay, anyone who starts to use it, what I found with the first few times I use it is that generally, almost always, within 24 hours of starting in some mitigation of one important symptom started to go away, even when you give it to him, like even when you give it to that you start some diminution. In some sense, either the fever would break or the tightness in the chest would would go down, or the fatigue would lift in some way. But you'd see these very rapid responses upon treatment. And so the clinical experience is

**Bret** 58:57

vast, is vast and unambiguous,

**Pierre Kory** 59:00

unambiguous. So if you if you know how to treat patients, and you are a good student, and you're a good clinician, which is to say a keen observer of diseases and patients who are ill, you can see these dramatic impacts of ivermectin. Okay. What I think your, your friend may not be aware of is what's happening in the world on a population base level. So the best example, and we'll get to India in a second, but Mexico did something, which I think is the model for the world. And I think on a public health level, it's what every country in the world should adopt at a minimum. What they did is they did have that clinicians committee, they actually got expert clinicians. They had a game a seat at the table at the public health level, it's called iemss. It's called Instituto Mexico's social security that I'm probably butchered that but that's actually the the agency which controls a good portion of their healthcare infrastructure, mostly outpatient, I think. And they control all the testings centers and they were getting rolled back in December, hospitals were filled. It was like a crisis almost like in India, they decided to deploy ivermectin using a test and treat strategy. Basically, anyone who appeared at the testing booth, if you tested positive, you got a rapid test. If you were positive you were given ivermectin at a reasonably low dose actually was only 12 milligrams, which for some, for me would be low dose. And only two days worth they got four pills. And when they did that, you saw across Mexico, this precipitous decline in deaths and hospitalizations. And if you look a few months later right now, and this is publicly available data, look at the occupancy of beds in hospitals in Mexico, throughout the entire country, you're talking about 25 to 30% occupancy, there's nobody in the hospitals in Mexico, they've basically decimated COVID in that country by using a test entry strata which actually could be optimized. In fact, I think nevermind, the test and treat every cupboard should have my from back then. And you take it upon the first sniffle or the first fever. Well,

**Bret** 1:01:11

I must tell you, when I started to see the data on ivermectin and to understand the implications, I immediately sourced it because my sense was, I did not set the point that somebody in my family got sick, I wanted it to be instantaneous, I did not want to have to figure out how to get it at that point.

**Pierre Kory** 1:01:29

It bred the night, let's go back to the naive part of me, when I posted the preprint, I was not confused in the least that would there would be a global run on ivermectin and all supplies would be decimated within weeks. I prescribed in bulk. I got it from a Canadian pharmacy. And I had a large amount sent to my house, because I was sure that stores would be depleted right back in November. Right now it is starting to happen in some areas. But so talk about Mexico, which I just applaud. Those were real public health, Legal Aid. They made a risk benefit decision. They use their clinical judgment expertise to have the right people at the table, and they got attacked by the federal health minister. In fact, there was a little argument because the Federal Ministry, much more ally with the who was very much against what they did. And they fought back. And there's a couple of really interesting newspaper articles where the heads of the two agencies, you know, one was like holding up the w h o documents saying there's insufficient evidence and the other saying, Listen, we very carefully thought about this. We analyze the evidence, and we did what we thought was right for the patients and they posted their study, very careful studies showing anywhere between 50 and 75% reduction in hospitalization if you took out from at that at that dose and only for that duration, I think that's the minimum of what ivermectin is capable of.

**Bret** 1:02:52

So here's the reason that I think that my friend is being too cautious. Okay. Is and I I'm I would welcome it if you wanted to make a counter out here. But I believe he is not recognizing the compounding effect of the prophylactic benefit of ivermectin with the therapeutic benefit. And if we're going to talk in a moment here, about how valuable it might be as a prophylactic, so this is not you tested positive, and we give it to you quickly this is you take it so you don't get it right. If it is used prophylactically The effect is so good. That the number of people you actually have to treat therapeutically is very low. And they have a very good prognosis on ivermectin. And so the composite of those two things, I believe you can eradicate early enough to end the pandemic and the benefit, very few people understand really what we're up against, because they don't think about this in evolutionary terms. The longer we leave that bug out there, right, the longer it is transmitting between people, the greater the chance that it evolves into something we can't eradicate, like seasonal influenza.

**Pierre Kory** 1:03:59

There's there's no question no, and thank you for bringing up there's so much to talk about, Brad. I mean, we forgot to mention the prevention I keep talking about treatment. We all recognize it's much better to not get sick, right? get sick and have to treat and, and so as a student of the evidence for ivermectin, you know, like just like I told you that this sources are in three different buckets are for the trials that have studied there are prevention trials, by the way, I've been instructed to use the word prevention and not prophylaxis, because apparently a lot of people don't really understand. Maybe not your viewers, but a lot. They don't understand the word prophylactic, so I've trained myself to use prevention. Okay, so maybe it's helped but maybe your viewers are you know, pro vaccine level

**Bret** 1:04:42

too closely associated with condom. Yeah.

**Pierre Kory** 1:04:46

Well, to prevent Yeah, they should think of it that way. Then you'll know it's a prevention of something so but the for me, there's data for prevention, early outpatient treatment and late phase hospital critical they're all astoundingly positive. The strongest evidence with the highest magnitude impacts is the prevention trials. There are now I think we're up to 13 or 14. At the time that I wrote my paper. I think we had eight or nine. But they're tremendous. They are absolutely lights out. So the my favorite trial is the Hector Carvalho, who's a researcher down in Argentina is now a friend of mine. I love Hector is really interesting guy, and he's another one who's just fighting for good treatment. And he did a study with his colleagues where they didn't do a randomized study, Brad sorry, on a pandemic, they didn't randomize. But they basically got 1200 health care workers high risk people. And they asked them who would take the ivermectin 788 took ivermectin once a week for 10 weeks, and then the other 407? Didn't? Nobody got COVID in the 788, who took it weekly? Now, there's a bunch of studies somewhere every two weeks, somewhere every month. But all of them have single digit risks of getting COVID. But the ones that the ones that take once a week are 0%. Nobody got COVID. If you took it once a week, the group who didn't take it all in is high risk. 58% got sick 58% I know. Zero, that seems like a big difference. It's almost like one of those college football games. Like you have like a big 10 team that plays like some little nobody, and it's like 58 to zero. So it's not subtle?

**Bret** 1:06:30

Well, it's also it's infinitely different. 58% is zero is infinitely different. So you know, not randomized, but the the numbers are fooling, right somehow, right? Because they're not random, right? Okay, so, so there is reason, you are not a pipe fitter. You're an ICU doctor, with experience with this drug, thoroughly versed in the data that has been amassed in many different contexts of many different types. You believe in your heart of hearts that ivermectin alone, and it is not the only tool at our disposal here. But ivermectin alone is sufficient to end the pandemic, if we deployed it widely enough, and well enough,

**Pierre Kory** 1:07:14

there's not even a question. I mean, if, if it became part of systematic global public health policy, you decimate the incidence, the mortality, morbidity and just the cases of AI right, so so let me go back to India, right. So India, again, another country then suddenly found themselves in a humanitarian crisis, the scale of which we don't really even know even in India, they know that their numbers are not reflecting the true magnitude of how many people are dying and how many people getting sick. But if you look at India, in that crisis, finally saw a crack in the wall and they started to speak the word ivermectin. And you actually had, I think it's the icmr Indian Council of medical researchers is one of their main public health bodies where a lot of the doctors look to, they included ivermectin in their treatment guideline during this crisis. And then and then another All India Institute of Medical Sciences, which are some of their best institutions. And the top one is one in Delhi, they also include it so now you actually had huge public health agencies incorporating ivermectin. And then some of the states in India went even further, and they did much more aggressive and one of the most, the boldest, and like one of most uplifting moves was the Minister of Goa, the state of Goa in India. He actually said, every adult above the age of 18, takes five days of ivermectin, which is like, if I was the Health Minister of my state or country, that's what I would have done. So when I saw that I was I mean, I literally was, I mean, I could not believe that. Finally, someone was making the bold moves that were necessary to help these people. And so if you look at Goa, there's a few states of Uttar Pradesh now you're having a natural experiment. Every one of those states the curves are now precipitously declining. You're not hearing you know, doom and gloom out of there. But there's a state in India called the Tamil Nadu, whose minister they're basically effectively outlawed ivermectin and went all in on remdesivir bought a whole bunch of them this year. The cases and deaths in that state are skyrocketing, skyrocketing. And I don't know why. But his name is MK Stalin, I just have to mention. So Stalin in India outlawed ivermectin, and it's not going well for the citizens there. So

**Bret** 1:09:37

okay, so just to, I hope this isn't too much inside baseball. But in order to understand an impossible to understand story like this, you need a way in somewhere. This is a couple of facts as I understand them. The cost for a treatment of ivermectin is negligible. It's like, it's I've seen the range from three to 12 bucks Yeah, right three to 12 bucks for remdesivir a new drugs still very much under patent still very much paying the bills first development $3,000 a treatment 3000. Okay, so that might begin to point in the direction of that object with immense gravity that is acting against distribution of simple information about the effectiveness of ivermectin. Right,

