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The War on Ivermectin

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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STORY AT-A-GLANCE

- › In his book, “The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic,” Dr. Pierre Kory details the history of ivermectin and the how and why behind Big Pharma’s suppression of this drug when it was found to work against COVID-19
- › After spending his career as an internist and critical care physician, Kory has now turned his attention to long-haul COVID and post-job injury syndromes
- › Daily ivermectin use is a mainstay of the treatment plans for long-haulers and those with COVID jab injuries, as the drug very effectively binds to the toxic spike protein that is causing most of the damage in both of these conditions
- › Methylene blue can be helpful for those struggling with crippling fatigue, as it boosts mitochondrial respiration and improves energy metabolism. It’s actually the parent molecule for hydroxychloroquine and chloroquine, off-patent drugs used to treat COVID-19 along with zinc
- › “The War on Ivermectin” reveals the disinformation playbook used by Big Pharma and its many allies to suppress highly useful and inexpensive medicines in order to protect and increase corporate profits

In this interview, return guest Dr. Pierre Kory discusses his new book, [“The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic.”](#) In it, he details the history of ivermectin and the how and why behind Big Pharma’s suppression of this drug when it was found to work against COVID-19.

Like Dr. Paul Marik and Dr. Peter McCullough, Kory has been threatened by the American Board of Internal Medicine, which is seeking to yank his medical license. While a family doctor in private practice can operate without board certification, most medical centers will not hire a doctor who isn't board certified in his specialty, and insurance companies won't put you on their panel.

Kory's Response to the American Board of Internal Medicine

Kory, however, is not overly concerned about this threat – which is really little more than an intimidation tactic to shut him up – as he has no intention of ever going back to a hospital setting.

"I'm done," he says. "There's no way I could walk into a hospital. I've just learned too much. I've learned too much about pharmaceutical control of almost all of the medical evidence. There's no way I can fit. Now I'm a square peg in a round hole.

So, to be honest, I don't think [losing my board certification] would have an impact. I am now in private practice. I have a bustling telehealth practice and I'm very happy. I'm outside the system, I can do and say and care for the patients in a manner that I best see fit.

Anyway, our reply [to the American Board of Internal Medicine] was different than Peter's. He presented all the evidence to support all the statements they accused him of as being misinformation; very data driven, evidence-based.

What we did is, our lawyer looked at their policy on misinformation and the process of 'convicting' someone of misinformation, and it required that they provide us the evidence showing that we are wrong and misinformed.

But the letter to us was bizarre. It was this hodgepodge of statements that I'd made or written on my Substack, and it was just implied that that's misinformation ...

So, we wrote back very simply, 'Excuse us, but your letter does not follow your own misinformation policy. We ask that you kindly reissue the letter with the evidence showing that we're wrong.' And we've gotten radio silence ever since."

Kory's New Specialty

After spending his career as an internist and critical care physician, Kory has now turned his attention to long-haul COVID and post-job injury syndromes – complex chronic illnesses. To that end, he's collaborating with doctors who've spent decades treating other tricky conditions, such as chronic Lyme disease, fibromyalgia and chronic fatigue syndrome.

"So, not only do I have a new career and practice, but also a new intellectual focus and it's much more satisfying. I'm literally returning people to levels of function that they weren't at before.

These were oftentimes healthy people with full careers, children, they exercised, ate right and now they're fully disabled with numerous organ system complaints.

And I'll tell you, getting them from 20% [function] to 40% [function] is a big deal, when they can actually do just a little bit more than they were doing before, and when you get them to 80%, it's transformative.

But it's way more challenging. And I tell my patients, 'Listen, I have to be humble here. I'm trying to figure this out. I'm collaborating, I'm reading, I'm learning from you.' I'm learning from each patient, because we're doing a lot of empiric therapies.

We're trying things, and so I learn. Each patient serves as their own control and I'm finding different things work on different patients. But the real challenge that I'm finding is that I don't have any biomarkers or tests that I find helpful to direct therapies.

A lot of the tests are normal, even inflammatory markers. Clotting markers are normal, and yet I know that they have inflammatory processes and they're thrombogenic. So, I wish there was more research and guidance."

Treating Long-Haul COVID

One of the primary complaints of those struggling with what we're now calling "long-haul COVID" is fatigue, a lack of energy to do even the most basic things. Since mitochondria are responsible for 90% of the energy production in your body, it stands to reason that impaired energy production in the mitochondria, or more simply, mitochondrial dysfunction, is at play.

The challenge is how to recover that function. One fascinating drug that can help in this regard is [methylene blue](#), which helps mitochondrial respiration and improves brain energy metabolism. Methylene blue is actually the parent molecule for hydroxychloroquine and chloroquine, off-patent drugs commonly used to treat not only malaria but also COVID-19.

Best known as a fish tank antiseptic and textile dye for blue jeans, it was actually the first synthetic drug in modern history, developed in 1876. Since then, we've discovered it has many really important medicinal benefits. Importantly, it's the only known antidote for metabolic poisons, i.e., any poison that interferes with oxygen transport or displaces oxygen, either from the blood or from the mitochondria.

Basically, as an electron cyler, methylene blue acts like a battery, but unlike other compounds that do the same thing, it doesn't cause damaging oxidation in the process. You can review [my interview with Dr. Francisco Gonzalez Lima](#) here for more information.

If anything interferes with oxygenation or cellular respiration, such as cyanide, methylene blue is able to bypass that point of interference through electron cycling, thus allowing mitochondrial respiration, oxygen consumption and energy production to function as it normally would. And, the effect is typically felt within hours, as it

increases, by about 30%, the ability of the mitochondria to produce ATP in the electron transport chain. Kory has also found it useful.

“My really sick patients use methylene blue,” he says. “Some of the really sick ones that aren't responding to medicine, I send to a clinic where they do apheresis, ozone, methylene blue, infrared. One of them actually was discharged on oral methylene blue. And so, I want to figure out how to implement oral methylene blue.”

Trial and Error

Methylene blue is far from a cure-all, however. Any number of processes could be impacting your mitochondria, and they all need to be addressed. Adding to the complexity is that remedies that work really well in one long-hauler or COVID jab-injured patient often will not work for another, even though they present with very similar symptoms.

“We've [found] about six or seven different pathophysiologic mechanisms, and one of them is mitochondrial dysfunction, but I don't know which is the predominant one in each patient,” Kory says. “I have no way of figuring that out. The only way I figure it out is by responses to therapy.

For instance, I had one young woman recently. I tried a number of therapies and what resurrected her, finally, was when I started to treat mast cell activation. I put her on antihistamine, famotidine [a heartburn medication], ketotifen [an asthma medication], and Boom.”

The Case for Sun Exposure

Daily sun exposure for about an hour around solar noon can also be important, as the near-infrared wavelengths will trigger [melatonin production in your mitochondria](#), where you need it the most.

Melatonin is a potent antioxidant, so getting plenty of sunshine on bare skin is a simple way to reduce reactive oxygen species (ROS) that cause damage, and secondarily increase the efficiency of ATP production. Kory has been recommending this as well.

COVID Really Revealed the Level of Corruption in Science

During our conversation, the issue of medical journals came up, and their role in the corruption of science. Kory notes:

“That's the other transformation that Paul [Marik] and I have undergone. We really looked to those journals thinking they were the most sophisticated and that was the top levels of science. But seeing what was published in those journals throughout COVID uncovered the absolute control by the pharmaceutical industry.

I mean, what appears in those journals is what they allow to appear in those journals. Period. I know of many positive studies of repurposed drugs rejected. We've seen them pull the following – JAMA and The New England Journal both – where instead of rejecting [the paper] they hold onto it as if they're considering it, and then the rejection comes months later.

I've never heard of that in my career. Usually, when I've tried to submit manuscripts, they either say, 'This is interesting. We're sending it out for peer review,' or they say, 'This is not of sufficient interest to our readership at this time.'

They rejected positive trials of ivermectin. And then, probably the greatest and most saddening corruption that they pulled, is that they published the Together trial on ivermectin, which is so brazenly fraudulent and corrupt.

There are so many documented actions those investigators took in order to ensure they did not have a statistically significant benefit for ivermectin. Yet the New England Journal of Medicine published it. When you look at the design and the conduct of the trial, it should never be published. It was brazenly corrupt.

The investigators were all working for either their own companies or other companies whose sole job was to do research contracts for pharmaceutical companies. I mean, what would happen in their careers had they published a positive trial on ivermectin? That's it. Bye. No more contracts."

The War on Ivermectin

According to Kory, the idea for "The War on Ivermectin" was birthed after reading an article titled "The Disinformation Playbook,"¹ published by the Union for Concerned Scientists. He explains:

"What happened is that after my ivermectin testimony² [December 8, 2020, before Sen. Ron Johnson], which went viral and brought a lot of attention to the FLCCC ... our protocols were looked in to. Doctors started prescribing ivermectin.

And I thought — this is how naive I was — I literally thought that we were providing a major intervention that would alter the trajectory of the pandemic, without question. It would reduce cases, hospitalizations and deaths, and now you have an effective early outpatient treatment. And I thought that news would be welcomed.

