

Ivermectin Decreases Mortality

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✓ Fact Checked

March 17, 2022

STORY AT-A-GLANCE

- › While ivermectin has been widely vilified as either useless, dangerous or both, studies have repeatedly demonstrated its usefulness against COVID-19
- › A study published in the March 2022 issue of the International Journal of Infectious Diseases again found that treatment with ivermectin reduced mortality in COVID-19 patients to a greater degree than remdesivir
- › Another recent study found ivermectin was the most effective drug treatment against the Omicron variant out of 10 drugs, including nirmatrelvir (Paxlovid), which was granted emergency use authorization against COVID in December 2021
- › Remdesivir costs between \$2,340 and \$3,120, and nirmatrelvir (Paxlovid), costs \$529 per treatment, while the average treatment cost for ivermectin is \$58
- › In 2021, Dr. Andrew Hill published a meta-analysis on ivermectin against COVID. While he'd expressed great enthusiasm about the data and had agreed to work to get ivermectin approved as soon as possible, the conclusion of his paper was that more large-scale studies were needed before regulators could take action. It appears one or more people pressured him to change the conclusion of his paper, and some believe at least one culprit may now have been identified

While ivermectin has been widely vilified as either useless, dangerous or both, studies have repeatedly demonstrated its usefulness against COVID-19. Most recently, a study¹ published in the March 2022 issue of the International Journal of Infectious Diseases

again found that treatment with ivermectin reduced mortality in COVID-19 patients — and to a greater degree than remdesivir.

In the video above, nursing educator John Campbell, Ph.D., reviews the findings of this paper. Importantly, the researchers compared the use of ivermectin against the use of remdesivir, which is one of the few drugs recommended for use against COVID in the U.S.

To compare outcomes between the two treatments, they analyzed data from a network of 44 health care organizations with 68 million patients. Patients aged 18 and over with a recorded COVID-19 infection between January 1, 2020, and July 11, 2021, were included in the analysis. Patients who received only remdesivir but not ivermectin were compared against those who received ivermectin but not remdesivir.

After controlling for a variety of confounding factors, including but not limited to comorbidities, other treatments that might affect COVID-19 survival, age, gender, ethnicity, nicotine use, diabetes, obesity and ventilator use, they concluded that treatment with ivermectin reduced mortality to a greater degree than remdesivir.

As noted by Campbell, remdesivir is an extremely expensive drug, costing between \$2,340 and \$3,120 depending on your insurance.² Ivermectin, meanwhile, costs between \$48³ and \$95⁴ for 20 pills depending on your location. The average cost is said to be about \$58 per treatment.⁵

Ivermectin Outperforms Other Drug Options

Another recent investigation by Cornell University, posted on the University's preprint server⁶ January 20, 2022, found ivermectin outperformed no less than 10 other drugs. Here, the researchers used a computational analysis to look at the Omicron variant, which has demonstrated a lower clinical presentation and lower hospital admission rates.

After having retrieved the complete genome sequence and collecting 30 variants from the database, the researchers analyzed 10 drugs against the virus, including ivermectin,

nirmatrelvir, ritonavir, lopinavir and boceprevir. While all of the 10 drugs had some degree of effectiveness against the virus, ivermectin was the most effective against the Omicron variant.

Of special note here is the inclusion of nirmatrelvir (Paxlovid), a new protease inhibitor that was granted emergency use authorization against COVID in December 2021.⁷ This drug, created by Pfizer, has cost U.S. taxpayers \$5.29 billion – \$529 per course of treatment,⁸ not quite as expensive as remdesivir, but still nearly 10 times more costly than ivermectin, which is also more effective.

Aside from affirming the benefit of ivermectin, these studies also reveal the government's incredible wastefulness. Billions upon billions of taxpayer dollars have been wasted on novel drugs with poor effectiveness, while dirt-cheap drugs have been ignored, suppressed and outright criminalized.

How Ivermectin Works

While ivermectin is best known as an antiparasitic,⁹ it also has antiviral and anti-inflammatory properties. Studies have shown it helps to lower the viral load by inhibiting replication.¹⁰ A single dose of ivermectin can kill 99.8% of the virus within 48 hours.¹¹ It also impairs the spike protein's ability to attach to the ACE2 receptor on human cell membranes,¹² which helps prevent infection of the cell.

A meta-analysis in the American Journal of Therapeutics¹³ showed the drug reduced infection by an average of 86% when used preventively.

An observational study¹⁴ in Bangladesh evaluated the effectiveness of ivermectin as a prophylaxis for COVID-19 in health care workers. Only four of the 58 volunteers who took 12 mg of ivermectin once a month for four months developed mild COVID symptoms, compared to 44 of the 60 health care workers who declined the medication.