**Pierre Kory** 1:10:32

there's no question that, again, going back to the problem, you know, when you look at what is being recommended to treat this disease, it's it's deplorable. It is not a lot of consistency on how they made recommendations, like the evidence for remdesivir is completely suspect it's very weak. And it's not even consistent the who doesn't recommend that the NIH does, right? And they're giving an antiviral in the hospital, days and days and days into an ILS week with the one thing we know about antivirals is they're really only effective when you give it upon for a symptom. So we're spending $3,000, a dose on a drug day eight or nine into an illness like the return on that is abysmal. It's not a very effective drug. But yet that is our standard of care in this country. And so that problem is, they're artificially limiting and how they arrive at these treatment recommendations are absurd. And it's clear, it's because we are vulnerable. Our system is violence, a system where the voices that get heard are those with lots of money behind them, those shiny trials that they put forth. Those are the ones that get listened to, and those are the ones that get recommended. So we're, we're in a system where we're completely beholden to those with financial interests, a little drug like ivermectin, which has no, it's off patent, it's manufactured throughout the world, no one's making money off of it. That doesn't get hurt, there's no void. There's no force that is in the in the halls of the NIH, or that can put forth that now that's that's the the kindest description of what I think is going on there. And certainly it doesn't have a proponent. But then we also can talk it has upon us on it right now, a lack of a proponent, and it's up against the most, the deepest and the most powerful opponents that you can imagine all of them all of

**Bret** 1:12:29

them. I mean, you can't go up against the officialdom of the who and the CDC with the backing of every social media platform you know, Silicon Valley lines up with the halls of government against a treatment it's the battle is so herculean, it's almost unimaginable.

**Pierre Kory** 1:12:50

I mean, that the but the YouTube that the censorship is, is their weapon, they're not the opponent, right? Well, it's how they're they're fighting against I've met but the opponents, and I don't like talking about it, but it's, I have I wrote a white paper, it's on our website, which is getting a lot of attention. And I basically list the opposition, you know, those that would lose financially by ivermectin becoming the standard of care, right. Number one is the entire global vaccination policy would be the cat, right? The E ways would probably be revoked if you had an effective preventive as well as treatment,

**Bret** 1:13:31

if the rules by which they were granted were enforced. That's a better way to say yes. So no guarantee that that would happen, given the kind of power arrayed against these things by

**Pierre Kory** 1:13:42

Eve again, is that is that what you call it?

**Bret** 1:13:46

Right, but so they never would have been granted in the first place. And they would have to be revoked now and for very good reason. Right? So

**Pierre Kory** 1:13:54

if the rules that they laid out were enforced, I definitely have to remember to say that it because you're right, it would not necessarily happen,

**Bret** 1:14:04

right. So the rules just so the listeners can follow along the rules say that you can't grant this unusual authorization because of the hazard that it carries with it if there is a safe and effective treatment available. So if there's, if there are two things that the ivermectin treatment appears to be it's safe and effective, right. Not only safe and effective, but a prophylactic, right? So it does a job that the vaccines do. Right. So there is no basis to grant the the emergency use authorization. And I would also point out as long as we're here, that there is something so bizarre about the fact that the challenge to ivermectin is not that it is a terrible drug is that the evidence for it is not strong enough right. Now,

**Pierre Kory** 1:14:53

that's what they claim. That's right.

**Bret** 1:14:54

I think this is bullshit. Bullshit, even if it was true, right? The murder See use authorization effectively allows vaccines of very low standard that they have to meet. Because this is an emergency and we have to get them out in the

**Pierre Kory** 1:15:09

bar was set little a little bit loud that vaccine so they could leap over and become massively used and distributed throughout the world.

**Bret** 1:15:18

Right and they are a Marvel, I must say technologically speaking, but at the same time, you're setting the bar for them exceedingly low, because this is an emergency in the very same emergency setting the bar incredibly high, in fact, impossibly high for a drug that is already well known to be safe. And therefore the risks of actually taking a gamble on it are very small, right? It is inconsistent, at the very least, to apply the low standard to the one on the high standard to the other. And if you were going to do it, if you were going to have a double standard, it should go the other way. Because ivermectin the risk of harming a patient with it is so low, whereas we don't know at a long term level, we do not know what happens with the vaccines.

**Pierre Kory** 1:15:58

picturing that might the imagery that's coming to mind is like a the giants of the vaccine industry, stepping over like a little bar. And then there's like little ivermectin who's like trying to leave? I mean, literally, who setting that system? Like I mean, that's the question. I mean, they're setting the bar here. And here, there's got to be a reason behind it. Well,

**Bret** 1:16:22

there is I always, I always am cautious in this place in a conversation because we can detect that there's a gargantuan something that is exerting gargantuan force in the space. And we can infer that it has something to do with the financial incentives surrounding remdesivir. For example, the vaccine campaign,

**Pierre Kory** 1:16:47

well, the pipeline molecules, the stuff that's coming that they want to bring to market. So there

**Bret** 1:16:53

which have which have had a tremendous investment made in them. So the question, the thing that I think we are almost certain to get wrong, is that as outsiders, we have no idea what these conversations sound like on the inside, right. And there is a temptation to imagine that people are somehow sitting around comfortable with the fact that their behavior is going to cause hundreds of 1000s, possibly millions of deaths, that it may stick humanity with a relationship with a pathogen that it will not be able to shake, because it will prevent us from taking the appropriate action until it's too late. We imagine that people are saying these things out loud when I am, I'm sure that there are some sociopaths in the system, who are probably capable of having those discussions. But there aren't enough sociopaths to account for this behavior. So there is some way that people who are doing a harm great enough, I have called it the crime of the century and I realized the century is young, but it's gonna be hard to talk, this is hard, it's gonna be hard to top. So there is some way that people who are engaged in something worthy of a claim like crime of the century, are comfortable with what they are doing or worse, are convinced that it is the right thing that somehow the greater good is being served well

**Pierre Kory** 1:18:14

here's I do think that there's a some sociopaths that are exerting this I mean, or just they're able to so here here's here's the most sort of magnanimous I can definitely see intellectual laziness is driving us to some of this is benign neglect, much of it occurring in across the the professional medicine. So a lot of doctors are just parroting. What they're told is that the evidence is insufficient, poor trial small and nobody's critically looking at it. So and even public health agencies, I think, are also guilty of that of not exerting and spending the resources that they should critically examining this. That's, that's the kindness I can be right. But I also think that there are forces so for instance, what I believe that happened that the who is I believe, that committee was told that was had to do the most recent review and I read, they were basically told that they can't come out of that room with a recommendation for ivermectin, and let's Be the cut, let's say the motivation so that the most sinister would be at great cost of life so people could make money. That would be a very sinister one. Yeah, a much more. One that I think is you can almost argue might be reasonable is that I do think there are people who are so convinced that vaccines are the answer to this. And that is that goal needs to be achieved at all costs, which is maximize vaccination, and they see ivermectin as disrupting that so maybe they have some sort of greater public health goal and that is how they rationalize what they're doing. So that that's the kindest lady that's the kindness that can be is that they're doing it with good intention right the road

**Bret** 1:19:55

to they do but they are doing without logic right? Right. So this is so Heather and I have been making the point on the Dark Horse live streams. That the goal of getting to the extent that one is a believer in the vaccines believes that they are very, very safe, that there will not be long term harms that the key is to get so many people vaccinated that COVID goes extinct, right? I believe people really think that. I do, too. And I don't think that they're worried enough about what we don't know about the long term. I don't think they're worried enough about what shows up with respect to short term stuff. But let's just say that that was their perspective, they are not thinking well, because what one needs in order to defeat COVID is lots and lots of people who are not susceptible to it. And there are really three categories of people who are not susceptible to it, right? There are people who have taken the vaccine who are highly protected, though not from France, right? For now, there are people who have had to COVID who appear to be as protected as people who have had the vaccine as I understand the evidence and people on ivermectin, yep. Right. All you need is for those three groups to add up to herd immunity and clear the COVID to go extinct. So to the extent that people are having the sense that they are the good people, because they are pushing the vaccine thing so hard that everybody will have to get it and they will strong armrests if they must, right? Those people are not understanding that the goal, which is laudable, which is herd immunity can be achieved with a composite of types of immunity. Yep. And I will also say, there are two facts about the way we deal with COVID. That to me stand out like a sore thumb. They tell me that this is not about good medical advice, right? Something is about something more important than good in medical advice. One of them is that we are insisting that people who have had COVID get the vaccine. Right now to me, I'm focused on the fact that I know very well, we cannot know anything about the long term consequences. And I know that the human immune system is a complex one. And that interfacing with it potentially has consequences that will surprise us and that we will not know for decades what the effect of this thing is, and that these technologies have only existed for less than a year. So we cannot possibly imagine ourselves experts in terms of the long term impact of these vaccines. So to take people that is

**Pierre Kory** 1:22:31

very disturbing, I just want to emphasize that point you just made the fact that they're insisting that everyone get vaccinated whether you've had it or not. It's extremely disturbing. So you've got some because it's all downside, you're only exposing them to the risks of the vaccine without the benefits. And so how can you credibly do that? The doctors that I know and trust in fact, in our group, one of the doctors that helped us form a Dr. Keith Berkowitz. He's an internist in in Manhattan, he does not allow us patients get vaccinated unless they've been tested for antibodies, if they have antibodies, he tells them not to get vaccinated. It just makes that's that's good medicine.