I thought the FLCCC would come out as heroes. It was really Paul who identified the data signal first. He said, 'Wow. You got to see what these studies are starting to show.' I jumped in right behind him. I was the first author of that comprehensive review paper.

I worked a lot and I got deeply expert on ivermectin. But what happened in the next few months is that everything started going sideways, and I could not figure it out. I saw hit pieces. To you, this is not news. You're probably like, 'Yep. I've seen that before.'

The thing is, I didn't know. I didn't know that what I was really doing — bringing forth data supporting the efficacy of a generic drug — that is poking the bear.

And when I say poking the bear, what is anathema to the pharmaceutical industry and their whole business model is they cannot have generic off-patent drugs become standard of care. It obliterates the market for their pricing new pills.

I didn't know I was stepping into a war. In the history of pharma, I don't think any single medicine threatened as many [drug] markets and campaigns. The only other medicine that did that was hydroxychloroquine, but they already killed hydroxychloroquine in 2020.

I was coming out now with ivermectin, and it threatened hundreds of billions of dollars in perpetuity for these insanely lethal vaccines, monoclonal antibodies, remdesivir, paxlovid, molnupiravir – all of the markets for their novel new pills to enter. I mean, I don't think any medicine has ever threatened that much of a market.

So, we were getting attacked. I did an interview with the Associated Press and the article that came out, I mean, I almost had a heart attack [reading it]. I saw unending attacks on ivermectin and it was coming in different directions. I saw academia getting all hot and bothered.

'It's a fringe medicine. It's unproven. The trials are small.' I saw all these narratives and I didn't know they were narratives at the time. I thought people were being stupid ... Now, I see everything. I see everything they do now, even before they do it, because they're really predictable."

The Disinformation Playbook

The turning point came when Kory received a two-line email from Dr. William B. Grant (who also co-wrote my review paper³ on vitamin D for COVID prevention). The email said, "Dr. Kory, what they're doing to ivermectin is what they've done to vitamin D for decades." Attached was a link to The Disinformation Playbook article.⁴

“It’s a short article. It’s very well-designed. They have little diagrams and then they have examples of disinformation campaigns. They describe the five plays, which they name after American football plays. And these are the tactics that pharma used. I read the article and I was like, ‘Yes. Yes. Yes. Yes. Yes.’

Suddenly, the world made sense – and not in a good way. It was very ugly, because I was like, ‘That’s what’s going on. There’s a massive disinformation campaign directed at ivermectin.’ From that moment on, everything that happened, every day, it was almost like I got tied to a front row seat for a horror movie. I’ve had to watch a horror movie unfold ever since.

Millions dying, hospitals overflowing. And there’s a drug that could prevent that. It could avert catastrophe. It would’ve definitely either put the brakes on or stopped the vaccine campaign obsession, which is in my mind, is one of history’s greatest humanitarian catastrophes.

It’s a holocaust out there with these vaccines. That’s easily proven from immense sources of data now, from life insurance data, disability data, excess mortality data. Now we’re even seeing birth rates dropping.

So, the theme of the book is centered around that. It’s my experiences and knowledge of what they do ... It’s almost like a teacher’s manual, because I saw everything they pulled, how they did it and how successful they were – the fire plays, the blitz, harass the scientists that come out with inconvenient science, the diversion, inject doubt where there is none.”

Indeed, these disinformation tactics have a long history. They’re not new. It’s just that people in general have not been aware of these tactics, so they worked like a charm and could be used over and over again.

Disinformation Is an Old PR Tool Used by Toxic Industries

In the 1950s, the tobacco industry hired a PR agency called Hills and Knowlton, which established all the strategies Kory just listed and discuss at depth in his book. The

tobacco industry used it so effectively, they were able to quash cancer concerns for another 50 years.

Their disinformation campaign didn't end until attorneys general across the country finally decided to collaborate and bring massive lawsuits against the tobacco industry, winning not only settlements but also – and more importantly – limiting their ability to practice disinformation through media and advertising.

The telecommunications industry has used the same tactics since the '90s. They actually hired the same PR firm to protect their business and hoodwink customers, and they're still going strong. Unlike tobacco, which was finally understood to cause cancer, electromagnetic field (EMF) exposure from cell phones and Wi-Fi is still not recognized as a biological danger, despite massive amounts of evidence.

The drug industry, though, has perhaps used the disinformation playbook the longest, and it's high time to break their magic spell. The way we do that is by educating ourselves and others about how they use disinformation to manipulate you. Once you know their playbook, it's like being equipped with X-ray vision.

"I think 'The War on Ivermectin' is almost as important as Bobby Kennedy's book, 'The Real Anthony Fauci,' where he, in a highly-referenced fashion, documents the control of medicine and the medical sciences and how it's literally controlled by pharma and how depraved that control is," Kory says.

"They do not care. The pharmaceutical industry is a documented criminal industry. They've released many, many products that have caused untold deaths and what do they do? They try to suppress that evidence for as long as possible. They get caught. They pay a fine. They do it again."

Academic Freedom Is an Illusion

Kory also became wise to the fact that these kinds of medical disinformation campaigns have been routine for decades. Ivermectin was just the last in a long line of repurposed drugs that were being suppressed, lest it threaten Big Pharma profits. Cancer drugs,

heart medications and psychiatric remedies have all been buried in the same way. He continues:

“So, I started to learn about how pharma practices disinformation, and I think the most terrible disinformation campaigns, which caused more deaths than any other, were the ones on hydroxychloroquine and ivermectin ...

So, the book is about all of the tactics that I witnessed. It's also about my personal journey. I've been through a lot. I've lost three jobs. One I left voluntarily. One was mutual. The third was a firing. Also, my proudest contribution to COVID [was writing what] I thought was the best paper of my life. It was a paper that argued that the pulmonary phase of COVID is actually an organizing pneumonia, or what they used to call BOOP.

I wrote a paper with one of the top chest radiologists in the world. I consulted pathologists. I looked at autopsy data, even just the CAT scans were in a pattern of organized pneumonia, which is a terrible descriptor for the disease, because it suggests that it's an infection and it's not.

Organizing pneumonia is an inflammatory response to a lung injury. The gold standard of care is corticosteroids. That's the only thing that's been shown to really reverse organized pneumonia.

I gave testimony in the Senate in May 2020, telling the world that it was critical to use corticosteroids in the hospital phase of disease. I got attacked by the University of Wisconsin. By the way, you know another thing that I learned? Academic freedom isn't real. As soon as you're a professor with an opinion that goes against orthodoxy or the system, oh, you're going to feel the pressure ...

I was vindicated on corticosteroids. It's now the standard of care around the world. However, the standard of care dose is 6 milligrams of dexamethasone, which is too low, [and] methylprednisone is far superior in its effects on the lung.

It's well-known that in fulminant cases, like whited out lungs on a ventilator, you need ... 1,000 milligrams of methylprednisone for three days in a row. Six milligrams of Dex is equivalent to about 32 milligrams of methylprednisone."

COVID Hospitalizations Eradicated With Ivermectin

While there are many individual success stories out there, one that Kory believes best illustrates the power of ivermectin against COVID is that of Itajai, Brazil, a city of 220,000 people. In June 2020, they implemented a prophylaxis program using ivermectin. The program was advertised throughout local media, and people were encouraged to participate and take ivermectin four times a month, on days 1, 2, 15 and 16.

On the appropriate days, they set up tents and centers where people could get the drug, and the entire program was carefully logged in an electronic database. In all, 159,000 Brazilians participated, of those 113,000 elected to take the ivermectin. Kory and eight co-authors published a paper⁵ on the results in March 2022.

"The 113,000 [who took the ivermectin] were older, sicker, fatter. Way more cardiovascular disease and diabetes. And, obviously, they were probably more worried about the impacts on their health.

So, when you look at that comparison, I mean, there are massive negative confounders. But despite those confounders, even when you didn't propensity match, there were insanely positive benefits in the ivermectin group.

They died much less, I think it was 70% lower risk of dying, 68% lower risk of hospitalization and 50% lower risk of getting COVID. And that was in the sickest of the sick in that city. Then, when we did propensity matching, matching them for age and other things, it was even greater.

There's a follow up study which is astounding, where ... they were able through pharmacy records to split the ivermectin group into two. Regular ivermectin users, those who took all their pills, and irregular, those who missed doses.

And when you look at the regular users, the ones who were most adherent to the protocol, no one went to the hospital. There was a 100% reduction in hospitalization and a 90% lower risk of dying. It's astounding ... I've never seen a more proven therapy in any disease model, which they successfully got everyone to believe is a horse dewormer used by unvaccinated conspiracy theorists."

Dosage Recommendations

Ivermectin recommendations have changed over time, as newer variants have acted differently, requiring updated approaches. At present, Kory still recommends ivermectin for prevention, if you really feel you need it. Current COVID variants are very mild, however, and rarely cause severe problems (unless you got the COVID jab).

For those struggling with long-haul COVID, ivermectin is a mainstay. "It's the most frequently effective therapy," Kory says. "I do have in my practice a minority who are ivermectin non-responders, but the majority respond in either small or large ways." Importantly, ivermectin is the most effective drug available for binding to the spike protein.

