



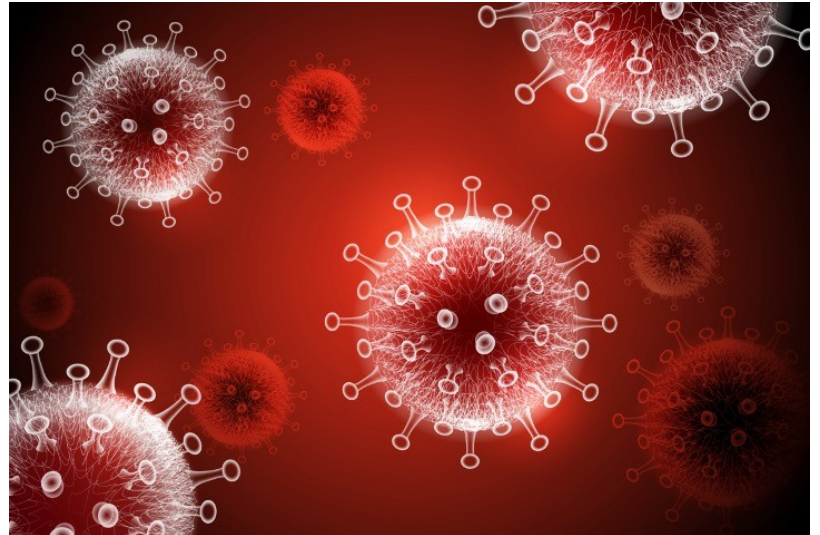
Written by [Rebecca Terrell](#) on March 3, 2022

Tenn. Legislative Testimony: Doctors Defend Natural Immunity, Early COVID Treatments

A team of doctors from across the country converged in Tennessee this week to speak before state House and Senate subcommittees concerning proposed COVID-19 measures. Here's what they discussed:

Natural Immunity

Drs. Ryan Cole and Richard Urso [addressed](#) the Health Subcommittee on Tuesday regarding House Bill 1871, which acknowledges that natural immunity to the SARS-CoV-2 virus is “at least as protective” as COVID-19 vaccines. Introduced by Representative Bud Hulsey (R, Kingsport) on January 20, the measure would prohibit government and private entities from treating those who have recovered from COVID differently from individuals who have received a vaccine, and from enforcing laws or rules that discriminate against them.



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“Natural immunity from any disease has been recognized for eons, from the time we had the Black Plague, and people that had recovered from the plague cleared the bodies because they had immunity...” began Cole’s [testimony](#). “We have never ignored natural immunity from recovering from a disease until this last two years for some odd scientific and unexplainable reason.” He referenced the Brownstone Institute, where former World Health Organization (WHO) COVID advisor Dr. Paul Alexander has compiled 150 studies proving that natural immunity is many times stronger than protection derived from COVID vaccines. Cole pointed out that the U.S. Centers for Disease Control and Prevention (CDC) [denied](#) a recent Freedom of Information Act request by attorney Aaron Siri for [proof](#) of agency claims that vaccinal immunity is superior, since a “search of our records failed to reveal any documents pertaining to your request.”

“We’re violating civil rights of individuals,” Cole continued. Citing numerous studies, he explained that COVID-recovered individuals are far less likely to transmit the virus than the vaccinated. “We are segregating our society unnecessarily.”

“Pfizer, Moderna and J&J [Johnson & Johnson] all went out of their way to eliminate patients with natural immunity from their studies. Why did they do that?” queried Urso in follow-up to Cole’s testimony. His answer: “They didn’t want their studies to be messed up.” He explained that COVID-recovered patients are at “serious risk of hyperimmune response” activated by vaccination because they retain fragments of the virus for months if not years following the disease, and the vaccine manufacturers know that. He warned that vaccine mandates for 5- to 11-year-olds will put more than 20



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million children at high risk for hyperimmune response. “Some of them are going to die if you mandate a vaccine,” Urso declared. “If you allow it to happen, you’re allowing children to die.”

