New American

Written by **Veronika Kyrylenko** on March 18, 2022

Published in the April 11, 2022 issue of the New American magazine. Vol. 38, No. 07

Heroes of the Pandemic

The New American

Two years into the pandemic, America's Covid death count is truly heartbreaking, surpassing 915,000 as of mid-February. Even more agonizing is that most of these deaths could have been prevented had the U.S. medical establishment used early treatments such as ivermectin (IVM), hydroxychloroquine (HCQ), and other repurposed drugs and vitamins. Instead, prescribing these widely used and long-known remedies spells career suicide for doctors. Big Tech purges content related to "unapproved" early treatments and censors those who share it. Suddenly, remedies used countless times around the world in the most vulnerable populations, such as infants and pregnant women, are synonymous with poison.

Mere days after the World Health Organization (WHO) declared the pandemic in March 2020, doctors already knew how to treat SARS-CoV-2 infection. Hundreds of practicing physicians around the globe began treating patients, reporting great results with repurposed drugs, yet few have learned of this success since Big Tech works 24/7 to scrub evidence from all media platforms.

In his book *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*, attorney, activist, and Children's Health Defense founder Robert F. Kennedy, Jr. noted, "On March 13 [2020], a Michigan doctor and trader, Dr. James Torado, M.D., tweeted his review of HCQ as an effective COVID treatment, including a link to a public Google doc. Google quietly scrubbed Dr. Torado's memo. This was six days *before* the President [Trump] endorsed HCQ. Google apparently didn't want users to think Torado's message was *missing*; rather, the Big Tech platform wanted the public to believe that Torado's memo never even *existed*."

Google is not alone. Facebook CEO Mark Zuckerberg vowed before Congress in 2020 to ruthlessly combat "misinformation" about Covid treatments. "Stating that there's a proven cure for COVID when there is in fact none" could cause "imminent risk of harm," he claimed.

Sharing content on the "efficacy and/or safety of preventative measures, treatments" for Covid is a big no-no for Twitter users, according to its "COVID-19 Misleading Information Policy." Posts including "false or misleading claims about potentially harmful and unapproved treatments or preventative measures" violate the policy and are deleted.

The U.S. Food and Drug Administration (FDA) led a deceptive smear campaign against IVM, often used against a wide range of human and animal parasites and viruses. "You are not a horse. You are not a cow. Seriously, y'all. Stop it," the agency tweeted. The Centers for Disease Control and Prevention (CDC), while admitting the drug is "generally safe and well tolerated" if used as prescribed,

recommended against using it as Covid treatment. (Interestingly, the agency advises all foreign refugees to take IVM for at least five days before coming to America but does not specify whether the purpose is deworming or as a prophylaxis against Covid.)

Director of the National Institute of Allergy and Infectious Diseases (NIAID) Dr. Anthony Fauci was even more straightforward against the highly promising drug. He said it "potentially has toxicity," and urged Americans not to take it. Instead, he urged everyone to stay home, "socially" distance, wear masks, only go to the hospital for extreme cases, and wait until vaccines arrive. The cardinal sin would be listening to fringe doctors who use unapproved early treatments.

His strategy was a complete disaster, as even its promoters now acknowledge. Lockdowns left the economy in shambles. The number of excess deaths from untreated disease, suicides, and drug overdose is off the charts. Masks and social distancing have not stopped the spread. Vaccines, touted as life-saving, are injuring and killing people while failing to prevent transmission and disease. Moreover, studies suggest a negative efficacy, meaning the vaccinated are more likely to catch Covid. Steve Kirsch, a famed Silicon Valley philanthropist who founded the COVID-19 Early Treatment Fund and Vaccine Safety Research Foundation, offered $1 million to anyone who can prove that a single strategy employed by the U.S. government against Covid works. The offer is still open.