Ivermectin has also been shown to speed recovery, in part by inhibiting inflammation and protecting against organ damage.¹⁵ This pathway also lowers the risk of

hospitalization and death. Meta analyses have shown an average reduction in mortality that ranges from 75%¹⁶ to 83%.^{17,18}

The drug also prevents transmission of SARS-CoV-2 when taken before or after exposure,¹⁹ and helps prevent blood clots if you're infected by binding to SARS-CoV-2 spike protein.

This prevents the spike protein from binding to CD147 on red blood cells and triggering clumping.²⁰ (Please note, if you check this reference, you'll find it's retracted; however, journal editors point out the retraction was due to questions on the methodology and conclusions, not on the mechanisms of action of ivermectin.)

So, added together, all of these benefits suggest ivermectin could easily have ended this pandemic within the first year, if not within months, had it been widely used.

Who's Responsible for the Suppression of Ivermectin?

I don't think any one person can be singled out as being responsible for the suppression of ivermectin. Many drug industry players have undoubtedly played a large role in it, as have regulators and government officials. The question is why?

One obvious answer is that if ivermectin were recognized as a valid treatment for COVID-19, the emergency use authorization for the COVID jabs would disappear. Additionally, ivermectin is long off-patent and nearly worthless in terms of its profit potential. Meanwhile, new patented drugs were available, and there were enormous profits to be made. But first, ivermectin and hydroxychloroquine had to be eradicated.

Certain researchers also appear to have been enlisted to blackball these drugs. One of them is Dr. Andrew Hill, an adviser to both the Clinton Foundation and the Bill & Melinda Gates Foundation.²¹ As explained in the video above, in October 2020, the World Health Organization asked Hill to do a meta-analysis of dozens of ivermectin studies.

Hill had shared his excitement about the promising data with Dr. Paul Marik, Dr. Pierre Kory and Dr. Tess Lawrie, all of whom have publicly advocated for the use of ivermectin

in all stages of the infection. Lawrie is a medical doctor, Ph.D., researcher and director of Evidence-Based Medicine Consultancy Ltd.²²

She helped organize the British Ivermectin Recommendation Development (BIRD) panel²³ and the International Ivermectin for COVID Conference,²⁴ which was held online, April 24, 2021. (All of the lectures, which were recorded via Zoom, can be viewed on Bird-Group.org.²⁵)

Ironically, as a consultant to the World Health Organization and many other public health organizations, her largest clients are the very ones who have been actively suppressing the use of ivermectin.

According to Lawrie, in late 2020 she and Hill discussed working together to get ivermectin approved for use against COVID as soon as possible, as the drug looked like “a cheap, safe and effective way to end the pandemic.”

Hill’s Betrayal

That collaboration never happened. When a preprint of Hill’s analysis was posted, Lawrie was shocked by what she read. Hill stated that ivermectin was “associated with reduced inflammatory markers,” “faster viral clearance,” “significantly shortened duration of hospitalization,” and a 75% reduction in mortality in those with moderate to severe infection.

All of those things were true then and are still true today. Yet Hill’s conclusion was that “ivermectin should be validated in larger, appropriately controlled randomized trials before the results are sufficient for review by regulatory authorities.” This was the complete opposite of what he’d shared with Lawrie and the others.

In mid-January 2021, Lawrie emailed Hill, asking him to retract his review and reframe his conclusions before publishing, as additional placebo-controlled RCTs “are definitely not needed.” She added that his review “will do immeasurable harm.” Marik and Kory were also alarmed by Hill’s misrepresentation, and they too asked him to correct his paper before publishing.

In the video above, Lawrie shows the written assessment of Hill's paper by a forensic communications expert, who concluded that there were "multiple instances of interference (additional text added to the paper) from ... a 'shadow author.'" These additional, but unnamed authors, appear to have manipulated the paper to undermine the positive findings.

Who are they? Lawrie confronted Hill with that question during their January 2021 Zoom call. Hill tried to shirk the question, but in the end, he admitted that Unitaid, the charity that sponsored the analysis, had a say in the conclusions of his paper. Incidentally, Unitaid has received at least \$150 million from The Bill & Melinda Gates Foundation.²⁶

Hill's paper was published with its negative conclusion intact, and subsequent efforts by Lawrie to get her team's meta-analyses published were rejected, as Hill's analysis had declared that more large-scale studies were still needed. According to Lawrie, they had all the evidence they needed in January 2020. They knew ivermectin could lower mortality by 75% or more. Additional studies weren't needed.

Hill Urged to Come Clean

Hill, during that Zoom call, kept saying he was walking a fine line but promised Lawrie that he would not allow ivermectin to be ignored "for very long." He predicted that by the end of February 2021, there would be enough evidence to push for approval. That didn't pan out either, in large part because of the false conclusion presented in Hill's paper.

“ That particular moment of history needed a man in Hill's position to speak the truth, and he chose not to.”

Not only did his paper make it more difficult for scientists to publish positive findings, it was also used as justification to restrict access to the drug across the world. There's no telling how many died as a result. His paper also paved the way for the emergency use authorization of novel mRNA COVID shots, which could not be authorized were there

known safe and effective treatments available. So, clearly, Hill has blood on his hands for his participation in this suppression.

