

**Episode 2,379: The War on Ivermectin, Plus: The “Excess Deaths” Problem**

**Guest: Dr. Pierre Kory**

**WOODS:** Look, I made the mistake – I typed your name into Google, okay? And of course, I already know your background, but I wanted to just fetch some background information for you.

I mean, I know you're a critical care physician, you're president and co-founder of the Frontline Covid-19 Critical Care Alliance. But as I typed in your name, if you type it in on Google, there's that little information block in the upper right corner.

And I just love that it says *"Known for:..."* Now, here you are, you're a physician, all kinds of accomplishments, whatever. *"Known for: Covid-19 misinformation."* That's your career. What goes through your mind when you see something like that?

**KORY:** Maybe I'm numb to it at this point, but it is shocking. I mean, if you look at my career, I mean, I was well known in my specialty before Covid. I was the senior editor of a textbook that's been translated into seven languages, second edition.

I traveled the world and the country teaching what's called critical care ultrasonography, of which was a well-known pioneer of the technology and the practice. And then come Covid. I did what I've always done, which is I deeply study disease and treatments.

And me and my colleagues started putting out recommendations, and those recommendations were not with the consensus. And I got to discover that when you depart from consensus, any of your medical guidance, boy, do they come after you.

And when you Googled me, I mean – and unfortunately, Thomas, you know this. I mean, we've endured just relentless propaganda and censorship. My book is called *The War on Ivermectin* for a reason.

I mean, it literally is a war. It's a war of information. And one of their greatest tactics is to label those with inconvenient science as "misinformation". They're trying to destroy our credibility. By destroying our credibility, it silences us. People don't want to listen to us. They view us as not a credible source of information.

And so, we can't be heard, and we can't give guidance. And it's an unfortunate happening. I'm so used to it now. I'm settled in. I know this is a war and that's part of it.

**WOODS:** The word "misinformation" is almost laughable at this point because it's uttered, typically, by people who have done nothing but lie and mislead nonstop for years now. And for them to be accusing others of misinformation, I almost feel like it's a deliberate gaslighting.

That we all know that the liars are them, whether it's Covid or a list as long as my arm, a list of other things that they are dishonest about. And they accuse other people of misinformation. As soon as I see "misinformation", I immediately think: *Oh, this might be an interesting guy. Maybe I should look into this guy.*

I mean, it's not always true, but it's more true than untrue. Whereas I never think: *Oh, this is a colleague of Anthony Fauci. He's got an opinion worth listening to.* I never think that.

**KORY:** No, no. And I like that point. You know, when they put out that list, the "Disinformation Dozen”. The government put that out. When you look at that list, those are highly credible, deeply studied, serious people.

I mean that is a really good list of who you should be listening to. It's almost a tell, right? Because you're right. Those are authority, they have the power to determine who is misinformationists while they're practicing disinformation. And to say it's tiresome is an understatement.

But, I mean, it's literally unfair. And I think my hopes are, their power to do this, their power to label and dismiss us as misinformationists, I hope that the amount of lies that they've spewed, the amount of policies that were divorced from science and from true data throughout Covid, as that gets exposed to more, I think their power, those in authority, to do this, will wane.

I mean, the one thing that's shocking to me is how much of the country still has retained an implicit faith and trust in those institutions the agencies, the medical journals, the professional societies. I mean, they've all exposed themselves as having been corrupted and controlled by the pharmaceutical industry. And I want people to be aware. That's one of the goals of the book.

**WOODS:** I have to make note of an anecdote in your book that I found rather interesting. And that is when super late at night, you got an email from a guy you did not realize was actually – well, I guess was he majority leader? Or Speaker of the House? Newt Gingrich?

He signed his name "Newt", but, I mean, anybody could sign his name, "Newt". And you can't tell who any of these people are. And like me, you get a lot of cranks writing to you. And at that time you weren't – like, you were a left-liberal Democrat.

And I mean, I'm not, but I still don't really care that much for Newt Gingrich. But all the same, he really wrote to you under the wrong circumstances at the wrong time.

**KORY:** Yeah, it started out as a humorous – I mean, I was rude. Yeah, I explain in the book. It was three in the morning, and I was up working. And I was tired of the cranks, I didn't know who this guy was. And it turns out it was Newt Gingrich.

And after I apologized for my rude reply, I could tell he actually had a noble goal at heart. He really wanted to try to get the government to understand that there were treatments for this disease. This was very early in Covid, and he worked his channels and contacts.

But you know what? Since he's been in government, I think government's a bit different. I think he even Newt had no power against Fauci and his minions and those agencies which were calling the shots. And they weren't looking or listening to advice.