**Bret** 1:23:08

Right? No, it makes no sense. You have to imagine that the long term downsides are inherently zero in order to even justify the stupidity of vaccinating. I mean, you don't even have enough vaccine. If your idea was to vaccinate everybody, you should at least economize on the vaccine, even if the long term risk rewards you

**Pierre Kory** 1:23:27

again, making too much sense. Yeah, sorry about it. I mean, it's, and you can I mean, we could go all day, and all of those areas where things just don't just on the face of it just on paper. Yeah, make very little sense. And then we all know about antibody enhancement. So when you give, and that's been known for Coronavirus, vaccine attempts in history, though, if you give it to those who've gotten it before they get the sickest. And so it is I think people getting harmed without a more sensible approach, right?

**Bret** 1:23:57

So a medical system that claims to be analyzing the evidence and figuring out what's best and then is acting in an authoritarian fashion and telling doctors what to do when you know, I'm not a doctor, I can figure out screwing this up. Right? That tells you that this is about something else. The other thing that tells you that this is about something else, I think, is this policy that we don't treat until you need help, right until you're in dire straits. The idea of sending people with COVID home and then seeing if they get sick enough till they turn blue. Right. But the point is if your point and I think it should be all of our points if your point is really actually let us end the pandemic at any reasonable cost, right. If that's the point, sending people home, is propagating the pandemic and treating them late when you have a drug that would fix them early is malpractice.

**Pierre Kory** 1:24:53

The only way in which that sensible Fred is the studies using ever method is prevention. So there was two types of study designs one with a pro flex healthcare workers. The other which I thought was brilliant is that anyone who tested positive they immediately gave ivermectin to the household. And they found in the households that took ivermectin, you could protect the household to a great extent. Now, the studies weren't perfect because by the time you got them ivermectin, they'd already been around, they're sick household members, you can't prevent everything, but you could prevent that further risk of sending them home. So you can send them home safely,

**Bret** 1:25:32

right? So okay, if you have that, if you had to do it, say you had a committee of clinicians figuring out what have we learned in the last week and you know, coming up with the update to, you know, standard of care every week, based on what we actually know, you could do something like that. But what we're doing now sending people home to get their relatives sick, and then treating them only when it's become an emergency. And they're not making that much virus at that point. Anyway, this is preposterous and insane. And those two things together, just stand out, we are obviously willing to have many, many people die in order to accomplish some goal that has not been shared with those publicly.

**Pierre Kory** 1:26:12

it's it's a it's an obsessive focus with vaccines. And the other thing that I want to say, but I've mentioned is that the real shame, I mean, that's an understand but we think of ivermectin is we need more than just vaccines? Even if vaccines proved to be a safe and the long term effect of you still need more, right? Because like I like your model is that to really control the pandemic either need herd immunity by vaccination, prior exposure, or with ivermectin, somebody's gotta get to whatever that number is. 90 80%. You know, we think of ivermectin has that bridge. So it's not only a bridge to that, so for all of the Arab world, which are not going to see a vaccine for a year or two, there's just not enough, right? For all of those who are vaccine hesitant. You could safely or or contrary indicator or people who can't get the vaccines, they can now live safely within alternative medicine so you could treat the vaccine hesitant the vaccine contraindicated or the vaccine poor, meaning those that won't get vaccines and so it's it's another tool in the toolbox, we need more than just, you know, one horse in it to win this battle. Right. And we are hobbling

**Bret** 1:27:24

to the extent that the vaccine effort is an effort to get to your herd immunity. We are hobbling that effort by demonizing

**Pierre Kory** 1:27:31

the question. And then so what what the phrase that we like is that we considered a bridge to and a safety net for and the other reason why it's a safety net is because these escape variants, right? I mean, the idea that these vaccines are going to have long term efficacy is not clear. It's not clear they seem to be working quite well. As far as on the efficacy side, the safety I'll leave alone for now, but we don't know what it's going to look long term. Right. ivermectin, on the other hand, is doing incredibly against all the variants, right? So So we know that in the areas of Brazil that did a concerted use of it, it was crushing the P one variant, especially if you use it early, we knew it for doctors on the ground. There are cities in Brazil that use that, that totally it is completely effective against the deadly p one in Brazil, the South African van which gave them fits, you know, a few months ago, that went to Zimbabwe 60 to 90% of the cases in my weathers south south african variant, they literally eradicated COVID, using ivermectin in Zimbabwe, so we know it did well against South Africa did well against the P one, the UK Varian, which went to Eastern Europe, Slovakia and Czech Czech Republic, they adopt international guidelines cases and death counts plummeted. So all of the variants, it has so many mechanisms of action, we still don't know all the mechanisms. And we're still not positive on what exactly the mechanisms are. But the ones that we think are there's multiple, and they're not going to deal with the variants are not going to escape this it has many tentacles,

**Bret** 1:29:03

okay, so let me unpack that a little bit. That's a highly technical stuff. So you have vaccines, all of the vaccines that are currently being used, are narrowly focused on the spike protein. So you've got a virus that has many proteins, you've got the spike protein as the most conspicuous target and all of the vaccines are narrowly focused on it. And this is actually unusual for vaccines, right? Many past vaccines have dealt with much larger fractions of the buyer, right? This is part of how we got here so quickly to a vaccine that works. But what this means is that we are creating a very concentrated evolutionary pressure, right? that to the extent that the virus can adapt and become invisible to an immune system that has been primed with the spoke spike protein, there's a selective advantage to those mutants, so we get escaped mutants. Works Yeah. Now you could imagine and in fact, I wondered Whether or not ivermectin was going to suffer the same fate that effectively we were going to get resistance, right? Because like an antibiotic, it is having some sort of action. And to the extent that there are variants that aren't susceptible, they have an advantage. But what you're telling me is that actually, I'm empirically speaking, if nothing else, whether we know the mechanism or not, empirically speaking, the variants do not appear to escape ivermectin, they do appear to escape vaccines.

**Pierre Kory** 1:30:27

You know what Brett, I get to use, you know, what they always use, there's no evidence, there's insufficient evidence to show that that ivermectin doesn't work against the variance. I mean, in fact, it shows that it does work against the variance. And so I'm, you know, that's a very common question we get. And we had, you know, we had concerns. We didn't have the data, but from everything that we see, it works in India, that the variance in India, like I talked about the states in India are absolutely decimated. So it's working against the Indian variant, though, the one question that we're debating that I debate with Paul is, and what we're hearing from other doctors is that, and also from the trials is that the dose is really important. So we're thinking that with some of the variants, you need higher doses, or longer durations. And so that's the only question but the the efficacy is still there. It just, we think that you need higher doses. And really, the efficacy of ivermectin like almost any other medicine, in an acute illness, it's about timing. Yep, you can probably get away with lower doses and short durations, if you take it upon first. And going back to my cupboard analogy, where I want every household in the country to have a bottle in the cupboard to take really upon first symptoms, even if, in fact, they one Indian Doctor Who wrote us, he had not a test and treat strategy, a treat and test strategy, which I think is even better. Smart treat, then test, see if you know what you're treating. And so I think that's, you know, early is key, and but later on, you need higher doses and longer durations is what we're finding.

**Bret** 1:32:00

Okay, so. So this raises some questions. So on your website, there is a PDF document that very clearly lays out the protocol, it lays out the protocol that lays out the dosage of some auxiliary supplements, yes, exactly,

**Pierre Kory** 1:32:20

not things that we think are either synergistic, or, you know, will fortify and give you the best chance of beating right. So there's lots of good physiological rationale and excellent safety data around that, right. So it's just good medicine, vitamin

**Bret** 1:32:32

D, right? vitamin D has very clearly been a predictor of whether you go and how sick you get from the beginning of this. And that's something we talked about extensively on, on dark horse. So therefore, sunlight, is, you know, yeah, an excellent thing to encounter and supplementing with vitamin D. Makes sense, too. But anyway, in your in your protocol document, there's a question about what, you know, depending upon what you know, your protocol document describes basically, what to do in the case that you have been exposed, right? So that is not the same thing as what to do if you haven't been exposed, but you're going to use this in lieu of a vaccine, for example. And so

**Pierre Kory** 1:33:17

we have three, three approaches, right. So one is what we call chronic prevention for the high risk individual. And so we advocate that if, if you haven't gotten vaccinated, and you're at harvest, which is an who knows what that cut off, that's what we just say high risk, we know what the risk factors are, right? Age, obesity, race, African American, Hispanic comorbidities, any conference of those, right? So I would, I don't even know what the cutoff is. Anyone over 30, I think would be reasonable, and or comorbidities, maybe 40, it would be reasonable to take it as a chronic prevention. So and that's once weekly. And the other thing I wanted to mention about our protocols, which is really important is that we are data driven, we do we are humble to say that we are learning we're trying to figure out the most. And we've always evolved our protocols. Everything in our hospital protocol, we kind of got right at the beginning. But we have adapted sort of timing of initiation and doses at times. Same thing with ivermectin, we've changed the frequency and we've changed the dosing strategies as more data comes out. But chronic prevention, we now moved it to once weekly. Then we have post exposure prevention, right, which is, you know, someone gets sick, the kid, the wife, the husband, whatever, it's for the rest of the family who are exposed, they all take basically two doses separated by 40 days and then the treatment, which is you take it upon as soon as you can. We say five days or until recover because some patients if you start late, that five days is not not enough. And we also have a dose range. We've moved our doses now to early mild disease point to 2.4 milligrams per kilogram, and then in the hospital milligrams of ivermectin per kilogram per kilogram and you It's easy to calculate, but you have to calculate that out and so and then we have higher dose those ranges for the hospital, hospitalized patients. And in our protocol, we also recently added another drug which is also being ignored, very, you know, widely available off patent. It's called fluvoxamine. It's an SSRI. It's an anti depressant, which has these profound anti inflammatory properties. And in the studies, both observational randomised that have come out, it's shown to be highly effective. And so we've added that for the more severe cases, or the incomplete responses to overmatch. Because again, the lady you treat this this disease is very complex, it has a number of different processes, you kind of got to hit, you know, you got to hit it from a few different angles. And so we we have, and if you look at our hospital protocol, we have many, many different medicines that are that are used in combination.