So, if there's circulating spike protein in your body, be it from natural infection or the jab, ivermectin will help bind to it, thereby preventing much of the spike's negative impacts.

Ivermectin also repolarizes macrophages from the M1 to the M2 subtype. M1 is hyperinflammatory and M2 is hypo-inflammatory. So, it reduces inflammation. In addition to that, ivermectin has at least 18 other mechanisms of action and downstream effects that can be helpful.

For long-haulers and the COVID jab injured, Kory typically starts patients out at 0.3 mg per kilo of bodyweight once a day. For most, that dose works well. It's still unclear how long people need to stay on this daily dose. Oftentimes, when they try to cut back, symptoms return, which suggests they still have spike protein in their bodies.

Fortunately, the safety profile of ivermectin, even for long-term use, is very good.

Save the Date: Medical Conference in Orlando, October 2022

Hopefully, more doctors will get involved in the treatment of spike protein injuries. October 15 and 16, 2022, the Front Line COVID-19 Critical Care Alliance (FLCCC) will be holding a medical conference in Orlando, Florida, titled "Understanding and Treating Spike Protein Induced Diseases." You can [register for the conference on the FLCCC's website](#).

"We have a lineup of speakers, deeply studied in treatment of complex chronic illnesses from different specialties. There are a lot of ways to approach this disease, so it's really important. It really is directed at the treating providers. Because one of the many abject failures is they literally don't recognize vaccine injury.

There's no clinic for the vaccine injured. They're abandoned, and I'm just going to be crude here – they're pissing off the doctors because all of these patients are showing up that doctors have no idea what's wrong with.

They have no knowledge of the mechanisms. They have no knowledge of what some effective therapies can be. So, they're not treating these patients. They're abandoned and gaslit.

Some doctors actually get angry when the patients relate their symptoms to the vaccine. They don't want to hear it. They don't want a vaccine injured in their practice. I have numbers of patients where the physician literally told them, 'You don't need to schedule a follow up.'

So, for those [doctors] who still have a shred of humanity, empathy and understanding that the spike protein is a toxin that causes immense amounts of disease, I hope they attend and/or watch the lectures that we'll stream afterwards.

We're coming at this very humble. I mean, there are very few trials on therapies in these two syndromes. So, it's really about clinical knowledge, expertise and

experiences from this disease and other diseases.

I am looking forward to it because I want to learn. I want to listen to those other speakers and hear about what they think and how they approach this. And I think it's going to be a really tremendous conference. I think a lot of laypeople will show up too ...

Laypeople who are much more deeply studied and knowledgeable on what's really going on. They didn't go to medical school, but they're deeply studied and they read papers. They watch, read a lot of data sources.

So, I think it would be of interest to laypeople who want to learn how to either help themselves, or help their friends and colleagues, just like they did with COVID. You know how many laypeople passed around our protocols and tried to get their friends and relatives access to the medicines on our protocol? They saved lives. They saved lives by doing that."

More Information

In the interview, Kory also reviews the clear and present danger the COVID jab poses to women, especially if they're pregnant or want to get pregnant in the future. We also review the blatant fraud perpetrated by Pfizer to hide the massive number of miscarriages that occurred in its human trial.

In summary, the miscarriage rate is 87.5%, which is just astounding. No woman in her right mind would pull that trigger if she had that information.

We also discuss the worldwide drops in birth rates (which began after the rollout of these experimental jabs), the complete absence of any supporting data for the authorization of COVID shots for children (which is yet another medical fraud perpetrated on the American people), and the lie that COVID is a pandemic of the unvaccinated (it's actually the complete opposite).

So, for more on those topics, please listen to the full interview, or read through the transcript. You can also find more of Kory's work on [PierreKory.substack.com](https://pierrekory.substack.com). Last but not least, be sure to pick up a copy of "[The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic](#)" to learn all about how the biggest, most lethal medical disinformation play was perpetrated, right before your eyes.

Sources and References

- ^{1, 4} [Union for Concerned Scientists, The Disinformation Playbook](#)
- ² [Senate.gov Testimony of Pierre Kory](#)
- ³ [Nutrients 2020; 12\(11\): 3361](#)
- ⁵ [Cureus March 2022; 14\(3\): c61](#)

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The War on Ivermectin

A Special Interview With Dr. Pierre Kory

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. Dr. Mercola, helping you take control of your health. And today we are joined by one of the warriors in the fight against COVID misinformation and, really, at great sacrifice to himself personally, as we'll discuss in a moment, but this is Dr. Pierre Kory, who has a new book coming out on ivermectin, which really details many of the inside story of what happened with ivermectin and why essentially [Big] Pharma was able to suppress it successfully. So welcome, and thank you for joining us today.

Dr. Pierre Kory:

Oh, thanks, Dr. Mercola. It's really my pleasure to be here.

Dr. Joseph Mercola:

Before we go into the details, I'd like to talk a bit about your personal story and background. Maybe just the most curious one, I think, most people are interested in, certainly me, would be an update on what has happened to the campaign against you? Not only you, but your associate, Dr. Paul Marik and Dr. Peter McCullough, who are all internists. You and Paul are critical care internists and Peter is a cardiologist. But nevertheless, still certified with the same board, which is the American Board of Internal Medicine.

I didn't realize until I had my interview with Peter that their attempt to essentially remove your credentials from that board really limits your ability to practice medicine. As a family physician in private practice, it wouldn't. I mean, I'm not an internist but I'm boarded by the family practice boards, but if they removed my board it wouldn't have anything to do with me practicing, when I was still seeing patients. But apparently that's not the case for you. So I'm wondering if you can update us with the latest on their efforts to take away your certification.

Dr. Pierre Kory:

So your point is actually important. So when I first got served the letter and I could see they were coming after my board certification, I mean, board certifications historically were just a badge of distinction. It showed that you passed a higher level test and you had some sort of higher level of knowledge. But the way the system works now, if you're not board-certified there's numerous academic medical centers that you cannot join their staff. Insurance companies will not put you on their panel. So for me, if I ever wanted to go back to critical care, it would be tough. I do think there would be an avenue because I think there are hospitals in underserved areas, which don't have those criteria and I'm sure they'd be happy to have me, but let's be honest, Joe, I'm not going back. I mean, I'm done. There's no way I could walk into a hospital.

Dr. Pierre Kory:

There's no way I could have discussions or lecture honestly about – I've just learned too much. I've learned too much about pharmaceutical control of almost all of the medical evidence. I

mean, you start with statins, SSRIs – we lived through a drug called Xigris which is a massive corruption in critical care for years. And then the corruptions around Paxlovid and ivermectin. I mean, there's no way I can fit. Now I'm a square peg in a round hole. So to be honest, I don't think it would have an impact. I am also now in private practice as well. I have a bustling telehealth practice and I'm very happy. I'm outside the system, I can do and say and care for the patients in a manner that I best see fit. And so I think for Peter maybe, but he may go into private practice as well outside of a system.

Dr. Pierre Kory:

Anyway, so what happened with that, and this is kind of interesting, is the way which we replied was different than Peter. So, Peter replied in the way that I thought I was going to, which was he basically just presented all the evidence to support all the statements that they accused him of as being “misinformation,” very data driven, evidence-based. What we did is our lawyer looked at their policy on misinformation and the process of, let's call it, convicting someone as a “misinformationist,” required that they provide us the evidence showing that we are wrong and misinformed. But the letter to us was bizarre. It was this hodgepodge of statements that I'd made or written on my Substack and it was just implied that's misinformation.

Dr. Pierre Kory:

And at the end they just said, “We expect a response letter in 45 days, a committee will meet and review and a decision on disciplinary action will be made.” And so we just wrote back very simply, we said, "Excuse us, but your letter does not follow your own misinformation policy. We ask that you kindly reissue the letter with the evidence showing that we're wrong." And we've gotten radio silence ever since.

Dr. Joseph Mercola:

Turned it around on them. Wow, that's great. Really a smart lawyer, a smart lawyer.

Dr. Pierre Kory:

Say that again?

Dr. Joseph Mercola:

A smart lawyer.

Dr. Pierre Kory:

Oh yeah, he's great. He's great. He's a lawyer that's been – his specialty is actually defending and supporting naturopaths, alternative medicine doctors. I mean, the boards and the system has been after those docs for a long time. So, chronic Lyme specialists, things like that, and so he knows what he's doing.

Dr. Joseph Mercola:

Terrific. So, they haven't gotten back to you and it looks like that might be a successful strategy for you.

Dr. Pierre Kory:

Well, yeah. I wonder if they're going to assign someone to issue that letter or probably, Joe, what they're going to do is they're probably still going to have their meeting. They're going to look at our response and they're going to say, "You're done." I don't know. And then the other saddest thing, Joe, is that this will not impact Paul at all because his career is over. He doesn't [crosstalk 00:06:06].

Dr. Joseph Mercola:

Oh, onto retirement phase.

Dr. Pierre Kory:

He doesn't practice clinical medicine anymore. He was an intensivist, a pure intensivist, that's all he did. And he would never go back into an ICU now. And he's one of the greatest critical care doctors in history, if not the greatest.