**WOODS:** That, to me, was the interesting part of the story. I mean, apart from the fact that you realize it actually was Newt Gingrich, you wrote him a kind apology. He apologized back. And it was a very humane kind of interaction.

The fact that all of a sudden you just stopped hearing from him when it became obvious that the party line was such and such and yours was different. Well, Newt Gingrich can go only so far. I thought that spoke volumes.

I want to read just a little something to you, just to get your thoughts on, before we dig further into the ivermectin issue. This is from Richard Smith, former editor of the *British Medical Journal*. And he said – this is my paraphrase and then I'm going to read the passage.

He said that the problem of research fraud was not a problem of bad apples, but of, in his words, *"bad barrels, or indeed, of rotten forests or orchards"*. And now here are his exact words.

*"Stephen Lock, my predecessor as editor of the BMJ, became worried about research fraud in the 1980s, but people thought his concerns eccentric. Research authorities insisted that fraud was rare, didn't matter because science was self-correcting, and that no patients had suffered because of scientific fraud.*

*All those reasons for not taking research fraud seriously have proved to be false. And 40 years on from Lock's concerns, we are realizing that the problem is huge, the system encourages fraud, and we have no adequate way to respond.*

*It may be time to move from assuming that research has been honestly conducted and reported to assuming it to be untrustworthy until there is some evidence to the contrary."*

That is striking.

**KORY:** That is, to the letter, exactly what I've come to believe as a result of my journey through Covid. I did not know that. Before Covid, I trusted the high impact medical journals.

I thought they'd publish the best science and scientists. But after learning and becoming expert at numerous aspects of Covid and had to see flagrant lies and propaganda published in those medical journals, getting the world of doctors to believe that these vaccines were safe and effective, and that ivermectin and hydroxychloroquine didn't work.

I mean, I watched that play out in real time. And my prior respect and value that I placed on journals like the *New England Journal of Medicine* or the *Journal of the American Medical Association* has disappeared.

And that last part where you need to start – as a physician, you must start by not believing what's published. You do not accept the results of a trial, especially trials conducted by heavily conflicted, pharma conflicted investigators. Which really applies to almost anyone doing research now.

I mean their money to do the research comes really from two sources, which is the NIH or pharma.

**WOODS:** But aren't they required to put at the bottom of the paper what their conflicts might be? I mean, am I being naive asking that?

**KORY:** Well, that's the thing. They do. But the thing is, it's the norm. So, every paper you read in those journals, the conflicts of interest fill like a half a page. It's paragraphs of conflict.

And it's so standard, so the norm, that I think most doctors feel like those are manageable conflicts and it's somehow something that can't be avoided, that researchers are going to work with pharma.

But I didn't put as much importance on those conflicts prior to Covid as now. Now, I cannot read high impact journals. I cannot read a paper or believe in a paper that's funded by and conducted by pharma. I mean, that is a ludicrous proposition. That's not science.

The bias of the funders of studies is so heavy that it's corrupted all sides. And that's why Richard Smith talked about how you shouldn't be able to believe it. And one of the recommendations that I make to colleagues and what we've learned is Paul Marik and I – my partner – I mean, we've come to the conclusion that you need to use a totality of the evidence approach.

Meaning, not just some big randomized controlled trial, but the mechanisms, the observational data, the epidemiologic data, in order to understand whether something's really working. And when he said that, when he first started writing about that in the '80s, when you look back over the last decades of research and the frauds that have been perpetrated – I mean, the statin hoax.

Statins do not work. They do not do what they claim to do. They're actually dangerous. The propaganda around SSRIs as being helpful for mental illness and depression is – the toxicity of that is suppressed. So, this has been going on regularly in the sciences.

And I'm estranged now. I don't know who or what to believe, but I know not to take anything at face value or from an authority because the authorities are all captured.

**WOODS:** I was mentioning not that long ago that over the past ten years or so, the field of psychology went through what was called "the replication crisis". Where it became obvious that study after study after study could not have its results replicated when performed under identical conditions.

They could not get the same results that were published in these peer-reviewed papers. And so, it's not even like, well, just medicine or just my field of history or just economics or just epidemiology. It's like there's a rot all through academia.

It is a rot that is so overwhelming you don't know what to do other than just say: *I'm going to do everything I can as one person to be an honest man.* Honestly, what else can you do?

**KORY:** Yeah, it is. The rot is systemic. It's pervasive. And yeah, besides it being manipulated – and that reproducibility problem, it does extend beyond psychology. It extends to medicine and many other basic science studies that supposedly find these important findings and others can't replicate it.

And I think it speaks to the fact that – it's like you just said. I think it's quite rare for folks to be able to and succeed at conducting good, objective, scientific investigations. The biases, from personal to financial, to produce a paper and to publish are so high.