**Bret** 1:35:54

So I would just caution people. ivermectin seems very safe and does not have side effects to a large extent. fluvoxamine. And you also have and I've seen the data on this one, two. Melatonin is an effective treatment. However, the dosages that you guys recommend are so high, they would have profound implications for people's sleep pattern.

**Pierre Kory** 1:36:25

Well, for vaccines, not it's actually quite low dose, we're doing the twice a day I was

**Bret** 1:36:30

talking about melatonin, oh, melatonin inboxing me and we'll have presumably some SSRI effects. So I would think people, you shouldn't get involved in that unless you're really sick with CO Yeah,

**Pierre Kory** 1:36:39

we try to have a reserve. So if you're failing starting late, it so far in the trials, that it's only a short term, right? So it's not a long term therapy, where you, you run into, you know, possible adverse effects of chronic therapy. And it seems to be really quite well tolerated. Melatonin has no toxic dose, you could take a barrel of it as

**Bret** 1:36:59

it talks. Yeah. Whether you get no

**Pierre Kory** 1:37:03

sleep. Yes, exactly. Exactly. But yeah, that would, you know, and we generally say, to take that at night. But, but yeah, and again, everything is about risk benefit, right. And so you use these medicines, depending on the condition of the patient, the more that the risk benefit ratio of these things changes, right? And so

**Bret** 1:37:23

somebody if somebody is sick, you can afford to disrupt their sleep, and you're disrupting it in the right direction. I mean, in general, people have trouble sleeping in the hospital. And, you know, it's

**Pierre Kory** 1:37:31

not the worst thing to get a decent night's sleep.

**Bret** 1:37:34

Exactly. Yeah. Alright, so um, I do think we didn't, we blew right by some of the discussion of vaccines. And I do want to just get us to be clear about this. So everyone understands. I am increasingly annoyed at the moniker anti Vax because I feel it's being used as a weapon. I've had it directed at me. I am not anti Vax, right, whatever that means. And I'm also not anti vaccine and that is ratified I'm very pro vaccine is one of the greatest tools in our medical toolkit. It is responsible for a tremendous amount of good the ability to vaccinate. I'm vaccinated against some things that almost nobody is right. I'm vaccinated against rabies, for example, interest, my history as a family just had me handling animals that almost never had rabies. But it wasn't you know, rabies is such a terrible disease. Oh, yeah, that interest and it was worth getting vaccinated. So I'm a pro vaccine guy. And to the extent that I'm hesitant about these vaccines, it's about the massive unknowns. And that was true originally. And it is now about the evidence that there's actual short term hazards here, too. It's not just the long term unknowns. It's the emerging picture. That's just

**Pierre Kory** 1:38:47

science, right? We're looking at data and we're taught you know, it just inherently but but that's that goes back to that authoritarianism, which we're being told how to treat and what to think and what to say. Right? Like, you're basically taking away normal scientific discourse, right now. And it guess I guess you can't really do science on social media, because you're not allowed. Well, you could, if the gods of science knowledge tell you, you can talk about it that you can't

**Bret** 1:39:15

write, you can't do it in this environment. It's two parallels. But so let's just say to the extent that we need to be able to say, in a pandemic situation that this vaccine is safe. That means we have to be able to discuss it when it isn't. Yeah, to the extent that it is automatic that we will say it is safe, nobody's going to trust it. And so the ability to discuss how safe it is or isn't, is essential, but I just want to cover this for you as well. You're not an anti vaccine person. Oh,

**Pierre Kory** 1:39:48

no, not at all. Now I'm fully vaccinated so are my kids I mean, not not this vaccine because I have an alternative that I am much more comfortable with, say personally Yeah, I use ivermectin. And so Again, I want to see more data on these vaccines. And it's I don't know, I just feel it's a reasonable clinical judgment,

**Bret** 1:40:07

right? Well, I mean, let's go back to the Argentina study that you talked about where it was like 58% in one group. Got it. And the ivermectin treated group zero. Got that. Right. So how good is the protection from ivermectin? The answer is it appears to be absolutely stunningly. Excellent. Right? And so, how good is the protection from the vaccines? Well, it's pretty darn good. But it's not 100? Not 100%. So in any case, from the point of view of how safe are you? I agree, it's the it's the better treatment.

**Pierre Kory** 1:40:43

Some people will say, oh, but you got to take it every week, and how long are you going to take it for? We have no evidence to show that it's harmful. Um, it's well tolerated. And it's cheap, it's safe, and I'll take it as long as this pandemics out of control, I think, like you've said is that model if we can get to herd immunity using all the tools at our disposal, you're gonna get incidence rates at a solo the you don't need to take it any Right. Right? That's, that's my like, I think that's achievable. I really do think that if we

**Bret** 1:41:13

can get past the campaign to prevent us from talking about it, but I actually wanted to ask you about this to some of the really interesting evidence from what we would call a natural experiment comes from the fact that people were taking ivermectin in Africa, as you pointed out for, for its anti parasitic properties. And that that appears to have given them protection from COVID when it happens. So the prediction is that Africa was in huge trouble did not manifest and the circumstantial evidence points to ivermectin. But what I didn't know, until you told me was that the dosages involved in the anti parasitic treatments are, they may be high dosages, but they're very infrequent. And so the fact that that produced substantial enough immunity to close down it could be studied could be detected, suggests that actually, this is a very potent and effective treatment.

**Pierre Kory** 1:42:11

You know, the group that wrote the paper that did the analysis on Africa, it's a really interesting paper. They say in their introduction, that they saw the signal, they saw the discord disparity very early on, but they didn't want to publish yet because they wanted to just watch this play out. And then once the data became overwhelming, they published their paper. But what they did is they looked they were able to look at which countries in Africa had distribution programs for parasites, and they just looked at the all of the countries with it, and all those without and it had the highest degree, like the degree of statistical significance approached zero, like the p value zero, like the probability that this is random. It was zero, like, yeah, this is as real as it gets. If you live in a country with which had, like you said, even as infrequent, as like, twice a year, you had much lower cases and deaths from so. So again, it's just another like when you put together all the piles of evidence that are screaming that ivermectin Can, can, you know, demolish this pandemic? I mean, that's just another one. My favorite is the little one, which is the nursing home. So I ever imagined as a treatment for scabies, right? And what happens in nursing homes is if one resident gets scabies, or the residents, they it's almost like if one resident gets the flu, right? They give a Tamiflu to all the other so they, they give it to all the other residents as well as the workers and a French nursing home when they were all getting decimated. All our old people. Elderly people were dying, right. a nursing home in France had a little outbreak last March of scabies. They gave everyone ivermectin and they noticed that in the region's nursing homes were like the deaths were five to 10% of all residents. The case counts were 22%. They noticed in this one nursing home with the scabies outbreak that nobody done very few God's sick. And that's been described in multiple nursing homes where they had scabies, they noticed that COVID tends to not be there. And so you're seeing it in all of these different facets. It's it's phenomenal.

**Bret** 1:44:22

This is this is what you would expect actually, if this drug was for Yes, you would expect, you know this, this is this is more like what happens in ecology and evolution, right? Where if something is true, then you can just think well, if that were true, then I would expect to see who everywhere I would expect to see it here and not there. And then you go out in nature and lo and behold, the pattern that you're looking for is there. So every place that you would expect this, you see it, that's an amazing fact. And it is a very powerful kind of evidence in and of itself. The fact that every type of evidence tells the same story

**Pierre Kory** 1:44:53

and you know, you know, Paul says this, I think I said it first but I think he's claiming his original statement. But I've said that if you were going to have I just want to say a couple of things that I like to say about ivermectin is that knowing what we know about this disease, and that it's a viral replicated phase, and then it's a severe unchecked influence or inflammation later on, is that if you're going to design a drug to treat COVID, you would want something that works as an antiviral and an anti inflammatory. And like I mentioned before, we have multiple mechanisms that we think it's acting as an antiviral, but also, there's a body of studies showing that it really works at controlling or modulating inflammation. And so it works in all phases of the disease. And so the other thing that you want, is you'd want it to be safe, right. And the one statement I like to make about safety is that a recent review was done by like a world famous French toxicologist, he looked at 350 studies and reports on ivermectin to look to get the most accurate safety profile the medicine and in his executive summary of the paper, he wrote that severe adverse events are unequivocally an exceedingly rare, it is an extremely safe medicine, there's not a lot of medicines you can say about that, that on equivocally, and exceedingly rare, so. And then. So if you wanted a drug, right, you'd want an antiviral and anti inflammatory. And then as a bonus, you might want something that prevents the virus from getting in the cell, you'd want it to be a preventive, but you know, it's probably asking, really, you know, come on, be reasonable here.