Moreover, Urso pointed out the little-publicized fact that SARS-CoV-1 patients — those who recovered during the original SARS pandemic in 2003 — “still had immunity 18 years later” protecting them from SARS-CoV-2. “This is long, broad and durable immunity” that is “likely lifelong,” he said.

Urso is a Houston ophthalmologist and a member of America’s Frontline Doctors, and Cole is a pathologist who owns a medical lab in Idaho. Both have been outspoken advocates of successful outpatient COVID treatments using FDA-approved, repurposed drugs. During testimony they were flanked by a number of colleagues, including Dr. Pierre Kory, a pulmonary and critical care specialist who founded the Front Line COVID-19 Critical Care Alliance ([FLCCC](#)).

Ivermectin

Kory’s FLCCC co-founder, Dr. Paul Marik, also a pulmonary and critical care specialist, attended the hearing and went on to [testify](#) Wednesday before the Senate Health and Welfare Committee regarding Tennessee Senate Bill 2188. That measure seeks to authorize over-the-counter sale of ivermectin for human use.

Ivermectin is “probably one of the safest medications ever made,” Marik explained, and is a natural substance second only to penicillin in its “impact on humanity,” having “completely changed the face of parasitic diseases on this planet.” Ivermectin is part of the FLCCC protocol developed in March 2020 just after WHO declared the pandemic. Marik recommends it for prevention and early treatment of COVID-19, as well as treatment of post-COVID syndrome. He cited more than 71 trials showing ivermectin’s effectiveness in prophylaxis and its ability to decrease illness severity and hospitalizations. Studies show that it reduces COVID mortality by 50 percent. A trial pitting it against remdesivir, a standard hospital protocol drug, revealed it to be 70 times more potent in reducing deaths. Marik decried government bureaucrats for labeling ivermectin as a toxic horse dewormer, noting that their “woeful propaganda” has prevented the FLCCC protocol from potentially saving hundreds of thousands of lives.

Dr. Denise Sibly, a local physician who uses the FLCCC protocol in her practice in Johnson City, backed up Marik with testimony regarding more than 4,400 patients she has successfully treated. However, she complained of difficulty obtaining ivermectin since September 2, when the CDC [issued](#) a Health Advisory warning against the drug’s use to fight SARS-CoV-2, especially potential risks of self-administered overdose. Sibly said government restrictions have only endangered her patients, and she told the committee that increased access to ivermectin “would help me to save lives.”

Senator Joey Hensley (R, Hohenwald) pointed out that in granting over-the-counter access to ivermectin, the potential for overdose still exists. Marik admitted he would rather see it prescribed but said that government interference only exacerbates the problem. When people can’t get it easily, they resort to products manufactured for veterinary use, thereby increasing the potential for overdose. He said that packaging ivermectin for human consumption would mitigate this risk, and noted that ivermectin has a “better safety profile” than over-the-counter Tylenol.

Vaccine Mandates

The above bills have bipartisan support and companion bills in each legislative chamber. The House also recently advanced another of Hulse’s proposals, House Bill 1960, which would prohibit forced



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vaccinations in Tennessee. It garnered subcommittee approval only after his colleagues added an amendment excluding healthcare facilities.

“If you put an amendment on this bill, you make a hypocrite out of me,” Hulseley told the subcommittee. “You force me to talk out of both sides of my mouth ... out of one side of my mouth I say, ‘Government can’t use force to force somebody to take a COVID-19 vaccine,’ but out of the other side of my mouth I say, ‘Except hospitals.’”

He described his bill as helping to “claw back a little piece of constitutional integrity” lost since the pandemic began. “When people look at what’s happening in the United States in the last 12 months, they’ve seen government do things all across this country that have never, ever happened in the history of the United States, and it scares them. And they have every right to be afraid.”





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