Casus Belli

World-renowned internist, cardiologist, and epidemiologist Dr. Peter McCullough told The New American in April 2021 that outpatient treatments are a "missing pillar" of pandemic response. He pointed out that while Americans were locking down, wearing masks, socially distancing, and awaiting experimental vaccines, the priority should have been to treat people and give them reasonable hope. Instead, the priority was fear, followed by the false solution of vaccines.

"United States government, along with its stakeholders, CDC, NIH [National Institutes of Health], FDA, Big Pharma, World Health Organization, [Bill & Melinda] Gates Foundation, they had made a commitment to the mass vaccination as the only solution to the COVID-19 pandemic," McCullough said.

Dr. Peter McCullough (left), photo credit: The New American
Dr. Harvey Risch (right), photo credit: yale.edu

Treatments such as HCQ and IVM threatened vaccine manufacturers. According to statutes for emergency use authorization (EUA), "If there is an available agent which can provide protection against the threat … and mitigate it," then the vaccines could not be granted EUA. Were HCQ or IVM acknowledged as effective remedies against Covid, manufacturers would have been forced to submit to regular clinical trial processes. Those could take years of rigorous safety and efficacy testing, meaning no immediate return on investment, and possibly none in years to come.

The war on early treatments had a distinct political underlying motive beyond vaccine promotion. Democrats, mainstream media, and Big Tech knew their raging smear campaign and fruitless impeachment efforts against Donald Trump were going nowhere, for the president's "America First" agenda materialized in robust economic growth and record-low unemployment. That spelled trouble for Democrats in the 2020 presidential election. When Covid arrived and Trump endorsed HCQ as a "game changer," they accused him of "trying to kill Americans" with the "unstudied" drug, ignoring its 65-year safety record.

"It's like saying, 'Maybe if you inject Clorox in your blood, it may cure you.' Come on, man!.. What in God's name is he doing?!" lamented then-presidential candidate Joe Biden. He called Trump's HCQ endorsement "totally irresponsible" and "counterproductive," and cited unnamed studies that presumably found HCQ "doing more harm than good."

Heroes and Remedies

In his book on Fauci, Kennedy quotes Dr. Harvey Risch, a leading Yale epidemiologist: "Unless you are an island nation prepared to shut out the world, you can't stop a global viral pandemic, but you can make it less deadly. Our objective should have been to devise treatments that would reduce hospitalization and death. We could have easily defanged COVID-19 so that it was less lethal than a seasonal flu. We could have done this quickly. We could have saved hundreds of thousands of lives."

We really could have. We had all the tools:

Hydroxychloroquine: One of the first American doctors to tackle Covid was Dr. Vladimir "Zev" Zelenko, New York-based board-certified physician with more than 20 years of professional experience. He has personally treated thousands of patients and consulted with peer physicians on four continents. In 2020, he penned open letters to the medical community and to Trump, detailing his recommended treatment using a combination of HCQ, the antibiotic azithromycin, and zinc sulfate.

"We know that hydroxychloroquine helps zinc enter the cell. We know that zinc slows viral replication within the cell. Regarding the use of azithromycin, I postulate it prevents secondary bacterial infections. These three drugs are well known and usually well tolerated, hence the risk to the patient is low." He continued, "My urgent recommendation is to initiate treatment in the outpatient setting as soon as possible in accordance with the above. Based on my direct experience, it prevents acute respiratory distress syndrome (ARDS), prevents the need for hospitalization and saves lives."

A 2020 peer-reviewed study of the Zelenko protocol, accepted for publication in the *International Journal of Antimicrobial Agents*, found it "decreased hospitalizations by 84% and resulted in a 5-fold reduction in death." This translates into nearly 770,000 needlessly lost lives.

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Dr. Vladimir Zelenko (left), photo credit: imdb
Dr. Pierre Kory (right), photo credit: The New American

In further testimony to the U.S. Senate Committee on Homeland Security in December 2020, Dr. Zelenko reported no Covid deaths among his high-risk patients. These included Holocaust survivors in their 90s, cancer patients, and diabetics, who normally experience up to a 20 percent fatality rate. All patients who followed his early treatment survived, he said.