**Bret** 1:46:35

Happens to prevent the virus from getting so

**Pierre Kory** 1:46:40

and so literally, you know, I think Paul did say this, but it's really a gift to us, like, if you can, I mean, it really does give me sort of tingles. I mean, to think of that we have this medicine that does exactly what we needed to do to get out of this hell to for the world to get get

**Bret** 1:46:58

out of the hell right. And, you know, we've got the point, we've talked about the medical consequences, we have not talked about the crashing of the normal functioning of planet Earth, right? The idea that we wouldn't deploy this is absolutely maddening, which, just so that I don't forget to say it, I really I'm going to come back to what may be going on with this story in the pharmaceutical industry. But if it is true, that something in the neighborhood of what we have suggested about the financial incentives surrounding remdesivir, and vaccines and the campaign to deploy them, if something like that is the object exerting this gravity making the story not add up and result in massive amounts of death and misery and damage to humans that will be manifest for decades to come, if that's what's going on. And this really is about the investment that has been made in these exotic drugs and vaccines. We should be prepared civilization should be prepared to buy out their interests. Right? If this was war time, and this is something of the scale of a war. Yeah, if this was war time, we would not hesitate to say that factory in which you make those things. It's making weapons Yes, now, and we are going to go fight the enemy. And I'm sorry that that's going to get in the way of your profits. But this is your duty to participate on our team, right? If that's what we have to do. If we have to commandeer these things and buy out their interests, that they will let us do it because this isn't technically a war than we should do it. It will be cheap compared to the immense I mean, we're talking about trillions of dollars of loss, right? It might be hundreds of billions of dollars of profit. It is trillions of dollars of loss to planet earth, and the amount of human suffering is incalculable.

**Pierre Kory** 1:48:45

I haven't heard of that buyout idea that's pretty fascinating. I hate it I hate it it's disgusting but but you know like I said whatever it takes and and you know I can't bring up that war metaphor enough. We've set it since the beginning like we are literally acting as if we're or the flcc were a rapidly deployed force the five of us actually there's more of us now but you know, we have done the work that the agency should have like we've reviewed all the evidence we've compiled all of the things we did the stuff that the army and the public health agent should have done and again the reasons for why they didn't get go from the benign to the sinister but I want to call attention to the we add the arguments that we make for our treatments is that we're at war and they're playing peacetime here they use in peacetime rules when World War and it's insane

**Bret** 1:49:39

No, that's not what they're doing. I hate well wrecked yet, but here's what's tending to, they are having us behave as if we are at war while they are playing businesses usually true, right? That this is better said than driving me crazy because the point is they actually have us at each other's throats about whether or not we're wearing our masks outside. And whether or not we're vaccinated or not, and that is the the dictator of whether or not we are good people. And this is bullshit, right? I'm as protected with ivermectin as you are with your vaccine. And I'm not talking about you, I'm talking about you person x, right? There's no basis on which you can wag your finger at me, I'm not putting people at more risk than you are, right? So why do they have us at each other's throats? If they are going to continue to play this game about profit, which appears to be the only explanation that could possibly tell us? How do they not respond to an overwhelming quantity of data, that a gift, a drug that is actually a gift, a drug that does not have to exist, it doesn't have no drug that's that's good. But to turn down that drug, on the basis of other things, which don't have the safety profile, don't have the effectiveness, right. It's indefensible. It's in defensible and so they are clearly playing a business game while they have us in a war posture and

**Pierre Kory** 1:50:59

in defensive posture. You know, Brad, I don't want to change the topic, but there's something else, because again, I just find it. Again, I'm just very grateful to you. And I think we as a group of committed clinicians, who really are just acting on our oath, and we were trying to just advocate for good sound medicine and effective treatment. You know, we haven't been given a voice You know, we definitely have a lot of followers. And I've had, we've had tremendous success around the world, but in the United States. Exactly. No one's heard of ivermectin in a credible way. And so coming on your show, I think is we hope is a march to having that in the wider consciousness, not only providers, but patients. And I think that's really important. And so the one thing that I want to mention before I forget, because there's another area in which we're failing a treatment, and I find it not as egregious as the ivermectin, but the corticosteroid issue that when we came out and recommended it, you know, six to eight weeks later, Oxford did the recovery trial, which proved to the world that corticosteroids were life saving. To say that we said, we told you so you know, we got past that. But here's the travesty of it is the Oxford trial use this tiny dose of corticosteroids. They use the dose lower than what I give my 80 year old patients with emphysema, when they get a little sick, I give a higher dose of them, they're giving this tiny dose to people crashing on ventilators. With horrifically inflamed lungs. It doesn't, you know, we tell them like what's sensible. And they also give it for a time limit, and they give it for 10 days as if the disease has been determined to last for 10 days and the F it there's nothing that makes sense. We know that higher doses are needed. We know that longer durations of needed, there's no research going on looking at other protocols and the entire world. This country, every doctor, every sheep of a doctor in this country is following remdesivir six milligrams of dexamethasone, literally in all the health systems are telling them this is what you should use. If you use a higher dose, you're off protocol. And in some places, you're probably going to get feedback for that. I use very aggressive dosing strategies for longer durations, I think there are quite a few doctors who are but the official NIH one is this tiny dose of steroids in that dose. And I can assure you, I have tons of data, it helps the few and fails the many. There are many, many patients dying in hospitals of inadequate treatment of this disease with an anemic dose of steroids. Just to add it to the list of stuff that doesn't make sense. Okay, so

**Bret** 1:53:36

I was just gonna say what this is, is it is more evidence of a gravitational force from an object you

**Pierre Kory** 1:53:42

can add that one I don't know if that's a synergy. That one's just stupid. That's just unfit like I just don't know where the doctors here who are saying like what I'm saying, which is like, the dose of steroids doesn't work. I I've now published 10 papers on COVID. The one that I think is the most impactful I've ever met that is probably pretty huge. But I you know, myself and one of the top chess radiologists in the country, if not the world, we wrote a paper saying that this disease is actually not a viral pneumonia. It's an organism only. The mainstay of sterile of therapy for organizing pneumonias, which is a non infectious pneumonia is corticosteroids. And in fulminant cases, we know over the decades in treating you need high dose steroids. nobody's paying attention, they're still treating this with this little anemic dose. It's bizarre and

**Bret** 1:54:30

the obvious thing to do, right were i a clinician and you tell me if I misunderstand what doctoring is about, but where I clinician, I would be tempted, right? To the extent that there is some dose that I'm told is the right one, I would be tempted to see what happens a little higher, a little lower, oh, the higher worse Oh, higher. Right. You would find whatever dose worked best at the point that you just nudged it a bit, right. So the idea that there's some God given dose is absurd.

**Pierre Kory** 1:54:57

The God given dose is what was tested in the past. trial. And that's why that's where I find randomized control trials. It's another reason why they're very unsatisfying, because they tested one roading all right doesn't mean that's the only one The world is taking is that's how you treat COVID. That is maddening. It's mad. And the other thing is, what I know, is my guess. And I haven't talked to those investigators. But my guess as to why they tested such a low dose is because they were literally fearful that it was going to be harmful. So they aren't purpose tested a low dose. And I actually find that one of the most, one of the greatest tragedies that we came very close to, is that trial ran the risk of being negative. Because it used such a low dose, the reason why it was a positive trial is because it was massive. So when you have a huge trial, you can detect any benefits, right? So So had it not been a massive trial, it would have been a negative trial. And you know what we'd be still be doing Tylenol and fluids, right? And well, I'm sorry, remdesivir.

**Bret** 1:55:59

So this is this is fascinating. First of all, I this is a feature of complex systems, right? The complex system is very sensitive, because there's so many inputs to it. So yeah, the idea that you could have to lower dose, you could convince yourself that this drug you came into it, people were telling you, this drug will be harmful. So they didn't test a very high dose, they could have tested so low dose, they wouldn't have seen the signal that it was beneficial. And we would still be telling ourselves it's harmful. Instead, the dose was high enough to detect that it is beneficial. So it is now the standard of care. But the standard of care is to lower dose because they tested one thing and people are afraid to depart from it because of I don't know what

**Pierre Kory** 1:56:39

I just doesn't. And again, it's it's it's over relying on evidence and not expertise. So again, I mentioned one of our closest partners in the flcc is, is Umberto Madurai, he's the world expert at using corticosteroids in lung injury. He is an intensive care physician who has been studying steroids for 30 years. Where's his seat at the table? Right? Why are they asking him like he has a protocol, we follow his protocol. It's been born of decades of use. I mean, it's I just don't understand, you know, I made a joke once with with the with my colleagues is that we really want you know, you can have the CDC, the NIH, the CDC, and then we want to building for the flcc. Just ask, what's the flcc that will tell you what we're doing on the frontlines to treat this disease, you know, while waiting for your big, you know, randomized controlled trials that you're in love with?