And there's a total bias towards publishing positive studies rather than negative studies. And so, when you read the medical literature you constantly laugh with the promotion of all sorts of medicines.

But you don't see the negative studies, you don't see the studies showing the toxicity, and then then you get a warped view of therapeutics. And I don't know how to solve that.

**WOODS:** Also, in psychology, I think they were finding there was a bias in favor of finding a link between some phenomenon and some mental health outcome: *Social media is causing X.* But it's not interesting to publish a paper that says: *Well, it doesn't*.

So, the papers that say they do get some kind of a bias in their direction. By the way, do you know the guy named Jimmy Dore? He's a political commentator.

**KORY:** Yeah, of course I know Jimmy. I've been on this show a couple times.

**WOODS:** Okay. All right. So, he's a great guy. He had this great routine the other day where he was talking about how we're all discouraged from "doing our own research" where he says: *You've actually heard people say to you, don't do your own research*.

And he says: *In the old days, doing your own research was called reading*. And today we're shamed on behalf of Big Pharma into not reading. He said: *But there's no other aspect of our lives where we would be shamed this way*.

He says: *So, if I said, "I think I'm going to go buy a car." I could just imagine the same sort of person saying to me, "Well, don't look into it." What? How would I know which car to buy? "Well, ask the salesman. He's the expert."What are you, Henry Ford?”*

I mean, that's exactly what we're all being told, in effect.

**KORY:** It's a brilliant joke. It's devastating. And it's funny that you bring it up because I have mentioned that in interviews. I thought it was so spot on. These accusations of: *Don't listen to people who do their own research.*

He says: *That used to be called "reading"*. and it's like they literally want to keep us misinformed and ignorant.

**WOODS:** What were the circumstances in which you first came to the conclusion that Ivermectin did work and was a useful remedy?

**KORY:** Yeah. So, what's interesting is that we didn't kind of identify Ivermectin as an effective therapeutic until October of 2020. So, my organization, the FLCCC and my colleagues, we made the decision, we're going to put together a group, we're going to put together protocols to treat this disease.

And we started in March of 2020. Our first protocol was for the hospital. It didn't have ivermectin in it. We didn't have enough data on ivermectin. We knew it was on a list of therapeutics that potentially could help.

But we put together our first protocol for hospitals called MATH+, which is Methylprednisone (which is steroids), Thiamine, vitamin C, and Heparin (which is a blood thinner) along with other different supplements and compounds.

But we kept following the trial's data. And so, by the fall of 2020, you had the first slew of trial results. And I will tell you, we didn't know at the time how corrupt science was, but we believed the studies that showed hydroxychloroquine didn't work.

We now know that to be false. Hydroxychloroquine is quite effective. But what was interesting is we were seeing all these studies show negative results for a number of therapeutics, but the ones for Ivermectin stood out.

We saw a signal around that we hadn't seen before. We saw these large magnitude reductions in death and hospitalization. And then we were seeing epidemiologic data from different places that were using it, and it was overwhelming.

And so, we started our early treatment protocol in October of 2020, and then I gave testimony in early December to Senator Johnson's hearing. And that testimony went viral, and it kind of put ivermectin as a topic of discussion around the world.

**WOODS:** Here's what I'd kind of like you to try to unpack for me, because I don't know anything about this. I just know I'm a skeptic of the official line, but don't know anything about this. I have not read any of the papers.

And you have quite a substantial number of sections of your book where you're talking about various papers and the fate of various papers pointing out the effectiveness of Ivermectin. But the thing is, I heard a guy named Vinay Prasad. You might know him.

**KORY:** Yeah.

**WOODS:** He's a public health guy and he's kind of been middle-of-the-road on this. Like, he's been very willing to stand up to the Fauci wing. But then on the other hand, he'll say somebody like RFK Jr goes too far.

But he'll say: *He's not a kook or a crank.* He doesn't call people names. He'll say: *He has some valid points and I'd like to amplify those and correct others and this and that*.

So, he has said about you that he doesn't agree with you. He doesn't think your video should be taken down, however. But he says, *"The pre-test probability and data are poor for Ivermectin."*

For a lay audience. Can you explain what his criticism is and why it's unfounded?

**KORY:** I don't know that I can because I haven't paid much attention. But I do know him as, like you said, a centrist figure who has been supportive of correcting some of the misinformation and disinformation in these policies. But I also know him to be someone who does not believe Ivermectin works.

And what's interesting is he wrote a Substack a couple of weeks ago where he addressed the issue of Peter Hotez refusing to debate RFK Jr. And he talked about the importance of debate and that we should be open and transparent and exchange information.