Dr. Joseph Mercola:

Well, it's sad to see that and a sad way to end his career. But in your case, it's really interesting because what you were doing in critical care medicine is sort the epitome of intensive care. There's no question. And you took a pretty significant almost 180-degree turn to go to almost primary care medicine-

Dr. Pierre Kory:

Yup.

Dr. Joseph Mercola:

-and keep people out of that scenario, which is what I concluded when I had the choices we all do, as we're finishing our medical studies, as to what specialty we're going to go in. I was torn at the time between internal medicine and family medicine and I realized I do not want to spend time in the hospital. My purpose is to keep people out of the hospital. Obviously not everyone can go [inaudible 00:07:09].

Dr. Pierre Kory:

Joe, can I comment on that? Because what you just said is really important to me because I went into critical care because it was really high-level adrenaline. I found the physiology and the organ failures and trying to maintain and juggle multiple organ failures at one time to be highly intellectually stimulating and intellectually satisfying when you save someone. But you're absolutely right.

All of those years that I spent, I mean I'm directing my care at really those final chapters in someone's life. And even I will tell you, I've had amazing successes where I was able to return someone who was deathly ill to full functional status, but that was not the norm. Most people were elderly, frail, multiple comorbidities and even when they survived the ICU, they basically progressed into months of either rehab or what I call chronic critical care, which is repeated episodes of sepsis.

Dr. Pierre Kory:

And so that part wasn't very satisfying. And now, you're absolutely right, now I treat complex chronic illnesses. My specialty now that I'm really interested in is figuring out this long-haul and post-vaccine injury syndromes. Now we collaborate with doctors who've been doing that for decades with chronic Lyme and fibromyalgia and chronic fatigue syndrome, which are wickedly difficult to treat and understand. And so I kind of have a new, not only career and practice, but a new intellectual focus and you're absolutely right. It's much more satisfying.

I mean I'm literally returning people to levels of function that they weren't at before. Patients come to me, I use random percentages, but at 20% of their former function. These were oftentimes healthy, full careers, children, exercised, eat right and now they're fully disabled with numerous organ system complaints. And I'll tell you, getting them from 20% to 40% is a big deal when they can actually do just a little bit more than they were doing before.

Dr. Pierre Kory:

And when you get them to 80%, it's transformative. I absolutely totally agree with you. I don't regret my career. I will tell you, the ICU is really – it's almost like a classroom. Everybody who comes through there, we teach a lot of physiology. I taught a generation of physicians who went into other specialties and I think that what they learned about the physiology, the approach, the thought processes that we had to use and the judgment we had to use, I think that part I'm proud of. I think I was integral in training doctors. But you're right, the impacts on patients are nothing like it is in keeping them out of the hospital.

Dr. Joseph Mercola:

And it's just a shifting of your skillset to a different intellectual challenge. My view is it's potentially even more challenging because of the complexities-

Dr. Pierre Kory:

I totally agree.

Dr. Joseph Mercola:

-that are there. I mean at end stage there's a lot of commonalities that make it pretty cut and dried, but at the level you're tackling now there's so many variables that contribute to it. It's a real detective challenge for sure.

Dr. Pierre Kory:

And the thing is, you're absolutely right, it's way more challenging. I am so humbled. And I tell my patients, I say, "Listen, I have to be humble here. I'm trying to figure this out. I'm collaborating, I'm reading, I'm learning from you." I'm learning from each patient because we're doing a lot of empiric therapies. We're trying things and so I learn, each patient serves as their own control and I'm finding different things work on different patients. But the real challenge that I'm finding, Joe, is that I don't have any biomarkers or tests, which I find helpful, to direct therapies. A lot of the tests are normal, even inflammatory markers, clotting markers are normal, and yet I know that they have inflammatory processes and they're thrombogenic, so I wish there was more research and guidance in these diseases.

Dr. Joseph Mercola:

Agreed. Well, I want to dive into that into that a little bit, then we can go into your book. But before I do that, I wanted to share an interesting memory I had in light of the fact that they're coming after the three of you. I was wondering why didn't the Illinois Medical Board come after me for my license for misinformation? Well, in some ways they did. They called me up and asked me a bunch of questions. I don't know when, at least a year ago, maybe longer. And then I remember that's the same medical board that sought to take my license away about 10 or 15 years ago when I published a review and wrote an article about how useless mammography was. In fact it was worse than useless, it probably contributed to increasing cancers. Now they had some people write in complaints.

Dr. Joseph Mercola:

No one suffered or died as a result of the article I wrote, but they wanted to take me out. So they were going to discipline my license and potentially even take it away. And I said, "No, you're not." So, I wound up suing them in the state Supreme Court and we won based on First Amendment principles. So, they may have me remembered that, that I wasn't going to go down easy if they came after me.

Dr. Pierre Kory:

And Joe, it goes without saying that your article was absolutely evidence-based with a lot of data to form that conclusion and that recommendation and it was science.

Dr. Joseph Mercola:

Yeah.

Dr. Pierre Kory:

But it's inconvenient science because there's a whole system of mammography that's embedded into our health system. So, I get it.

Dr. Joseph Mercola:

So anyway, that brought back some good memories. But I wanted to dive into your treatment protocols and suggest that the reason that most of – it seems like the primary complaint of the people that are presenting to you with long-haul COVID would be fatigue-

Dr. Pierre Kory:

Yes.

Dr. Joseph Mercola:

-or tiredness, not enough energy.

Dr. Pierre Kory:

Yes.

Dr. Joseph Mercola:

So you have to go back to physiology and remember, well what generates 90% of the energy in the body? It's your mitochondria. So most likely this lack of fatigue and energy is a result of inefficient energy production, impaired energy production in the mitochondria, or more simply mitochondrial dysfunction.

Dr. Pierre Kory:

100%.

Dr. Joseph Mercola:

So, the challenge is how to recover it. I'm going to suggest a few things. In fact, maybe we can even discuss after we finish this some potential collaboration because I think I've got some ideas that might radically improve your results. And if you're getting the results, you have the platform and the clinical credibility to spread this even more widely, because I don't have an opportunity to treat patients directly so I would love to have the opportunity to treat them indirectly.

Dr. Pierre Kory:

Well, here's the thing, Joe, we have a group that we collaborate with on our protocols. We've had several meetings, we got input from a lot of folks like Dr. Meryl Nass-

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Pierre Kory:

-Dr. JP Saleeby.

Dr. Joseph Mercola:

No one invited me.

Dr. Pierre Kory:

That's the thing, I want to invite you to our next meeting. I'd love to hear from you because I will tell you that protocol, it's really not a protocol because it's not really structured as one, but it's really a list of things that we have found effective and how you deploy and apply them and in what sequence, it's really up to the practitioner. I mean, we don't have a rigid approach. And it's meant to be an evolution. We're constantly adding, tweaking, putting things to consider. But yeah, the mitochondrial recovery, that's a topic and a target that I'm listening, I'm learning.

Dr. Joseph Mercola:

Yeah. I'm actually in the process of writing my next book on that and it should be out, well I should finish it this year, but I'm about halfway through it. And so it's really hot on my mind right now. But anyway, I would be really intrigued, I don't know if anyone's brought this to your attention before, but this is the oldest drug in the world. This is the only drug I embrace. Do you know what the oldest drug in the world is, at least in the modern world? It was a textile dye invented in Germany in 1876.

Dr. Pierre Kory:

Methylene blue?

Dr. Joseph Mercola:

Methylene blue, that's right.

Dr. Pierre Kory:

My really sick patients were using methylene blue because some of the really sick ones that aren't responding to medicine, we do send them for – I send them to a clinic where they do apheresis, ozone, methylene blue, infrared.

Dr. Joseph Mercola:

Oh, nice. That's really good.

Dr. Pierre Kory:

One of them actually was discharged on oral methylene blue. And so my interest is really, I want to figure out how to implement oral methylene blue.

Dr. Joseph Mercola:

I don't recommend it IV. The only indication for IV methylene blue is if the person's dying of cyanide overdose where you've got to get in there quickly. But no, I mean oral has more than sufficient absorption. There's really no difference except for the rapidity in which it gets in. So typically 30, 40, 50 milligrams of the powder taken once or twice in divided doses should be pretty dramatic. And the beautiful thing about this is that the energy recovery is typically within hours, hours.

Dr. Pierre Kory:

Yeah.

Dr. Joseph Mercola:

-because it increases the ability of the mitochondria to produce ATP about 30% in the electron transport chain.

Dr. Pierre Kory:

Well Joe, you've got to-

Dr. Joseph Mercola:

It's not that treating the foundational cause, but if you give them more energy they're able to be more compliant with the other remedies.

Dr. Pierre Kory:

See, that's the importance. I think of mitochondrial recovery, it's really one component because there are other processes that are actually impacting the mitochondria. And so interrupting those

processes, whether it be hypoperfusion from micro-clotting or these unrelenting inflammatory, the monocytes and macrophages are activated, because I will tell you when I treat those processes I see tremendous recoveries in some patients, in some.

And that's the other thing that's so humbling, is I'll have two patients, let's say, in vaccine injury who present with very similar clinical presentations. Drug A and B work like gangbusters in patient A and do very little in patient B. And when we talk about the protocol, we've kind of like elaborated so far on about six or seven different pathophysiologic mechanisms and one of them is mitochondrial dysfunction, but I don't know which is the predominant one in each patient.