**Bret** 1:57:32

Well, I mean, I know you're joking, and I know that you're not joking, exactly. Obviously, the idea that in you know, it's different if you're talking about a disease that has been treated for 50 years on which the treatment regimen has settled, and maybe there's something that new comes along, but we can officially find out what that new thing is, this is a different case. Everybody's a novice, right? So why aren't you clinicians at the table? Right? That's preposterous.

**Pierre Kory** 1:57:59

And why aren't they doing more trials on these route? Like, why don't you test six milligrams dexamethasone against a higher dose, like no one's getting placebo? It's a reasonable thing to do it I wouldn't go in that trial because I'd want the higher dose but but I think there's enough clinical equipoise amongst doctors that you could easily randomize people. And you could find what the most effect where is

**Bret** 1:58:20

that effort? Right? Because obviously it would save lives didn't know what the most effective dose

**Pierre Kory** 1:58:24

may be. COVID sauna problem, I guess they don't feel it's sufficient enough problem to study this. But right,

**Bret** 1:58:29

we're on a war footing, but they're not taking us a priority. Okay, so I wanted to you blew by something here that I think is very important. Okay. You said that in the rest of the world, people are beginning to understand the ivermectin story but in the US, effectively nobody's

**Pierre Kory** 1:58:45

Okay, I've given I've been demoralized and what I've what I've had to do to preserve myself, and what I do, because I'm getting killed here. I mean, I, when I'm being written about in my advocacy, I mean, it's like, it's crazy. So I don't pay attention to it, right. And I'm immensely saddened that all of the health systems and I have, I have colleagues and trainees who work in multiple systems, you can't prescribe ivermectin, one of the safest drugs known to man. Even if you were convinced by my papers, as well as the other independent panels. You can't even prescribe it to a patient in many hospitals in this group, the pharmacists will not give it to you, because from on high, they're saying not to.

**Bret** 1:59:25

Okay, so I want to put this in a slightly different context. I find that as maddening as you do, yeah, but I also find it maddening. We botched we Americans box to the COVID crisis early on. Okay. Yeah. Many people died who didn't need to because of the way we react? Clearly, we're doing it again. Right? Why should we be lagging the world in the understanding of the utility of this drug? Right? Why would we allow that to happen to ourselves, this is absolutely unpatriotic and it has to do I think with the fact that the corruption that we have is in many ways, more pronounced, it is more. It is more effective, it is more deeply entrenched, and it has access to more tools here than elsewhere. Right? I agree. And so somehow, we Americans have to recognize that this story as crazy as it is, is actually telling us something about an entirely different disease that has to do with the authoritarian control over thought about what is true. And that that manifests here in a medical context that is absolutely ghastly. But that is not its fundamental nature, its fundamental nature is about controlling what people think, for purposes that have something to do with profit.

**Pierre Kory** 2:00:48

And it's that control of why, you know, going back to your question, right, the US you just can't get anyone to talk about ivermectin credibly. So if you look at the big media outlets, so like I'm waiting you, The Washington Post did a story but anytime there's been very few credible mentions. So I did an interview with The Washington Post, and I knew what the article is gonna say before I knew it was going to be a he said she said, meaning every time they do it, they say Dr. Corey, and his group says this, the NIH says that and you're left with the NIH thinks it's you know, it's nice that these doctors think it works, but the NIH doesn't so you left it's it's, it doesn't lead you to any work on these.

**Bret** 2:01:30

It is designed to leave you without a conclusion clearly, which

**Pierre Kory** 2:01:35

is everyone who trusts the agencies know if it was working the gods of science knowledge would say to these these rabid doctors are just Yeah, they're a little overexcited. Okay. So the fact is we're not getting there's there's not a discussion around ivermectin in major mass media, the only times I get invited to do interview, it tends to be right wing or conservative media because I think they're more naturally aligned to question government. And so that's the only places I can get a voice No, like, major central or liberal leaning outlets. Want to talk to us. Give us some Yeah, credible, no mainstream mainstream.

**Bret** 2:02:14

You're you're sitting here at the table of liberals, right, but heterodox liberal. Yeah, right? It is the Orthodox liberalism that is finding Yes. Impossible to swallow. And unfortunately, for reasons I cannot explain that mainstream pseudo leftism in the US has become aligned with all these gargantuan powers that it traditionally would have been opposed to. Yeah, right.

**Pierre Kory** 2:02:43

That's what we were about. Right? Exactly. I said we I'm a liberal as well.

**Bret** 2:02:47

And you know, the thing is, now

**Pierre Kory** 2:02:49

we're reading heterodox is a good word. Because it's true. I don't align perfectly with, you know, everything that we're saying, and what we're supposed to be about, I think we're failing and so anyway, I did so when you talk about you know, when I look at the US so we have a map so it's been so it's just been, I gotta tell you, at the same time that I'm so demoralized, what's happening to us. You know, when I look at all the countries that have you know, and the amount of countries that have adopted into their national guidelines and are actually saving hundreds and 1000s, if not millions of lives with ivermectin, you know, a lot of times our review paper in our group is mentioned. And it's like, extremely satisfying thing. And so, even in India, and many states and South American, Central America, even Mexico used our workers, we brought it to the attention of a lot of these agencies. You know, when you look at Eastern Europe and Slovakia and Czech Republic, it's, it's so the impacts of you know, Paul Merricks early identification of ivermectin and our review paper. It's tremendous on a global scale. It's still insufficient, but it's tremendous. And the last thing I want to say is it's not just the flcc. So my review paper, which just got published about six weeks ago, is one of now six published review papers all written by and I have to stress this word Bret, independent panels of experts not allied with the university, newspaper, a pharmaceutical company, just well meaning academics who are looking at this evidence, and in those six reviews, so it's our group, a tremendous group from the UK headed by a woman named test Laurie, she's actually an expert consultant to the who and the Cochrane Library for a living and he does, she does systematic reviews and meta analyses, which informs treatment guidelines for all of the major agencies. She has done that her and her group did this for ivermectin, you can't come up with a more credible source or she also her group and they brought together a guideline committee of 65 people from all around the world, all advocate I've met Satoshi Morris group from the kids out so Institute in Japan, they did and publish review paper also calling for over my Nobel laureate in a group of Italian researchers in Spain. So you have independent panels from Spain, Italy, UK, US and Japan, none of us with conflicts of interest none of us who stand to gain anything and we're all saying the science says this has to be systematically deployed. And and and the fact that even with those credible voices from all of those countries, we're getting drowned out. And we're just getting suppressed by the story.

**Bret** 2:05:35

There is no level of consistency among people who have looked at this, there is no amount of credential that breaks through this wall of silence. I mean, am I correct? You are in fact, the author of the major textbook on the use of ultrasound Yeah, and point of care.

**Pierre Kory** 2:05:58

So I, my real, I guess claim to fame within my specialty was I was one of the pioneers of a new field called point of care ultrasound, which is really critical to us in ICU is right it's allows us to detect life threatening conditions within seconds. You don't need to call for a study, you can do it at two in the morning, like I can look at a heart and I can know if the RV is blown, the Lv is blown. I can tell if there's a hole in the lung, what's going on in the lungs that can do that.

**Bret** 2:06:26

So am I right? That in part, this is a special tool because not only allow you to look into the tissues, but it allows you to look into the tissues in motion.

**Pierre Kory** 2:06:33

Oh yeah, you can detect any number of life threatening conditions. And you know, I'm really proud the textbook of which I'm a senior author, which I edited with a couple of really talented colleagues. It's, it's like one of the best selling textbooks it's now in like seven languages. And so that's one of my proudest contributions to medicine before COVID. I'd like to thank my you know, role with the team and getting ivermectin into the language is going to be another big one lot bigger.

**Bret** 2:07:02

So thank you. No, I mean, I hate to even use this term. It's, it's offensive to me that I should even, you know, voice it to you, but you're being dismissed as a crank. Despite the fact that you have the credentials, you have the evidence, you have a history of saving lives of innovating and pioneering techniques. You not only that, but you have a history of improving the standard of care for this very disease. Yeah. And yet you're dismissed.

**Pierre Kory** 2:07:31

And so when I say me, let's look at the the core five of us. So embarrassing Missouri, decades of research on corticosteroids. He also was one of the fathers of non invasive ventilation. He did some of the first studies on you know, those bipap and C pap machines, which we use an ice use in lieu of, you know, endotracheal intubation. I mean, that's one of his he said giant in medicine. He's on the flcc Paul has published you know, any number of books and chapters and papers on on so many different facets of critical care is Paul's imprint on our specialty is huge. Joe varone is one of the world experts in what's called therapeutic hypothermia where we you know, cool people after cardiac arrest to protect their brains and, and promote brain

**Bret** 2:08:17

he saved and saved my my wife's father's life. He got cooled, he did, right.