And myself and my colleagues (Steve Kirsch in particular) really went after him – not in a negative way. Where we're saying: *Great, let's have a debate about Ivermectin*. I mean, he's a system doctor. He's an academic like I was – I'm not employed in academia anymore.

But I would love to discuss with him why Ivermectin works. And I will tell you, one of my first questions would be: *Hey, Vinay, have you ever treated anyone with Ivermectin?* I will tell you the answer is, *"No."*

But that's not why I'll tell him that it works. I mean, I cannot understand anyone who does a credible survey of the Ivermectin evidence base and comes to any conclusion aside from the fact that it leads to overwhelming reductions in death, hospitalization, time to clinical recovery, and time to viral clearance.

I mean, the evidence base as it stands right now has 99 controlled trials. Now, the world's only heard of six of them. And those are the corrupted pharma ones that appeared in all the big journals. That's the only ones that were ever carried by the media.

But think about that, Thomas, 99 controlled trials. And when you do a summary analysis of all the data in those trials, it's called a meta-analysis, which is considered the highest form of medical evidence. The summary conclusions are overwhelming, like just stated. And the criticisms are absurd.

So, the authorities and those in power will tell you to ignore all of those trials because they're low quality, too small, done in black and brown countries – it's not the pinnacle of science in Europe or USA.

And it's absurd. It's absurd. Those are all false assertions. Having a small trial is not a problem because we combine small trials. So, yes, I agree. You wouldn't want to make a recommendation on one single small trial. But when you look at many dozens, 99 controlled trials, the data is overwhelming.

And then the other thing is, we have plenty of epidemiologic examples. There's numerous health ministries around the world who conducted early treatment programs using Ivermectin, and they all watched the deaths and hospitalizations plummet.

The hospitals were empty. Mexico City, Peru, Paraguay, Uttar Pradesh in India – I mean, if you just look at the delta wave in India. India put Ivermectin on their protocol during that delta wave. And if you look at that delta wave, it absolutely ravaged India.

But it was so fast. I mean, within weeks you saw deaths and cases and hospitalizations plummeting. And all the doctors there knew it was the widespread use of Ivermectin. And so, I'd find it shocking that someone like Vinay Prasad would offer an opinion on Ivermectin without deep study.

He clearly is not an expert on the subject. He's not aware of the just overwhelming data in support of it And so, that's why I've been encouraged to do a debate. So, he writes this Substack about doing debate.

We asked him – in fact, people started putting money that we were going to donate to a good cause. And we heard nothing. He's not willing to debate.

**WOODS:** Well, that's a shame because he as you say, he does seem like an honest broker, I think. And that's the way he portrays himself. And I've seen him try to be evenhanded with people. But now, having said all this, would you say then that all criticism of Ivermectin is in bad faith?

Do they have any reasonable grounds for their arguments? Is it all that they're in the pay of Big Pharma?

**KORY:** No. So, certainly some is in bad faith. I think the vast majority of the resistance to Ivermectin is because of disinformation. So, when I talk about the 99 studies or controlled trials for Ivermectin in my book, I explain how they do this.

Which is – my book, the structure – or at least the Ivermectin sections – are structured around an article that was sent to me called "The Disinformation Playbook." And I received out of March of 2021, and it's an article which outlines the tactics that industries employ when science emerges that's inconvenient to their interests.

All industries practice disinformation to protect their financial interests, none more successfully and powerfully than the pharmaceutical industry. And one of the tactics – and these tactics were actually pioneered by the tobacco industry, and that's how they successfully tried to convince people that cigarettes were not deadly for 50 years.

But the tactics are named after American football plays. They're called, like, the fake screen, the diversion, the blitz. By the way, the blitz is when they go after the scientists that are producing research science.

And when you said you Googled me, that's part of what they do. They blitz people whose recommendations are going to threaten their financial interests. But to your question, like, is all the ivermectin resistance in bad faith?

No, I think the vast majority of it is from ignorance. And that ignorance stems from the selective publication in high impact medical journals of pharma-conducted trials studying Ivermectin. And just to point out how absurd this is, in the most brazen, manipulated trial – that was the NIH funded trial.

And guess who they selected to be the principal investigator? They selected a physician from Duke named Susanna Naggie. And if you look at her conflicts, she literally owns stock in a competitor to Ivermectin, in antibodies that were supposed to be treating omicron at the time.

She took money from Gilead and from another pharm official. And everyone on that trial was steeped in pharmaceutical conflicts of interest. So, I have a chapter in the book, it's called "The Big Six", because it really refers to the six trials that captured the world's attention and all the doctors.