Dr. Joseph Mercola:

Oh, yeah.

Dr. Pierre Kory:

I have no way of figuring that out. And the only way I figure it out is by responses to therapy. For instance, I had one young woman recently, I think she was a long hauler. I mean there's a lot of overlap to the two syndromes, but I tried a number of trials of therapy and what resurrected her, finally when I started to treat mast cell activation. I put her on antihistamine, famotidine, ketotifen, and boom.

Dr. Joseph Mercola:

How about quercetin?

Dr. Pierre Kory:

Quercetin is tricky for me and maybe you can educate me. The problem with quercetin is it's so poorly bioavailable and really the trials that seem to work it's a specific formulation. It's either phytosomal or liposomal. And so many patients come to me already on quercetin. I think they're just not on the right dose and not the right formulation, but it is purportedly a good mast cell stabilizer. I just clinically get better responses with other drugs, but again, maybe I'm not used to it.

Dr. Joseph Mercola:

Well, quercetin is not drug.

Dr. Pierre Kory:

There you go. With other therapies, let's say.

Dr. Joseph Mercola:

But one of the things you can do is simple. I don't think they make it, but it's easy to make yourself, is to do a quercetin suppository, because then you're going from oral to transmucosal which has a much higher absorption-

Dr. Pierre Kory:

Yeah.

Dr. Joseph Mercola:

-and less metabolic byproducts that are shifted to it so it doesn't get methylated or detoxified quite as easily. But one of the things I don't know if you've done, and the ability to do it is going to be progressively decreasing in the coming months, but it doesn't cost anything and it's totally natural, is to get your patients into the sun for an hour a day, preferably around solar noon. And the reason that's so effective, obviously for vitamin D, but perhaps even more so in the case of the mitochondria, is the near-infrared, the near-infrared. Specifically it's about 40% of the sunlight and it increases the melatonin, the melatonin increases right in the mitochondria so you radically reduce reactive oxygen species and secondarily increase the efficiency of ATP (adenosine triphosphate) production.

Dr. Pierre Kory:

I will tell you, so we have been recommending that.

Dr. Joseph Mercola:

Yes, yes.

Dr. Pierre Kory:

And I will tell you, I had just like 10 days ago, I had my first kind of really robust clinical response from someone who actually employed that, without me telling them, but my patient was still struggling. She said, "Few weeks ago, I go out around sunrise and I'm out there in the sun. I relax for an hour day." She found it to be extremely helpful at mitigating her symptoms. And so you're spot on.

Dr. Joseph Mercola:

Sunrise is a different time of day. You're not going to get that near-infrared intensity to cause that mitochondrial – and you've got to have minimal clothing on too. It's not going to work if you go out with long sleeves and short pants. It's just not. So you need the radiation on your skin. And it's free, and you don't have to just sit there and do nothing, you could read, you could walk.

Dr. Pierre Kory:

Can we put that in a pill, Joe, and charge a lot of money? Then what use is it? Sorry for my cynicism.

Dr. Joseph Mercola:

Oh no, I know, in a commercial sense that's correct. I've been enormously impressed with my clinical career just providing people with solid, basic lifestyle changes and once they integrate them it makes all your other recommendations so much easier because you're coming from a higher level of health and that when you change the physiology to a condition where they're much more likely to respond.

Dr. Pierre Kory:

There's no question. And in your work and your experience in doing that, has never been more important than now because that's one of the things that when I talk now and in interviews, when we talk about our work in the FLCCC (Front Line COVID-19 Critical Care Alliance), we're trying to give patients agency, more agency over their health, because going to the system and following system recommendations, again, it's so corrupted by [Big] Pharma and those treatments are not really interested in getting you better.

You're not a good customer if you're healthy, right? I don't know that I believed that as much as I do now. I mean, I always had my suspicions that all was not patient-centered in my career, but now I see very little that's patient-centered, to be honest.

Dr. Joseph Mercola:

Right.

Dr. Pierre Kory:

And so you're absolutely right, giving patients agency and approaches in order to preserve and improve their health is immensely satisfying.

Dr. Joseph Mercola:

Well, I'm sure you're familiar with the "Flexner Report," which was catalyzed by Rockefeller and Carnegie in 1910 and funded by it. But it was really the foundation that led to the removal of all this type of information from medical school curriculum. It was essentially ousted 110 years ago. Gone, never be put back in.

Dr. Pierre Kory:

I didn't understand that history until recently. And when you read about it, I mean, natural remedies were quacks and they went after osteopaths and chiropractors and everything. They just wanted petroleum-based pharmaceuticals to rule the land. It's stunning, it's stunning.

Dr. Joseph Mercola:

Many people today don't know that Rockefeller owns 50% of the drug companies. Not directly 100%, but the percentage that they're owned is about half. Half. So, it was a pretty clever and actually a brilliant business strategy.

Dr. Pierre Kory:

It was formidable what he achieved. I just came across this little data point the other day that in Marcia, I think you pronounce her last name Angell or Angell, the former editor of New England Journal.

Dr. Joseph Mercola:

New England Journal, right.

Dr. Pierre Kory:

And she left as editor because she progressively got disgusted with the corruption and influence.

Dr. Joseph Mercola:

She wrote a book too.

Dr. Pierre Kory:

Yeah, she wrote book. And in that book, Joe, she writes that in 2001, among the Fortune 500 companies, the top 10 pharmaceutical companies had more profits than the rest of the Fortune 500 combined.

Dr. Joseph Mercola:

Yean. And you know what else is really impressive about that, many people aren't who aren't in the medical field like we are would not appreciate this necessarily, is that the New England Journal of Medicine is the highest impact journal in the entire world. It's number one. And she was the editor for almost a decade, maybe longer. I don't know, I can't recall. But having her say that, the editor of the most prestigious medical journal of all in the world, to say that is extraordinary.

Dr. Pierre Kory:

Absolutely. That's the other transformation, Joe, that Paul and I have undergone. I think me more so than Paul, is that we really looked to those journals thinking that they were the most sophisticated and that was the top levels of science, and seeing what was published in those journals throughout COVID has uncovered just the absolute control by the pharmaceutical industry.

I mean, what appears in those journals is what they allow to appear in those journals. Period. I know of many positive studies of repurposed drugs rejected. And even worse, we've seen them pull the following like JAMA (Journal of the American Medical Association) and New England Journal both, instead of rejecting they hold onto it as if they're considering it, sometimes for months, and then the rejection comes months later.

Dr. Pierre Kory:

I've never heard of that in my career. I mean, usually when I've tried to submit manuscripts, they either say, "This is interesting. We're sending it out for peer review," or they say, "This is not of sufficient interest to our readership at this time." And they literally were rejecting positive trials of ivermectin. And then, probably the greatest and most saddening corruption that they pulled is that they published the TOGETHER Trial on ivermectin, the one down in Brazil, which is so brazenly fraudulent and corrupt, and there's so much documented actions that those investigators took in order to ensure that they did not have a statistically significant benefit for ivermectin. And yet the New England Journal of Medicine published it.

And when you look at the design and the conduct of the trial, it should never be published. It was so brazenly corrupt. And the investigators were all working for either their own companies or

other companies whose sole job was to do research contracts for pharmaceutical companies. I mean, what would happen in their careers, Joe, had they published a positive trial on ivermectin?

Dr. Joseph Mercola:

[inaudible 00:26:43].

Dr. Pierre Kory:

"That's it. Bye. No more contracts."

Dr. Joseph Mercola:

Yeah. So this is a good segue into your book, "The War on Ivermectin: The Medicine that Saved Millions and Could Have Ended the COVID Pandemic," which comes out in October. I think the-

Dr. Pierre Kory:

We hope. I have to be honest. We're just at the end. I think I'm submitting – we think-

Dr. Joseph Mercola:

Draft? First-

Dr. Pierre Kory:

Final draft this week and then, yeah, I hope, it's probably going to be mid to late October, but yeah, it's coming. I've blown a lot of [crosstalk 00:27:06]-

Dr. Joseph Mercola:

Halloween time. Halloween.

Dr. Pierre Kory:

Yeah. Let's call it Halloween. Yeah. It's a scary book for sure, to be honest. It really is. It really is, Joe. I mean-

Dr. Joseph Mercola:

Why is it a scary book? But before you answer that, there's two, I guess, not pioneers but people you think of when you talk about ivermectin, you and Tess Lawrie, Ph.D. And obviously she's not a clinician. You are. So I'm so glad you wrote a book on this. So, why is your book scary?

Dr. Pierre Kory:

Because it details — I mean, so the theme of the book is really centered around an article called "The Disinformation Playbook," which is published on the website of the Union for Concerned Scientists. And what happened, Joe, is after my ivermectin testimony, which went viral, which brought a lot of attention to the FLCC, our work and our-

Dr. Joseph Mercola:

And which testimony was this?

Dr. Pierre Kory:

So this was December 8th, 2020. I testified in a hearing. I was invited by Senator Ron Johnson.

Dr. Joseph Mercola:

I thought that was when. Yeah.