**Pierre Kory** 2:08:22

So I'm also an expert. That was my first claim to fame in medicine is I got really interested as a fellow in I was one of the pioneers who develop protocols for all the hospitals in New York City. So I'm from New York, that's where I trained and so I was part of project hypothermia there and Jove, Rome was a big I mean, he's published a lot. And he he's still doing lots of research on therapeutic hypothermia. So when you look at our group, I mean, even before COVID, we had some of the biggest contributions to our fields in different ways. And yet, again, we're being ignored and whatnot cranks

**Bret** 2:08:55

up the opposite of Yes, yeah. And yeah, so not only are you not cranks, you're the opposite of cranks. What my brother calls snarks because grant spelled backwards. Right. So we're the the experts are being dismissed as cranks. But your testimony on this topic in front of Congress was taken down by YouTube, which I find another glaring fact of the story because Who the hell are they even if you were a crank, testifying to Congress, why is the public not allowed to see that and the fact that you're the opposite of a crank, testifying on a matter of importance to all of us? You should have made this a very famous piece of testimony.

**Pierre Kory** 2:09:42

You're not allowed to talk about ivermectin in the tree that's in their community guidelines. Not allowed.

**Bret** 2:09:47

absolutely insane. You're not alone. All right. I've got two more things on my agenda. You may have other things if you want to raise I wanted to just deploy a little Models I'm trying to figure out what the object is with this immense gravity that we can detect but cannot see. I have the following thought somehow, this question as we've talked about the vaccines and the fervor for the rollout, the insistence that everybody get it, whether it makes medical sense for them to get it or not, right, that is a very powerful indicator of something, something that I believe is driving here. And it occurred to me, we did a little segment on on dark horse Heather and I did on the difference between relative measures of effectiveness and absolute measures of effectiveness. And this is a bit arcane, but the absolute the relative measures of effectiveness for something like these vaccines are very impressive. Something like 95% for the two mRNA vaccines that is when you compare people who got it with people who didn't get it, how much more protected were the people who got it, if you use an absolute measure, that is to say, how much good did you do the people who got it, the number plummets because the fact is that not everybody can actual number

**Pierre Kory** 2:11:09

of people who were prevented from getting the infection rate reasonably low,

**Bret** 2:11:14

reasonably low, and the number of people you have to vaccinate to prevent an infection is pretty

**Pierre Kory** 2:11:18

high number needed to treat that's a common metric that we use,

**Bret** 2:11:21

right? So okay, in light of that. The thing about the absolute measure, which is much lower is that it is actually sensitive to what alternatives you have. Yes, right. And people ivermectin, for example, I believe was specifically excluded from at least the Pfizer trial, and I would imagine the others as well. But the point is, you couldn't be in the trial if you were on it. And so the point is, you were comparing people who were vaccinated with people who were absolutely unprotected. Yeah. Were you to compare people who were protected by ivermectin oh my gosh, the, the absolute measure of value would

**Pierre Kory** 2:12:01

crater, you would also run the risk Brett of actually proving a superior efficacy of ivermectin, right, you can clearly come out with a trial, which showed the ivermectin group got less infections than the vaccinated. Rice clearly, in my mind, if you gave it to him every week, you definitely find you'd find

**Bret** 2:12:18

that okay. So then here's, here's what you've got. You've got the effectiveness, right, in absolute terms is very low. And it craters right to something like zero if compared to ivermectin clear the same time, what doesn't change is the risk of the vaccines. That is to say the long term hazard Let's leave the short term hazard aside. For the moment, though that may be significant. But the long term hazard is a total unknown, right? And so the point is, how useful is it? How wise is it to take that long term risk? Well, the answer is very different. If you treat that question in isolation from ivermectin or with the presence of ivermectin, clear presence of ivermectin. There's no justification for this at all. Right. And so the point is, that suggests that this analysis about the emergency use authorization, authorization is not an abstraction. It may be absolutely central to this, because you can't have ivermectin anywhere in the picture or the analysis becomes

**Pierre Kory** 2:13:19

critical that ivermectin not be entered into that equation. Yeah. If you put ivermectin as a variable in that equation, you do not come out to a conclusion that the world should get rolled over with vaccines? I mean, you can't that's not what the equation would show you your calculation. No, you don't.

**Bret** 2:13:35

And I agree with that. And so what that means, and you know, let's be as generous as possible here. Were you a pharmaceutical exec, right, and you've invested, I don't know hundreds of millions of dollars in the generation of these vaccines, at a time when ivermectin was not understood to be effective, right. And then ivermectin comes out of nowhere. It's not under patent. Right. So it can be made cheaply, it is being made all over the world already. Right? safe and effective. So the point is, okay, that's a nasty surprise, because you may have invested money that you can't recoup because there's no justification for exposing people to the hazard

**Pierre Kory** 2:14:16

some bets work out some don't some bets

**Bret** 2:14:18

work out some don't. And I would really hope that the pharmaceutical industry would understand that this was just a cost they paid well, you know, I mean, mom and pop shops paid a terrible price. exact right. So you know, there was a lot of bad luck to go around here. Nobody is entitled to be immune from bad luck. They all got exposed to a certain amount of it. But even if we had to buy him out that again, if we had buy him out, right, why are we exposing people to this risk? If all we got to do is say, Hey, we found a better solution. Thank you for your service. Here's some payment to make your whole and can we please go do the right medical thing? Right.

**Pierre Kory** 2:14:53

Brilliant. I agree. I mean that I mean, I totally agree. The buyout thing is still, he still shocked me with that buyer. I just don't know how credible that is, I mean, literally giving someone money, just step away from the table, we do not need you participating in the planning meetings anymore, just go

**Bret** 2:15:13

away. But the alternative is, you know, like people are losing loved ones. So you know that people are losing loved ones.

**Pierre Kory** 2:15:20

And that's, you know, one thing I haven't talked about yet is is that like, you know, when you see what happens to these people that don't, those unfortunate few that actually get to the ICU, and that march through this anemic doses, they're so sick, and they're so hard to get better in the ICU they and this disease is, is crazy, it's so unique amongst critical illnesses, because in my career, what I find is, when they when patients get really, really sick, they generally will adopt a trajectory, meaning within the first few hours a day, they will determine something, you'll see some stability, and then a slow rise of improving of organ functions or even the main organ that's failed. Or you'll see some stability followed by unfortunately, deteriorations to death, there's only two ways out of the ICU, right. So either get discharged to the regular wards or you die, because it's really the end of the line. And COVID is wicked, you get on these vents. And the patients are like this for days to weeks. And then we routinely take care of patients weeks and weeks on vendors, which is one of the reasons why they were running out of ventilators because everybody was going on them. Nobody was coming. Nobody was dying. I mean, they were dying, but it was after a prolonged like length of stays that we'd never seen before. And you're still seeing an amount of suffering and they're paralyzed. And then we have to prone them so their faces swell, they get tissue injuries, and they're in deep sedation. And when you get in those that are lucky their lungs heal, they come out delirious and agitated and it's a wicked recovery like that the mortality and morbidity is is it's really indescribable and and not that I become immune to it, but I think a lot of us would just show us to see it. But the suffering of these patients are crazy. And then add to it the visiting policy. They're all alone. These patients oftentimes will die alone. They fight alone, the families are calling on the phone, you know now they're liberalizing it for a while. But, you know, I worked during the pandemic in New York, I did a month go running my old ICU. And I mean, the family was zooming with families, we put the little iPads next to the patients, and they would like look at their family members dying. And it was Oh, it was terrible,

**Bret** 2:17:43

right? And you could you know, I mean, look, it doesn't matter if you're vaccinated or not, you could give ivermectin and you could visit your family. And you

**Pierre Kory** 2:17:50

and you wouldn't fill these isssues with these. And that's the thing though, the data especially from Mexico, and preventing hospitalization, I mean, you're basically turning droves of people away from the hospital. I see us it's Yeah, it's just

**Bret** 2:18:05

huge. So I do want to flag one thing. I don't think there's very far we can take it, but I do. I've been watching, I've been watching COVID from the beginning. And I've been noting What an odd disease it is and how promiscuous it is in terms of creating symptoms, which is conspicuous evolutionarily, because in general, you would expect a pathogen to effectively be to limit itself to infecting tissues that actually advanced its cause ran to leave you and you know, it's one thing if it's, if it's malaria, malaria wants you incapacitated, yeah, that mosquitoes can bite you. But a disease that is transmitted by people to other people doesn't want you incapacitated, it wants you to spread, right. And so the number of different tissues and the amount of damage that this thing does, is a little bit incoherent, which could be the result of the fact that to be where it came from. This is what I think is that the laboratory environment could well have generated a very unusual set of symptoms, because the selection that goes on in these serial passaged experiments is going to exert weird effects, right? you're selecting for things about the laboratory environment that aren't really about, you know, pathogenicity in the outside world. So anyway, not much to say about that. But yes, there is something weird about this disease, and that would be well explained by a laboratory. You