And they were the largest, supposedly the most rigorous, and they were published in the highest impact medical journals. And each publication led to huge PR campaigns, headlines all around the world: *Ivermectin Found to Be Ineffective.*

But that's only six trials. Now, the uniqueness of those six trials, compared to all of the other early trials, they were the only ones that literally were heavily conflicted by pharma, and they were the biggest and most expensive.

Now, here's where I think me and a guy like Vinay Prasad would differ. And same thing, I would use Alex Berenson as well. So, Alex did great work around the vaccines. He completely missed Ivermectin and hydroxychloroquine.

What those guys would argue is those big six trials were the most rigorous, the most trustworthy, and the best science studying Ivermectin, and they all found it not to work. And they want to argue that?

That's fine. Me and numbers of my colleagues around the world have done deep investigations into those trials. The shenanigans, the manipulations, the deceptions, the brazenness of what they did to try to show Ivermectin didn't work is astounding.

Now, had a fight with my co-writer because – she was so great, but she wouldn't let me go to that granular level of detail. So, I kind of kept things top line when I talk about those six trials. But the most brazen act was the NIH trial, where in the middle of the trial they changed what's called the "study endpoint".

So, before the trial, you have to have a protocol which describes the design. And they decided that they would test Ivermectin versus placebo. And at 14 days they would compare the clinical severity of the disease in the two groups.

In the middle of the trial, they suddenly changed the endpoint to "difference in symptoms at 28 days". So, first of all, you never are supposed to change an endpoint in the middle of the trial – ever. It's a no-no. Not only did they do that, but I want to remind you, they also did that with remdesivir.

So, when the big remdesivir trial was failing to show a benefit, they changed it to one endpoint which showed a slight benefit. But with Ivermectin, in that NIH trial, they changed it to 28 days. In the paper they show you the differences at day seven, day 14 and day 28.

The statistical significantly difference in improvements at day seven and 14 are in the paper. At day 28, it loses statistical significance. And this was published in one of the highest impact medical journals in the world, the *Journal of the American Medical Association.*

Tom, if I did that trial and pulled what they pulled in it, I would never be able to get that published. Yet that was sailed to publication in the highest impact journal. And my guess is a guy like Vinay has no idea of these manipulations and shenanigans they pulled in these trials.

Instead, they hold up those six trials as the definitive word on Ivermectin. And that's the sadness, because I will say that the average doctor, the vast majority of doctors, have no idea of the controlled capture and corruption of the journals and of trials.

They literally peddle lies to protect pharmaceutical company interests. And Tom, the last thing I want to say is, I think people who read the book will come away with a few things. They'll come away with an honest accounting from the historical record of what that war did, how it was conducted.

But most importantly, it shows that Ivermectin is an example of a decades long war on generic off-patent drugs. It's not about Ivermectin. They've been doing this for decades. I mean, heck, there could be a book called, *The War on Hydroxychloroquine*, because the tactics were the same.

It's fraudulent trials trumpeting cross media, published in high impact journals, incorporated into regulations and guidelines. And they know how to manipulate the country into using certain drugs and not using others. And there's never been a more brazen example of how they do it than in Covid.

And I think if someone reads my book, they're going to be coming away armed with information on how to recognize how science is corrupted, how disinformation is practiced, and to be very careful in where you get your information from.

You need it from unbiased sources. And unfortunately, nothing in medicine is unbiased. The societies are captured by pharma money. The journals are captured by pharma money. And pharma runs our agencies. I mean, we're literally in a corporate fascist state. Our corporations are masquerading as government.

**WOODS:** What I'm curious about as a non-doctor is, suppose I'm Pierre Kory, and I'm convinced that this is a treatment that works. Number one, are there any restrictions on my offering it, let's say, because of some medical association or some government telling me I can't?

Or secondly, what if some higher up at the hospital is absolutely convinced that it's quack medicine? Can he stop me from administering it?

**KORY:** Oh, 100%. So, are there restrictions to using Ivermectin? Let me count them for you. So, number one. So, I have a chapter in the book called "The Horse De-wormer Campaign" because that was a public relations campaign.

We know what triggered it. We know how it was conducted. We know the sequence of events. You remember that period in August-September of 2021 where all you heard on television was a late-night talk show host or newscaster or some commentator just keep saying "horse de-wormer".

And as a result of that campaign, which was propaganda, the entire system reacted. And what started happening, these hospitals started pulling it from their formularies. So, it wasn't even available in-house.

You couldn't treat a hospital patient with Ivermectin. The pharmacy would tell you: *No, we don't stock it because we don't believe it should be used.* And I've never had that happen before in medicine. The retail pharmacies – suddenly pharmacists were refusing valid prescriptions from physicians, refusing patients to their face that they wouldn't fill it.