Dr. Pierre Kory:

Yeah. On early treatment. And Peter and I think it was Harvey [Risch, Ph.D.] presented the week before on hydroxychloroquine. And boy, did they get attacked. I mean, The New York Times. They called Senator Johnson the snake oil salesman of the Senate. I mean, it was fierce, the attacks they endured. When I testified a week later on the importance and of the incredible data supporting ivermectin, the video went viral and it got a lot of attention. And suddenly our organization got a lot of attention.

Our protocols were looked in to. Doctors started prescribing ivermectin. And I thought, this is how naive I was, Joe, I literally thought that we were providing a solution – if not a solution, a major intervention that would alter the trajectory of the pandemic, without question. It would reduce cases and deaths and hospitalizations and now you have an effective early outpatient treatment.

Dr. Pierre Kory:

And I thought that news would be welcomed. I didn't think there was going to be a ticker-tape parade necessarily, or maybe I did. That was one possibility. I thought maybe the FLCC would come out as heroes. And really it was Paul who identified the – I always have to say it. It was really Paul that identified the data signal first. He said, "Wow. You got to see what these studies are starting to show." And I jumped in right behind him. I was the first author of that comprehensive review paper. I worked a lot and I got deeply expert on ivermectin, but what happened in the next few months is that everything started going sideways and I could not figure it out. I saw hit pieces. And I mean, to you, this is not news. You're probably like, "Yep. I've seen that before."

Dr. Joseph Mercola:

Predictable. Highly predictable.

Dr. Pierre Kory:

Entirely predictable – and the thing is I didn't know. I'll tell you how little I knew. I didn't know that what I was really doing, I only learned that [inaudible 00:30:04], is I was literally bringing forth data supporting the efficacy of a generic drug. Now, that is poking the bear. And when I say poking the bear, what is anathema to the pharmaceutical industry and their whole business model is they cannot have generic off-patent drugs become standard of care. It obliterates the market for their pricing [of] new pills. I didn't know I was stepping into a war.

Dr. Joseph Mercola:

Well, it's even worse than that. Yes, that was true, but you impacted the potential possibility that this intervention could remove the emergency use authorization for these-

Dr. Pierre Kory:

Oh, I was [crosstalk 00:30:46]. I was-

Dr. Joseph Mercola:

That was literally hundreds of billions of dollars in profit.

Dr. Pierre Kory:

So, that's what I say. So Joe, I say that never before in history – again, I didn't know this at the time. I was like, "Hey. This thing works." I didn't know that I was literally introducing a medicine that in the history of pharma, I don't think any single medicine threatened as many markets and campaigns in history. The only other medicine that did that was hydroxychloroquine, but they already killed hydroxychloroquine in 2020. And I was coming out now with ivermectin and it threatened, like you said, hundreds of billions in perpetuity for these insanely lethal vaccines, monoclonal antibodies, remdesivir, paxlovid, molnupiravir, all of the markets for their novel, new pills to enter. I mean, I don't think any medicine has ever threatened that much of a market.

Dr. Pierre Kory:

And so the point of what I was trying to answer is that everything got real weird. We were getting attacked. I would do an interview. I did an interview with the Associated Press and the article that came out, I mean, I literally almost had a heart attack. I was like, "What the hell?" I talked to this reporter. This is how stupid I was back then, Joe. I mean, I talked to this reporter. I very carefully went through [crosstalk 00:32:10]-

Dr. Joseph Mercola:

I wouldn't call it stupid, just naive.

Dr. Pierre Kory:

Naive. Yes. Yeah. That's probably much – yes. And Bret Weinstein has this really cool phrase, and I'm going to butcher it, but he says, "Every time I think I'm being too cynical, I'm actually being naive." And when he said that, I was like – because I am so cynical now and I'm still learning that I'm not cynical enough because I'm discovering a web of influences that purportedly would only be ushered by a conspiracy theorist now and there's an unending string of conspiracy theories that are being proven true. So, I don't know what's going on [inaudible 00:32:48].

Dr. Pierre Kory:

But here's the transformative experience was that everything got real weird. I saw unending attacks on ivermectin and it was coming in different directions. I saw academia getting all hot and bothered. "It's a fringe medicine. It's unproven. The trials are small." I saw all these

narratives and I didn't know they were narratives at the time. I thought people were being stupid. So, that's the thing. I was like, "Why are they being so stupid?" The first transformative experience of COVID was in March of 2020, at the end of March, when I suddenly heard that the FDA (Food and Drug Administration) was recommending that you restrict hydroxychloroquine use to the hospital. And I remember when I heard that. I was like, "That's really stupid. Why are they being so stupid?" I was like, "Why would they restrict a drug to a phase of illness in which it's likely they have almost no impact." We all know antivirals, first days of therapy. And I was like, "That's really stupid." And then I went about my day.

Dr. Pierre Kory:

Now, I see everything. I see everything they do even now, even before they do it. I mean, because they're really predictable. And it's because of what I learned and I put this in book. So, what happened was in March of 2020, I got an email from a guy named Dr. William B. Grant. I don't know if you know him, but he's one of the-

Dr. Joseph Mercola:

Oh, sure. I published a paper with him.

Dr. Pierre Kory:

Oh, gosh. Of course you did. He is so nice. And he sent me – and I didn't know who he was. I had no idea who he was. He wrote me a two line email. He wrote, "Dr. Kory, what they're doing to ivermectin is what they've done to vitamin D for decades." And then he sent me a link to that "The Disinformation Playbook" article. And it's a short article, not a lot of text. It's just very well-designed. They have little diagrams and then they have examples of disinformation campaigns. And they describe the five plays, which they name after American football plays. And these are the tactics that [Big] Pharma used. And I read the article and I was like, "Yes. Yes. Yes. Yes. Yes. Yes."

Dr. Pierre Kory:

Suddenly, Joe, the world made sense and not in a good way. It was very ugly, because I was like, "That's what's going on. There's a massive disinformation campaign directed at ivermectin." And from that moment on, everything that happened every day, it was almost like I got pushed and tied to a front row seat for a horror movie. Literally. I had to watch a horror movie unfold ever since. Millions dying, hospitals overflowing everywhere. And there was a drug that could prevent that and it could avert a catastrophe. It would've definitely either put the breaks or stopped the vaccine campaign obsession, which is in my mind, one of history's greatest humanitarian catastrophes. It's a holocaust out there with these vaccines. And that's easily proven from just immense sources of data now, as you know, from life insurance data, disability data, excess mortality data. Even now we're seeing birth rates dropping.

Dr. Pierre Kory:

And so the theme of the book is centered around that and it's my experiences and knowledge of what they do. And the reason why I think the book is important is that it's almost as important as Bobby Kennedy's book, "The Real Anthony Fauci," where he literally, in a highly referenced fashion, documents the control of medicine and the medical sciences and how it's literally

controlled by pharma and how depraved that control is, Joe. They do not care. They do not care. I mean the pharmaceutical industry is a documented criminal industry, as you know. They've released many, many products that have caused untold deaths and what do they do? They try to suppress that evidence for as long as possible. They get caught. They pay a fine. They do it again.

Dr. Pierre Kory:

And I also didn't know that ivermectin was just the latest of a decade of repurposed drugs or, as you know, simple therapies that don't cost any, like going out in the sun with your shirt off and in shorts for an hour a day. It's only the latest in decades. I mean, in oncology, we know things that work really well for cancer and those are absolutely suppressed and distorted – cardiology, psychiatry. The list is endless. And so I started to learn about how Pharma practices disinformation and I think the most terrible disinformation campaigns, which caused more deaths than any other, were the ones on hydroxychloroquine and ivermectin. I lived through the ivermectin one. Peter's lived through both. I mean, he was out there early, him and Harvey and America's frontline doctors. I mean, they fought that war in 2020.

Dr. Pierre Kory:

I mean, Paul and I were so busy in the ICUs, we were focusing on our hospital protocol. We didn't have an early treatment protocol until we identified ivermectin. We didn't believe hydroxychloroquine worked back then. We were buying what they were selling.

Dr. Joseph Mercola:

Yeah. Because you were skewed. You were skewed.

Dr. Pierre Kory:

Say it again?

Dr. Joseph Mercola:

Your views were skewed because you were using it too late.

Dr. Pierre Kory:

Well, no. I didn't use it in the hospital at all. I wasn't doing early treatment. We were buried in ICUs, working and we were focusing on that. But what we knew of hydroxychloroquine, we didn't believe it worked because we were still buying what they were selling. Going back to this topic of the journals, I will tell you, we were still looking to those high-impact journals for, really, the crystallization of what the evidence showed. And they were all screaming, "It doesn't work." I mean, obviously when you look wider and spend some time doing a deep dive, it's not very long until you figure out, "Wow. It really does work." But again, it's part of a transformation, Joe.