**Pierre Kory** 2:19:25

know, you brought to mind something hugely important that I haven't talked about yet. But we talked about our protocols, right? So chronic prevention, post exposure, early and late treatment. We actually are coming up with a new protocol. And this is fabulous. This is fascinating, but this protocol is actually not evidence space in the set. We don't have trials to show what we know it works. But ivermectin is proven he mansley helpful at Long Haul syndrome. And so we have a protocol which Paul calls I recover. We actually collaborated with a group of other clinicians and experts outside the FLC cc kind of close kin you know cousins because we're all fighting the good fight all good doctors. And we did a very collaborative approach and we have a protocol now really centered on ivermectin, and it's doing phenomenal. You have no idea the testimonials that we have gotten from patients suffering from deceit, disabling sent literally can't go back to work, because myriad syndromes they take ivermectin and some of the testimonies are like within one day, they felt better. Now, a lot of times we have to continue that dosing for a long time and wean them off. Sometimes we have to use steroids. But we are able we are doing phenomenally against long haul COVID. And so I think for your listeners, anyone suffering from long haul, come to our website, we're hoping it'll be up within a week because we're just kind of tweaking the diagrams and the dosing right now. And then I also should mention that we have now we're gaining increasing experience with post vaccines that are really responding to ivermectin And so, one doctor is is a retired physician who basically his practice considered consists of friends and family, but he said during COVID that number of friends and family has gotten so like he's almost fully working, but he's a phenomenally bright guy. And he was telling me his experiences with ivermectin. And so he started telling me that he was taped. Some of his patients were coming at him with these terribly prolonged like inflammatory syndromes after the vaccine like myalgias and pains and really felt terrible headaches, fatigue, responded tremendously to ivermectin and now a number of us in the flcc are also getting that experience and so although it's not evidence based is no trials but remember ivermectin By the way, the main mechanisms, is it binds to the spike protein. And so what are the vaccines? Do? They make spike proteins and then some people the spike top proteins make them sick? Right. And so it neutralizes fibrin So, you know, it's it's when remember, I was talking like, you know Prevention's asking a little bit too much. What about if we asked for a drug that could work against long haul? That's, that's, that's

**Bret** 2:22:17

post vaccine syndrome.

**Pierre Kory** 2:22:19

That's Oh, yeah. And then I'll stand out. I'm sorry, I just did you know, what suddenly got ahead of me?

**Bret** 2:22:25

Yeah, I this is a it is. I mean, in fact, this is what I had, on my paper to ask you about as our last question was, is, is there? Is there any hope here for these people, and you know, I've got to tell you, they write to me, and I just, I am saddened and sick, I recovered better stories.

**Pierre Kory** 2:22:44

we weave, oh, my God, that's probably some of the most satisfying and then, and then one of the little nerdy things is in acute illnesses, you really do kind of need a randomized control trial, because so many acute illnesses are kind of self limited, they'll resolve and so you'll never be able to tell if it's the medicine or not. But in a chronic illness, I maintain, you really don't need a randomized control trial. Because if you look at some of these testimonials, the patients serve as their own control. So if you have eight months of symptoms, Brett, right, and on a Monday, right, I give you ivermectin and on Tuesday, you're feeling better? Yeah. Is it on that eighth month and seventh day of your illness? You suddenly decided to get better? And that was the natural progression? Or was it the I ever met, that could be true for

**Bret** 2:23:31

a patient. But the point is, it doesn't take very many instances, you're right, the person with a longitudinal if you

**Pierre Kory** 2:23:37

did it to three patients who had months of symptoms, and they told you that the very next day or three say they're better, you're done, that shows efficacy. And I can give you a Word document of all those testimonials that we've gotten in our on our website, we have multiple videos of people who we've interviewed who've told us their plight, their illnesses and what happened after I ever met and they're very compelling. Those are the key those are the examples of when case histories are really compelling. You don't need a randomized control trial, someone got better after four months of taking a pill.

**Bret** 2:24:11

Well, you certainly don't need it in the case that the pill in question is itself safe. Right?

**Pierre Kory** 2:24:16

Right. So you don't need safety data and you're sick with

**Bret** 2:24:19

this thing. And you've been sick and you have he would take one patient who had shown that effect that it would be worth a try. Yep. And then if it doesn't work, it doesn't work but if it does work then you know something and to the extent that you've got multiple instances of this it becomes a very powerful piece of evidence.

**Pierre Kory** 2:24:37

And so and and I you know, one of the last I just want to make sure did we ever say our website so for people to go that's

**Bret** 2:24:42

a really good idea. We will post we will post some links to papers, some of the evidence that we have discussed, we will post the link to your website, but let's say it right now so people know what it is

**Pierre Kory** 2:24:54

f l CCC dotnet. So Frank, Larry, CCC dotnet So frontline COVID-19, critical care lines, so but the reason why I bring it up is because, you know, we've talked now for for a while about what we've done and all we've been trying to do is develop effective treatment protocols and disseminate them, you know, and we've gotten so much great feedback, you know, lots of intensivists from around the world have used our math plus protocol. Our IMS plus is now becoming many countries are using that the US right, but we're just getting a lot of success. And that's all we're trying to do. We're trying to help patients, you know, we took an oath to do the best we can our patients using the best available evidence, and that's all we've done.

**Bret** 2:25:39

All right. Well, this has been a spectacularly interesting conversation as I knew it would be, I am very hopeful that this message is unmistakable. And that we will do the right thing from here, we will end the pandemic with the tools at our disposal of which ivermectin should be top of the list. And that then we can go about figuring out how we got into this mess, how we bought it. And then what it was that actually brought us to our senses, and we can augment all of the things that worked, I going forward,

**Pierre Kory** 2:26:11

I just I would like what you just said, Thank you for helping us I think this is such a hopeful development, if we can get this out and recognize it's going to help so many people, so many people, the reckoning is going to be extremely ugly. Yep. When when this history and this, this story is told accurately. It's it's going to be very unpleasant,

**Bret** 2:26:35

very, very unpleasant. But I also think that that means that we need to think about how we get to that reckoning, because the most important thing is, this never happens again, happen again, when something does happen, we get on our game quickly, we do it well, we do not allow politics or financial concerns to interfere with our delivery of best medicine available. And you know, whatever that means it means but we need need to get there because the amount of unnecessary suffering harm and loss that has already resulted from our myopia here is incalculable.

**Pierre Kory** 2:27:15

I'm going to tell you one last thing is that we're already thinking about that and working on ways in which we can prevent this from happening. And one of the ways I also want to mention that the flcc were like the US group, there is an FL CCC in many, many countries around the world, and we're kind of Allied and communicating. So there's the bird group in the UK, there's a group of doctors in Zimbabwe, there's another big collection in South Africa, in many countries there. And even in Europe. So France has a group, Netherlands has a group that, I mean, they're tiny, they're all getting suppressed, they're all getting drowned out. But a lot of us have thought like, we hope that with the credibility that I trust will gain if the reckoning occurs, and it's accurate, that our credibility Not only is our group, but in this constellation of groups around the world. We kind of want to form like an independent, though. And when I say independent, we know what we're interested in. Oh, you know, small dollar donations. Humana, exactly. You can't take anything more than $100 from any you know, something like that. Yeah. And, and where we can really give independent opinions. And we can look at repurposed drugs, the little guys that have no money behind them, that we know have many different uses. So we hope that that's one way in which we can avert this. But we need the credibility. You know, people have to know that when the flcc says something, it should be listened to?

**Bret** 2:28:42

Well, let me tell you something. There is a nasty pattern. When we talk about, no matter how cynical you are still naive one of the nasty things that is evident if you look at other cases of whistleblowing, and yeah, and things like that, is that there is a terrible tendency not to vindicate those who were right. In other words, if you've been dismissed as a crank, then the narrative tends to want to hold you that way. Now, there are narratives where this gets reversed, but in general, those who have fought you don't come out a winner. I think you're going to in this case, because I think this case is so clear, and you know, your accomplishments outside of ivermectin are so good. Yeah, you're unassailable. And there are so many and we

**Pierre Kory** 2:29:33

didn't just get lucky right Brett? Right. Like the editor of the New England Journal of Medicine called me in that he said they got lucky.

**Bret** 2:29:41

Well, you know what? I must tell you in my career, I have had a lot of really silly things said to me about me and what I'm doing wrong and how dumb I am. Yeah, I have this wall in which those little things live so you got lucky belongs on your

**Pierre Kory** 2:29:59

wall. You Got that before too or no lucky has not I?

**Bret** 2:30:03

My favorite of them is too clever by half. This is a yes. Sidious way to dismiss people is to clever, clever by half. Anyway. All right, I

**Pierre Kory** 2:30:14

appreciate it. It's been great to chat with you. I really enjoyed it and just I think you have a great audience and followers and I think hopefully they're going to give this the credibility and give this the critical logon and give more voices to the to the authorities that this needs to be, you know, listened to this needs to be investigated and disseminated.

**Bret** 2:30:35

I have no doubt that we did a lot of good today. I will say that you and your partners are true dark horses. Alright, reason podcast is named Dark Horse here. We need people like you to come out of nowhere and exceed our expectations. And I believe you have done that in spades. So

**Pierre Kory** 2:30:55

the Dark Horse COVID-19 Critical Care Alliance, hell yeah.

**Bret** 2:30:59

All right. Well, thanks so much, Dr. Pierre Corey, people can look you up on your website, they can find these protocols. And if your doctor hasn't heard of this stuff, talk to them, point them to this podcast, give them a PDF, anything that it takes for people to become aware that there is a tool, that it does work, that the evidence is overwhelming, and that this pandemic could be brought to an end. Quickly. Let's do it, folks. Thanks so much. Thank you. All right. Well, hold on