Then you started to see attacks on doctors who were prescribing. My colleague and friend, Marilyn Mass. They took her license away. She's in a hearing right now today – which, I'm going to testify after this because I'm one of the expert witnesses in her case.

But doctors lost their licenses. Complaints were filed by pharmacists against doctors who were using Ivermectin. Hospitals were sending out memos to all of their physicians in the outpatient arena that: *You are not to write any more ivermectin prescriptions*.

And this has never happened in my career. I've never been told I could or could not use a medicine. And it was just astonishing. So, it's really hard. Now, there is a solution. So, you can still prescribe it. What has saved a good portion of the country was our system of compounding pharmacies.

And compounding pharmacies have always been supportive and sympathetic to alternative therapies, and vitamins, and the therapies that aren't necessarily recommended or taught in medical school. And they're natural, I think, kind of perspective on this was they were very friendly to us.

I mean when I called compounders, they would fill my scrips. They would deliver those scrips to my patients. Couldn't do it in the retail franchise space, but compounders have been great. In my practice right now – I have a private practice focused on treatment of vaccine injury and long Covid syndromes.

I mean have one compounding pharmacy that I use, they're so supportive they're so helpful. It keeps me under the radar, and so I have access to good quality Ivermectin. But you have to know how to get it.

But I will tell you, most doctors aren't prescribing Ivermectin. They've already been convinced that it doesn't work and it's an uncredible drug.

**WOODS:**  I want to shift gears and ask you a couple of things that maybe are not in your direct area of expertise, but they're close. I've heard some people saying that when you look at all-cause mortality over the past few years, that there is not a significant enough change (or perhaps no change) to justify having called it a pandemic in the first place.

Do you disagree with that?

**KORY:** No, I do believe it was a pandemic.

**WOODS:** Because I think in some countries there was an uptick.

**KORY:** Yes, there was. And you can see spikes in 2020 of increases in all-cause mortality. And I have colleagues who've done deep dives on the death certificate databases.

Like, for instance, in Massachusetts, and there was a rise in all-cause mortality, largely driven by deaths from respiratory diseases in 2020. In 2021, though, the excess mortality increased and continued, but the nature of that death in 2021 turned into cardiovascular disease.

And I find that one of the most damning analyses which showed that the excess mortality in 2020 and 2021 were very different in nature. And it really shows that the vaccines drove a lot of the excess mortality.

I mean, Tom, when I think of excess mortality, I mostly think about the vaccines, because the data out of the life insurance industry is the most censored and suppressed in society. It's also the most damning. But in industry actuarial reports, you see this immense rise in death claims amongst working age Americans.

And it begins at a certain time point. It's the third quarter of 2021. It hits white-collar workers the hardest. They had the largest rise in their rates of death, which are generally the lowest in society. White-collar workers tend to be young, healthy, educated.

They have the lowest mortality rates. And you saw a historically unprecedented rise in deaths amongst that group. And you're only left with the question, what happened in the white-collar workplace in the third quarter of 2021?

And those were mandates. And as the mandates were in place, you saw this insane rise in deaths amongst previously healthy people. And so, there's still a lot of excess mortality. In fact, I have an op-ed that I wrote on this issue.

It's all across the world. Most of the advanced health economies are reporting continued and sustained increases in excess deaths. And this is in the context of Covid becoming much, much milder. There's not a lot of death from Covid.

And none of these rises could be explained by Covid cases, even when Covid cases are overcounted. You know, the old "dying with" and "from" Covid. Even knowing that Covid numbers are inflated, they cannot explain this rise.

And it's truly shocking. I mean, there is sustained increased excess mortality in '21, '22 and continuing into '23.

**WOODS:** That leads into the other question, which is, we get thrown in our faces all the time that there's such and such paper that "proves" that the vaccine saved "millions of lives". I would guess that this could be based on extrapolation from assumptions.

I think they probably begin with the assumption that the vaccine has the intended effect. Then they extrapolate or something. I don't know what the method behind these papers is.

**KORY:** I know the paper you're referring to. I didn't do a deep dive into it, I have colleagues who have. But I would use that as an example, like, science is so manipulable. I mean, you can literally design or write a paper or an analysis to show what you want it to show.

And the thing is, we all have our biases, right? So, some people will accuse me of being biased towards evidence that shows that the vaccines are toxic. And that very well may be true.

But what we've been talking about, Tom, for this whole time, is the rot, the deep, long-standing rot in the scientific literature and how corrupt it is.