Risch experienced similar results. In 2020, he published an article in the *American Journal of Epidemiology* titled "Early Outpatient Treatment of Symptomatic, High-Risk Covid-19 Patients that Should be Ramped-Up Immediately as Key to the Pandemic Crisis." He referenced five clinical trials that showed the "significant major outpatient treatment efficacy" of HCQ coupled with azithromycin.

Likewise in 2020, McCullough published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" in the *American Journal of Medicine* with a subsequent update in *Reviews in Cardiovascular Medicine*. It was the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2. McCullough successfully treated his Covid patients with a combination of HCQ, zinc, azithromycin, doxycycline, aspirin, and other widely used drugs. In January 2022, he testified on Capitol Hill that the protocol had proven to prevent as many as 95 percent of Covid deaths.

Dr. Ryan Cole testified with McCullough. Cole is a Mayo Clinic and Columbia University-trained anatomic/clinical pathologist and CEO/medical director of Cole Diagnostics, the largest independent lab in Idaho. He has treated thousands of early-stage patients using McCullough's protocol. He related the story of his brother, who called him in a panic with an oxygen level at 86 and excruciating lung pain. Two hours after starting treatment, the pain had subsided and his oxygen reached a robust 98 percent.

Cole also told Kennedy, "Early treatment of COVID-19, plain and simple, saves lives. If the medical profession had been forward-thinking and hands-on, and focused on this disease, with an early outpatient multi-drug approach, knowing that COVID-19 is an inflammatory clotting disease, hundreds of thousands of lives could have been saved in the U.S."

Covid czar Fauci spurns such real-world evidence, insisting that until HCQ proves its worth in lengthy randomized clinical trials, bureaucrats will continue blocking access to it. That's been going on since June 2020, when the FDA stripped the drug's EUA, preventing distribution from the Strategic National

Stockpile. Tragically unnoticed is an October 2020 paper posted on the NIH website that found hydroxychloroquine "is effective, and consistently so when provided early, for COVID-19." A real-time analysis involving 313 peer-reviewed studies as of mid-February has come to the same conclusion.

*Ivermectin:*Ivermectin, a decades-old antiparasitic and antiviral drug, took center stage in April 2020, when Australian researchers from Monash University found that just a single dose could stop the SARS-CoV-2 growing in cell culture.

"We found that even a single dose could essentially remove all viral RNA by 48 hours and that even at 24 hours there was a really significant reduction in it," Monash Biomedicine Discovery Institute's Dr. Kylie Wagstaff revealed.

All subsequent real-world and clinical studies showed the drug's outstanding efficacy against Covid. Writes Kennedy, "Since March 1, 2020, some front-line ICU and ER doctors began using ivermectin in combination with HCQ in early treatment protocols…. More than 20 randomized clinical trials (RCT) have confirmed its miraculous efficacy against COVID for both inpatient and outpatient treatment. Six of seven meta-analyses of IVM treatment RCTs completed in 2021 found notable reduction in COVID-19 mortality."

Ivermectin is the cornerstone of treatment recommended by the Front Line COVID-19 Critical Care Alliance (FLCCC). "We regard ivermectin as a core medication in the prevention and treatment of COVID-19," reads the website. The group's co-founder and president, Dr. Pierre Kory, testified on Capitol Hill that "ivermectin could reduce hospitalizations by almost 90 percent and deaths by almost 75 percent."

Speaking with The New American in January, Dr. Kory noted that while ivermectin and other repurposed drugs are extremely effective against Covid, they are also extremely cheap, and therefore do not interest pharmaceutical companies and corrupt U.S. health authorities, which Dr. Kory dubs "federal pharmaceutical agencies." He said, "We really have to fight a war to get this information out."