Dr. Pierre Kory:

We were extremely naive and we still had an implicit faith and trust in the journals and the agencies. We have none now. I've seen now two years of every policy being omitted from those

agencies. And I ask everyone to do this thought exercise, "Ask yourself what would a pharmaceutical company want that policy to say? And that's your answer." For instance, when they ignored natural immunity. Of course you should ignore natural immunity. It's more arms to jab. It's just terrible. But-

Dr. Pierre Kory:

So the book is – it's not only about all of the tactics that I witnessed and it's also about my personal journey. I've been through a lot. I've lost three jobs. One I left voluntarily. One was mutual. And then the third was a firing. And also I got to tell you something that very few people know, but my proudest contribution to COVID, at least I thought, I wrote, I thought, the best paper of my life. It was a paper that essentially argued that the pulmonary phase of COVID is actually what's called an organizing pneumonia or what they used to call BOOP (bronchiolitis obliterans organizing pneumonia).

I can't remember if we talked about this before, but I wrote a paper with one of the top chest radiologists in the world. I consulted pathologists. I looked at autopsy data, even just the CAT scans was in a pattern of organized pneumonia. And organized pneumonia is a terrible descriptor for the disease, because it suggests that it's an infection and it's not. Organizing pneumonia is an inflammatory response to a lung injury. And the gold standard of care is corticosteroids. That's the only thing that's been shown to really reverse organized pneumonia.

Dr. Pierre Kory:

And I gave testimony in the Senate in May of 2020 telling the world that it was critical to use corticosteroids in the hospital phase of disease. And I got attacked by the University of Wisconsin. By the way, you know another thing that I learned? Academic freedom ain't real. Soon as you're a professor with an opinion that goes against orthodoxy or the system, oh, you're going to feel the pressure.

Dr. Joseph Mercola:

Were you a professor?

Dr. Pierre Kory:

So, I was technically an associate professor. I had actually met criteria for professor probably two years before I resigned. I didn't have time to put together my promotion pack. If you ever go through academia, promotion packets are beasts. You have to catalog all of your contributions, all of your teaching thing. It's just a whole bunch of where you have to write this essay about your teaching philosophy. And I just kept putting it off.

So anyway, long story short, I was an associate professor, but I clearly had all the criteria for a professor. And one of them is that you needed a national reputation. And I had not only a national but an international reputation because I was one of the pioneers and world experts in the field of critical care ultrasonography. I taught a couple of decades of doctors how to use ultrasound to make life-saving diagnoses. And I wrote a book that's in its second edition and seven languages. And so, I definitely was professor.

Dr. Pierre Kory:

And anyway, when I gave testimony, my bosses from the dean – the dean and the Chair of Medicine were hiding, but they were exerting pressure through my chief. And I was in New York at the time working like a dog, because I had left University of Wisconsin because I resigned because I said, "I refuse to be a clinical leader."

I was the chief of the critical care service, director of the main medical surgical ICU at one of the biggest research institutions in the country. And they were giving me pressure because I was advocating for anticoagulation and corticosteroids. And they didn't want to have anything of it. My chief and chair started butting into my daily clinical meetings as a leader with the teams of intensivists, the residents, the fellows, and they started kind of contravening and contradicting some of the things I was suggesting. And I just said, "I'm done. I refuse to see these patients die with lack of treatment," because they were telling us to use supportive care only. And for your listeners or viewers, supportive care only is fluids, food, Tylenol for fever, oxygen and a ventilator. They're not treatments.

Dr. Pierre Kory:

And anyway, so I left there and I was in New York at the time working and I was getting daily calls from my boss telling me not to talk to the press and to talk to the university before I talk to the press. And what I found out is that there is no such policy. As a professor in an academic institution not only are you given the freedom to express your opinions in your area of expertise however and wherever you want, but it's encouraged. That's what academics are supposed to do, is bring forth expertise and knowledge to the public and to society. And yet I was feeling a lot of pressure on that first testimony on corticosteroids. Now I was vindicated on corticosteroids. It's now the standard of care around the world. However, Joe, do you know what the standard of care dose is? They're using 6 milligrams of dexamethasone, which is-

Dr. Joseph Mercola:

Which is too low and you don't like dexamethasone, if I [[crosstalk 00:44:25](#)].

Dr. Pierre Kory:

Yeah. Methylprednisolone is far superior in its effects on the lung.

Dr. Joseph Mercola:

And that would be Depo-Medrol?

Dr. Pierre Kory:

Say it again?

Dr. Joseph Mercola:

Depo-Medrol?

Dr. Pierre Kory:

It's Solu-Medrol. Yeah.

Dr. Joseph Mercola:

Solu-Medrol. I don't know.

Dr. Pierre Kory:

Solu-Medrol is the trade name of methylprednisolone. But the thing is about organizing pneumonia is it's well-known that in fulminant cases, like whited out lungs on a ventilator, you needed what's called pulse dose steroids, which is 1,000 milligrams for three days in a row. Six milligrams of Dex is equivalent to about 32 milligrams of methylprednisolone. We were starting people and being at 80 later on, I started higher because I was in the ICU and they were kind of way down the line and they weren't getting good steroids in the hospital. That's why they were coming to the ICU.

And so some of the hospitals [inaudible 00:45:14] the ICU, I was trying to communicate to the hospitals, "Guys, you got to up your steroid doses," because what would happen after Delta, Joe, is I couldn't recover them anymore. It was weird. It was different. Delta, especially late-phase Delta, I started seeing patients refractory to even the MATH+ protocol. I was using every element and I wasn't turning them around anymore where we had been turning them around.

Dr. Pierre Kory:

And so it got better at the next hospital I was at, because the hospitals did listen to me. A couple of the intensivists were really interested in my data and they changed their protocol to higher doses on the wards. And so-

Dr. Joseph Mercola:

So how many people were under your care that died because they weren't given the appropriate therapies prior to your management?

Dr. Pierre Kory:

Well, it's my belief that everyone who died, that was the case, that was under-treatment. But I will say this, in New York, I did five weeks in a COVID ICU that was full, 16 patients, almost every single one on a ventilator. At that time, the majority were dying because they weren't even using steroids. Now, when I got there, the intensivists had been fighting with the infectious disease experts.

The intensivists wanted to give steroids and the infectious disease who had control of those therapeutic committees that were springing up in all the hospitals, they were very anti-steroids because they're infectious disease – I hate infectious disease doctors by the way. [crosstalk 00:46:46] career. I very rarely called an infectious disease consult because they practice a weird medicine. They have a weird perspective on disease.

Dr. Pierre Kory:

But what I found horrible is that they were influencing what we were doing in an ICU. They're not intensivists. We're not asking them a question on how to recover these patients with massive lung injuries. But it was controversial and it was suppressed when I got there, and I'm a loud mouth. And by the way, I went back to the hospital where I was the program director of their

fellowship for three years and I essentially ran their ICU with a colleague for eight to 10 years. And so when I came back, it was really kind of fun. Everybody was so happy to see me, mostly because they were exhausted. They had been working like dogs for months, no days off, long hours and in terrible conditions. I mean massive dying, I mean, most people in the hospital at that point, they weren't responding to supportive care only.

Dr. Pierre Kory:

And so, there I started using steroids and I turned a couple around, but they were late and the hospitals weren't using steroids at the time. But then later on, when it became standard of care – for instance, I was in Milwaukee, and there I was having better success, especially with the hospitalists. So, things kind of changed overall. So, I don't know how many died because of lack of care-

Dr. Joseph Mercola:

It would be dozens or 100. What do you think?

Dr. Pierre Kory:

So, for me it would be up to 100 because remember in critical care, our services are a little bit smaller, but I would say somewhere between 100 and 150 that I personally was in charge of and I was watching them not respond. And I knew it was because lack of treatment.

Dr. Joseph Mercola:

Yeah. That has got to eat on you. I mean, that's why you go into medicine to help people, and to have your hands tied and see them pass-

Dr. Pierre Kory:

And to teach. To teach. I was trying to teach. I was showing evidence. I was showing my organizing pneumonia paper. I was showing data showing that the steroids worked and that was critical in lung injury. And nobody listened because they – it's so odd. I mean, they were still just listening to the age – everything, all eyes were to the Feds all of a sudden. Those guys were the gods of science and knowledge, and there was no clinical experts in those [crosstalk 00:49:05].

Dr. Joseph Mercola:

They still are for the most part.

Dr. Pierre Kory:

Yeah. No. There was still an implicit – I hope, Joe, my hope, to talk about something positive, is with that book detailing the [inaudible 00:49:15] and not like the book's going to change the world, but what's happening now is the truth is coming out. And what I hope will be exposed is just the deep rot and control of our health system by the pharmaceutical [industry] and the rapaciousness, the depravity. They don't care. And they have caused humanitarian catastrophe. And I hope that when that gets exposed – and my book, it's almost like a teacher's manual for how they do this, because I saw everything they pulled and how they did it and how successful

they were. The fire plays, the blitz, harass the scientists that come out with inconvenient science, the diversion, inject uncertainty, oh, inject doubt where there is none.

Dr. Pierre Kory:

So, these little editorials and these crappy trials that were showing up. The fix where they literally capture researchers and influence them to put out opposition research. And then they captured a colleague of mine. I was working with Andy Hill. He was the lead researcher for the WHO and [inaudible 00:50:18] team that was looking at repurposed drugs. And I knew Andy. He knew ivermectin worked. He had studied six repurposed drugs. This was the seventh. None of the others were showing benefit. And he was like, "Wow." He was impressed with the data signal. And now he literally publishes papers that criticize the evidence space as either fraudulent or low-quality.