As noted by Kory, that particular moment of history needed a man in Hill's position to speak the truth, and he chose not to. Now, Lawrie is begging Hill to make up for his previous moral failure by exposing the corruption of science; to come forward and explain how the evidence on ivermectin was undermined, and to name the people who influenced his conclusion.

"We will forgive you, Andy," Lawrie says, "but come forward." In the video below, Lawrie provides even more details about her conversations with Hill.²⁷

Has the 'Shadow Author' Been Identified?

Producer/director Phil Harper now claims he may have identified the "shadow author" who fiddled with Hill's conclusion.²⁸ The Front Line COVID-19 Critical Care Alliance (FLCCC) reports:²⁹

"The Digger' on Substack (aka producer/director Phil Harper) has revealed the name of the person who could have edited the paper's conclusions – which led to the WHO's non-recommendation of the use of ivermectin. That decision could have led to the unnecessary deaths of millions across the world ...

Harper studied the PDF of the paper, wanting to learn the identity of its 'ghost' author. 'The hope was that some artifact on the PDF would reveal something, maybe a font was different, maybe there was a hidden comment, maybe some tracked changes had been saved to the document,' said Harper. 'None of those lines of inquiry came to anything.'

Then it came to him. Was it in the PDF's metadata? 'Sometimes it's the most obvious of things,' Harper writes. 'The 'v1_stamped' version of the paper did indeed have metadata.'

It even had author information inside the metadata. Expecting to see Andrew Hill listed as the author, instead, I saw a name I recognized. Andrew Owen. Unless someone used his computer, Andrew Owen has his digital fingerprint on the Andrew Hill paper.

As it turns out, Andrew Owen is a Professor of Pharmacology & Therapeutics and co-Director of the Centre of Excellence in Long-acting Therapeutics (CELT) at the University of Liverpool. He is also scientific advisor to the WHO's COVID-19 Guideline Development Group. Just days before Dr. Hill's paper was to be published, a \$40M grant from Unitaid, the paper's sponsor, was given to CELT – of which Owen is the project lead.

'The \$40 million contract was actually a commercial agreement between Unitaid, the University of Liverpool and Tandem Nano Ltd (a start-up company that commercializes 'Solid Lipid Nanoparticle' delivery mechanisms) – for which Andrew Owen is a top shareholder,' says Harper."

If it turns out that Unitaid had anything to do with the alteration of Hill's conclusion about ivermectin, then it has completely violated its mission and mandate, which is to "[find] innovative solutions to prevent ... and treat diseases more quickly, cheaply and effectively."³⁰

This is critical because, for COVID, ivermectin was one such solution. Front line doctors and researchers knew it in 2020; Hill knew it; and therefore Unitaid knew it. Did they subvert the truth and let people die? If so, for what? A commercial agreement for a novel lipid nanoparticle product? Perhaps.

Sources and References

- ¹ [International Journal of Infectious Diseases March 2022; 116\(Supplement\): S40](#)
- ² [AJMC June 29, 2020](#)
- ³ [WellRx, Ivermectin](#)
- ⁴ [Drugs.com Ivermectin](#)
- ⁵ [JAMA 2022;327\(6\):584-587](#)
- ⁶ [Cornell University, January 20, 2022](#)

- ⁷ FDA, December 22, 2021
- ⁸ Precision Vaccinations, November 19, 2021
- ⁹ Journal Control Release, 2021;329
- ^{10, 19} FLCCC Summary of Clinical Trials Evidence for Ivermectin in COVID-19 (PDF)
- ¹¹ News-Medical.net, April 6, 2020
- ¹² In Vivo September-October 2020; 34(5): 3023-3026
- ¹³ American Journal of Therapeutics, 2021;28(4) Therapeutic Advances
- ¹⁴ European Journal of Medical & Health Sciences 2020; 2(6)
- ¹⁵ Front Line COVID-19 Critical Care Alliance, August 29, 2021
- ¹⁶ FLCCC January 7, 2020 Press Release (PDF)
- ¹⁷ Swiss Policy Research December 31, 2020
- ¹⁸ Evidence-Based Medicine Consultancy Ltd. Rapid Review and Meta-Analysis January 3, 2021 (PDF)
- ²⁰ The Journal of Antibiotics June 15, 2021 DOI: 10.1038/s41429-021-00430-5
- ²¹ Andrew Hill MD Bio
- ²² Evidence-Based Medicine Consultancy Ltd
- ²³ Trial Site News April 9, 2021
- ²⁴ Ivermectin for COVID Conference
- ²⁵ Bird-group.org Conference videos
- ²⁶ Unitaid December 7, 2017
- ²⁷ World Council for Health, Insight Into the Conversation Between Dr. Lawrie and Dr. Hill
- ²⁸ The Digger Substack March 7, 2022
- ²⁹ FLCCC Substack March 8, 2022
- ³⁰ Unitaid.org