Now, one of the chapters in my book, I not only talk about the Big Six fraudulent trials, but was in contact with investigators, study investigators around the world, who had conducted Ivermectin studies, many of them high quality, found immense benefits of Ivermectin.

All of them were rejected, rejected, rejected, from the high impact journals. They could not publish their papers. We were on email groups together where everyone was like: Where can we publish? We're getting rejected everywhere. So, there was censorship of positive studies.

Similarly, the censorship of negative studies on the vaccines was even more profound. You could not publish any paper which showed a conclusion opposite that one. Like, did it save millions of lives? Papers studying the widespread toxicity, the lethality, the blowing up the VAERS database with reports that we've never heard of before.

You couldn't publish about that. Those were censored. And so, it's a very similar problem with Ivermectin. I think the two are hand in hand. I mean, keep in mind also that the war on Ivermectin – so, the threats of Ivermectin to the system were many-fold.

So, number one, if Ivermectin was understood to be efficacious, it would have removed the possibility of an EUA for the vaccines, because to emergency authorize a medical product, there can be no effective treatment for that disease in question.

So, if Ivermectin's efficacy were known, the whole global vaccination campaign would have been destroyed. Secondly, even if that didn't happen, enough people would have known it worked, that there would have been a huge rise in vaccine hesitancy, which was not part of the objective.

They knew they wanted to fight vaccine hesitancy. And then further, Ivermectin threatens the profits of all of the emerging, pricey, patented pharmaceuticals like Paxlovid Molnupiravir, monoclonal antibodies. It would have decimated the market for Remdesivir.

And so, you literally have this decades old, one of the safest medicines in the world, widely distributed across the world, manufactured in nearly every country, abundant supply everywhere. And it terrified those markets.

That was tens of billions of dollars for all those products, and that's why they destroyed it. And yet you saw – I detail in the book how they did it. I mean, they censored positive reports. They retracted any papers that did make it through the publication.

Like, my paper went through peer review. Three senior scientists at NIH and CDC reviewed my paper. It went through three rounds of peer review, and it was accepted for publication. And the journal never published. They retracted.

And it's happened to a number of my colleagues who did studies on vaccines or other effective early treatments. I mean, they literally will retract those papers. And it shows you how rotten the body of science is. You can't trust it. And that's the other thing.

You know, the propaganda was one thing, but I find censorship to be more deadly. Because the only people who know censorship is occurring are those being censored. Those out there in society trying to look for good information, they have no idea what they don't know.

And they're pretty convinced of what they do know because so-and-so newspaper or newscaster or agency said so. And that implicit faith and trust in the institutions of society, media, journals, agencies is so mis-founded and it's so dangerous that this discussion that we're having, Tom, is critical for everyone to hear.

Because if you keep listening to authorities that have been captured and corrupted by corporations, those corporations do not have your best interests at heart. You know what their best interests are? Their shareholders. They shouldn't be in health care. I mean, literally, they have a primary responsibility to shareholders, not to our health.

And it shows them how they conducted in this Covid response in this country. I call the United States – I call it the United States of Pharma. The power of that industry in the conduct of our nation and our government is so terrifying and so little known.

**WOODS:** I would hear people give analysis like that and say: Look, this type of – if they ever accepted Ivermectin, for example, it would really, really damage the bottom lines of a lot of big companies, a lot of big pharma companies.

I remember thinking: *You know, I'm cynical, but I'm not that cynical*. Well, I was wrong. I think it's impossible to be too cynical after I have lived through unbelievable gaslighting campaigns, lying, suppression of dissident voices.

I mean, we all know what we've just lived through. I myself am planning to release a book in the not too distant future of Covid stories, of people in the general public. So, not physicians, but people in the general public who suffered, who really suffered in one way or another because of the alleged mitigation measures.

So, that could be: I wasn't able to see my father before he died. Or: I lost everything I had worked for. Or: My family won't speak to me anymore because I have the wrong opinion of the vaccines. Or whatever it is.

These are stories you weren't allowed to tell because: *How dare you complain? Don't you know we're in a pandemic? How dare you complain about the mitigation measures?* You weren't even allowed to talk about these things.

And I feel like if a historian in the future ever really wanted to tell the full story of what we went through, it has to include those kinds of stories. It can't just be: *Well, they locked us down and that didn't work, and the masks didn't work.* It's got to have those human-interest stories.

Well, likewise, the full story of this has to also include the kind of material you've got in your book, The War on Ivermectin, about what dissident doctors themselves endured. That is a major, major piece of the full story, which I have to believe sometime down the road when passions have cooled, will one day be told.

**KORY:** Yes. I think that's really important. You're right. The average lived experience of a member of society, not part of the health system or apparatus. What they endured is – it's indescribable, in this context of this health care emergency, the amount of civil liberties, medical ethics, that were violated and trampled.