"Why don't they talk about Vitamin D?" asked Dr. Paul Marik, FLCCC's co-founder. "It's cheap, you can go to the pharmacy and get it over the counter. [But] nobody's going to make money." That is a huge threat to Big Pharma, he told The New American. Marik successfully treated Covid ICU patients at the onset of the pandemic before his hospital administration pulled the plug on his protocol. He could not even give his Covid patients Vitamin C.

"What was left was remdesivir," said the doctor, describing the horrific toxicity of the expensive drug. That was "evil in its purest form," Dr. Marik lamented. "It's murder. They are basically murdering people in hospitals." Because he refused to use remdesivir, Dr. Marik's hospital privileges were revoked in November.

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Dr. Paul Marik, photo credit: The New American

Remdesivir: The FDA has approved intravenous remdesivir for Covid treatment in hospitalized adults and children 12 years of age and older who weigh more than 88 pounds. The agency also granted EUA for younger children who are hospitalized. CDC says the drug "should not be withheld" from pregnant women, even though the agency admits that this population was excluded from clinical trials evaluating remdesivir's safety and efficacy.

Many of the studies supporting NIH's recommendation of remdesivir were conducted on animals or were *in vitro* studies, meaning they involved microorganisms, cells, or biological molecules, not people. Human studies were at best a mixed bag; two authoritative trials by the FDA showed remdesivir to be ineffective and unsafe. They also indicated that a majority of the participants in the several remdesivir studies have suffered adverse effects such as liver and kidney damage and multi-organ failure. Previously, in 2019, remdesivir manufacturer Gilead had to terminate the drug's Ebola trials because 54 percent of the recipients died within 28 days. In November 2020, the World Health Organization recommended against remdesivir in hospitalized Covid patients, regardless of disease severity. The agency cited a lack of evidence showing the drug's efficacy.

Others note its lethality. "Remdesivir increases a risk of death by three percent," said Dr. Marik during Capitol Hill testimony, adding that the drug increases the chance of renal failure by 20 percent. Yet the federal government incentivizes hospitals to administer the dangerous medication. Hospitals receive a whopping bonus — 20 percent of patients' bills — for prescribing the drug according to NIH protocols.

"The hospital is a dangerous place for sick people," Dr. Marik told The New American. "If you have Covid, you'd better stay home. Get oxygen at home. Get whatever treatment you have at home." He added, "Isn't it an unfortunate indictment of the healthcare system that a physician who has been practicing in an ICU for 35 years would say such an astonishing thing?"

Drs. Risch, Zelenko, McCullough, Cole, Kory, and Marik are just a few among the massive cohort of physicians who have remained true to their profession and their Hippocratic Oath. FLCCC alone has more than 1,000 members. In a just world, they would be celebrated as true heroes.

"True heroism is remarkably sober, very undramatic. It is not the urge to surpass all others at whatever cost, but the urge to serve others at whatever cost," said tennis star Arthur Ashe. The brave hero-

doctors are living examples of this important lesson that resonates with the very spirit of the American Republic so well.

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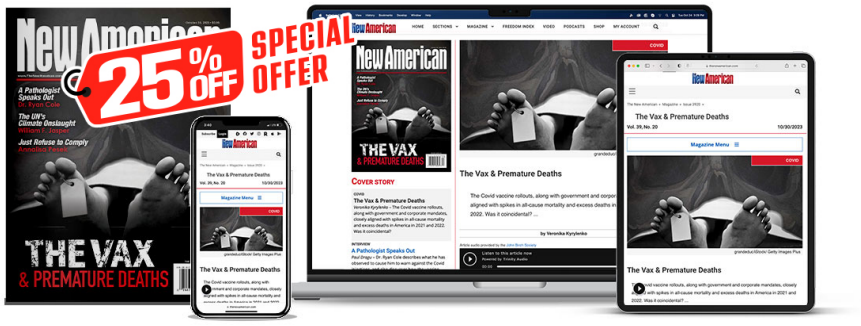

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