And the end results of that and how that affected the individual patient or person. It's a really very dystopian and very alarming story. Let me give you an interesting kind of anecdote, because you asked about how to get Ivermectin after the restrictions for Ivermectin.

So, what happened was in January of 2021, a lawyer named Ralph Lorigo – who has since become a friend. He was contacted by a client of his. He's a commercial litigator, and one of his clients reached out to him and said: *Ralph, I need help. The hospital will not give my mom Ivermectin.*

And what happened was that this person had seen my work, my paper, was following our organization, took our protocol to the hospital and demanded that his mom get Ivermectin. His mom was on a ventilator in the ICU.

The ICU doctor actually agreed, treated the mom with Ivermectin and she came off the ventilator within 1 or 2 days. Then she gets transferred to a Covid ward and the doctor there says: *No way. I am not giving her Ivermectin*.

And she starts to decline. So, Ralph takes the hospital to court to try to get a judge's order that they have to administer Ivermectin. And the judge did issue the order and she got Ivermectin and she was discharged five days later.

But what happened next is over the next year, people all around the country were contacting Ralph, and he had cases in numerous jurisdictions all around the country. He took 200 cases in all. 80 cases went to court.

And he was really winning these cases in the beginning. After a few months of these wins, boy, did the hospitals start fighting back. They were bringing in teams of lawyers. They were pulling all sorts of shenanigans. They were refusing judges orders. They were delaying.

They were saying to the judge: *There's not a doctor in the hospital that's willing to prescribe this*. Then even when they could get it prescribed, they would say: *No nurse would administer.* So, the doctor would have to go into the hospital to administer. I mean, I can't make this stuff up.

But here's the point of my anecdote. The 80 cases that went to court, he won 40 and lost 40. In the 40 he won, 38 patients survived. In the 40 cases he lost, two patients survived.

**WOODS:** Wow. That says it all.

**KORY:** I mean, I would love to tell Vinay Prasad that. And what's Vinay Prasad going to say to me? Oh, that's not a randomized, controlled trial. It's anecdotal. I mean, whatever nonsense. I'm sorry, that is a randomized controlled trial. I mean, do you think there's any difference between those that – when Ralph could win and when he couldn't win and that affects what kind of patient it was?

No, I mean, literally 38 out of 40 that he won survived. And only two out of the 40 he lost survived. I mean, and that's not even close. It's not like it was 22 to 18. I mean, there's nothing you can argue about that, and that it was lifesaving in those patients.

**WOODS:** At this stage of things, with things seeming to have died down a bit, are you personally seeing doctors still feeling like they need to prescribe ivermectin or people not presenting with symptoms like this so much anymore, so it's kind of moot?

**KORY:** No, I'm still using Ivermectin. The disease is milder. I would say the impacts of Ivermectin are a little harder to discern. I mean, no one's really going to the hospital anyway. With the changes in variants – I mean, Ivermectin in the beginning was absolutely incredibly potent.

I mean, when I was using it in that first year – I mean, the patients were all reporting within 12 to 24 hours, a significant improvement in some serious symptoms. Now, my patients get better, It's a little slower. But no, we're still using it. I use it a lot in long Covid.

But here's what I would say, is that the book is called, The War on Ivermectin. And I believe that the war was fought to a stalemate, meaning that all the doctors along the way discovered the evidence and had a good look at the evidence and employed it in their practice and realized it was really effective. That's a significant amount of doctors that are using it, and they will continue to use it.

But the vast majority of the doctors in our health system were propagandized to believe that it doesn't work. It was removed from formularies. They can lose their jobs if they prescribe it, and they will never prescribe it. They will never have the experience of treating the patient with Ivermectin.

And I think the numbers in those two camps have now been settled. If someone has never used Ivermectin before, they'll never start now. For those who've already used it and know its efficacy, they will continue.

And that's why I think it's fought to a stalemate. And although I wish we could have saved the world here and have the world understand its efficacy, I think we reach many millions. Our protocols and our guidance was listened to around the world.

There's a lot of organizations similar to mine in each country, each advanced health economy, also fighting for autonomy and objectivity and a reliance on good science. And Ivermectin was a game-changer in many people's lives.

It saved millions and millions of lives. It just could have saved more.

**WOODS:** Well, I strongly urge people to check it out, read it for themselves, The War on Ivermectin. This is episode 2373 of *The Tom Woods Show*. So, the show notes page where will have that book linked is TomWoods.com/2373. Doctor Kory thank you for being so unselfish with your time. I appreciate it very much.

**KORY:** Always a pleasure. Thanks, Tom.