Dr. Joseph Mercola:

Do you know that these strategies go back to the 1950s? I wrote a book on EMFs and there's a public relation-

Dr. Pierre Kory:

Wait. EMF?

Dr. Joseph Mercola:

EMF. Yeah. That-

Dr. Pierre Kory:

What's EMF? Electromagnetic-

Dr. Joseph Mercola:

Electromagnetic frequencies.

Dr. Pierre Kory:

Yeah. Okay.

Dr. Joseph Mercola:

Yeah. It's called "EMF*D," because that's another source of ... It's an advanced topic. But anyway, in researching that book, I went back to the tobacco industry in 1950s. They hired a PR agency called Hills+Knowlton Strategies, who literally established all the strategies you discussed. And the tobacco industry used it very, very effectively to continue for another 50 years the use of their cancer-causing product.

Dr. Pierre Kory:

Yeah. Protect their lethal product.

Dr. Joseph Mercola:

Yeah, yeah. So then the-

Dr. Pierre Kory:

[crosstalk 00:51:34] of immense profits. Immense profits. I mean.

Dr. Joseph Mercola:

Yeah. And the telecommunications industry did the same thing in the '90s. They used the same – they actually hired the same PR firm to do it. And they're still successful. Unlike tobacco, which was finally recognized, understood to be this massive cause of cancer, that EMF exposure from cell phones and Wi-Fi is still going on. And we're not going to see this epidemic of deaths and disease for another decade or two because just like smoking, it takes a long time for the damage to accumulate before people start dropping.

Dr. Pierre Kory:

Yeah, and I do talk about that really, I talk about how disinformation tactics were pioneered by the tobacco industry and used very effectively. And the important part of that is how it ended. So, it ended by really, as I understand, attorneys general across the country, finally collaborating and bringing action against this industry. And not only winning settlements, but I think limiting their abilities to practice disinformation through media, and advertising and all of that. And so, no more cartoon characters for the kids from Joe Camel and stuff.

Dr. Joseph Mercola:

Hey, to sell it, people should be free to smoke. I'm a firm believer in that if they want to, and they're informed of the risk, but they weren't. They had massive disinformation campaign, where physicians like you and I were endorsing the product. They were being-

Dr. Pierre Kory:

Four out of five doctors say Lucky Strike is the best cigarette.

Dr. Joseph Mercola:

If that isn't disinformation I don't know what is. But I want to get back to the ivermectin because you're one of the world's leading experts in this. And I'm wondering from your book and your research you've done on it, what would you use as the best example clinically to prove that ivermectin works? I'm thinking, would it be the Uttar Pradesh experience in India or the-

Dr. Pierre Kory:

No, because – so, I wrote a Substack on Uttar Pradesh. I think it's the best example. I don't think it's the best thing to argue with-

Dr. Joseph Mercola:

-because it's not – what they did in Uttar Pradesh, not Uttar Pradesh, but what the entire world did in their media is they suppressed any discussion that central to their program was the use ivermectin. And I wrote two Substacks. They're almost unbelievable to read because the extent

to which the word ivermectin was censored when talking about what happened in Uttar Pradesh is nearly unimaginable. I mean, you had major newspapers, you even had the WHO writing a paper, praising Uttar Pradesh for their program. Treatment and ivermectin were not mentioned. It was all about their contact tracing. So, yeah, Uttar Pradesh I don't think it's the best. For me, it's what happened in the city of Itajaí in Brazil. It's a city of 220,000 people.

Dr. Pierre Kory:

And in June of 2020, they formulated a program and they blasted it through the media, to all the citizens of the city, that they were going to start a program of ivermectin prophylaxis, where you would take it four days a month. I think it was days one and two and 15 and 16. And anyone interested in the program could come to a visit, they set up tents and centers and they have a very sophisticated electronic system. Their whole health system is database electronic, clean data. You could not fill out a data form unless it was completely filled.

And they had ways, so if you had a nonsense number, someone was 300 years old, you couldn't do that. So, it was really high-quality data and it was comprehensive and of the 159,000 people who actually entered the program, 113,000 elected to take ivermectin. And then when you analyze the data and my colleague Dr. Flavio Cadegiani who's, to me, one of the greatest doctors in COVID history. I think his efforts and what he knows, I mean, he is I think the world expert in the therapeutic aspects of COVID. He helped save a lot of lives during Delta when we were struggling as an outpatient, he's the one who kind of uncovered the importance of anti-androgen therapy in severe disease.

Dr. Pierre Kory:

Anyway, so he did this paper with a colleague named Dr. Lucy Kerr. I was a co-author because I helped him kind of put it together. But the 113,000 versus I think 50,000 or 49,000, that didn't, the 113,000 were older, sicker, fatter. Way more cardiovascular disease, diabetes. And obviously why, they were probably more worried of the impacts of their health. And so when you look at that comparison, I mean, there's a negative, massive negative confounders. Despite those confounders, even when you didn't propensity match, these insanely positive benefits of the ivermectin group. They flat out died much less, I think it was 70% less risk of dying, 68% risk of less risk of hospitalization and 50% less risk of getting COVID. And that was in the sickest of the sick in that city.

Dr. Pierre Kory:

And then when you did propensity matching, when you really match them for aged, [inaudible 00:57:02] all those things, it was even greater. And then there's a follow-up study, which is astounding where Flavio and Kerr, what they did with their statistician is they were able, through pharmacy records and dispensing of the medicine, they were able to split the ivermectin group into two: Regular ivermectin users, those who took all their pills, irregular, those who missed doses, and then those that not. And when you look at the regular users, the ones who were most adherent to the protocol, no one went to the hospital. There was a 100% reduction in hospitalization and a 90% less risk of dying. So, some people died during that period, but no one went to the hospital if they took ivermectin regularly. It's astounding.

Dr. Pierre Kory:

You're talking about a huge amount of people. So, that to me is probably one of the most powerful data sources. And that was just prevention. Here's the other bizarre thing, because I had to confirm this several times with Flavio, but at the time they were doing that trial, they were not using ivermectin in treatment. It was just prophylaxis. So if you got sick and went to the hospital, they were doing supportive care only. The people who controlled the hospitals, I think it was run by some sort of religious order that they did not want to use ivermectin. So, when you see that trial, what it accomplished, that was the minimum of what ivermectin could accomplish, the minimum, because they weren't even using treat. You got sick, you were on your own.

Dr. Pierre Kory:

By the way, on that question, Joe, I could do this for an hour. I could talk about all of the other papers. I was talking to Paul about this the other day, I've never seen a more proven therapy in any disease model, which they successfully got everyone to believe is a horse dewormer used by unvaccinated, conspiracy theorists.

Dr. Joseph Mercola:

Like Joe Rogan.

Dr. Pierre Kory:

Like Joe Rogan. Like me, like the FLCCC.

Dr. Joseph Mercola:

So, at this point, we're almost post pandemic, it seems. Have you revised your recommendations to ivermectin? Maybe just give us your most current view as to what the ideal dose is, A, for prophylaxis, if you're concerned and then, B, for treatment.

Dr. Pierre Kory:

So, right now we recommend for prophylaxis for those who feel they need to prophylaxis. And I got to tell you, I think it's just a different landscape now. We have milder variants, lots of natural immunity. I got to tell you in my practice, most of my patients, I don't really tell them to take ivermectin regularly.

Dr. Joseph Mercola:

What about those who are suffering from long haul?

Dr. Pierre Kory:

Oh, that's a different story. That's my first line and mainstay of treatment for long haul.

Dr. Joseph Mercola:

Okay.

Dr. Pierre Kory:

It's the most frequently effective therapy.

Dr. Joseph Mercola:

Wow.

Dr. Pierre Kory: I do have in my practice, a minority who are ivermectin non-responders, but the majority respond in either small or large ways.

Dr. Joseph Mercola:

Why do you think that is?

Dr. Pierre Kory:

So, I knew you were going to ask that because you're super smart and you like mechanisms and you study deeply, but here's the challenge with answering that is ivermectin has about 20 different therapeutic mechanisms of action.

Dr. Joseph Mercola:

Wow.

Dr. Pierre Kory:

And so really telling you how I think it's working would be a little bit of a guesswork, but I will say two of them. The two things that I think are most impactful is that ivermectin is one of the most tightly binding drugs to the spike protein. For all of these in silico studies, when they look at a catalog of medicines, like which one most tightly conforms and binds, ivermectin is at the top of that list every time.

So, if there's circulating spike or spike being extruded from diseased or dying cells, the binding of ivermectin spike would mitigate further impacts. So that's what I think is one of the main ones. The second one is that it repolarizes macrophages from the M1 to the M2 subtype. We know the monocytes and macrophages are activated, and M1 is the hyper inflammatory, M2 is the hypo. And I think that repolarizing and that anti-inflammatory impact. And then the rest of the mechanisms are the other 20 that it does reduces productions of cytokines, and VEGF (vascular endothelial growth factor) and all sorts of downstream effects.

Dr. Joseph Mercola:

What type of dosing do you like for the long haulers, then we'll go for prophylaxis and treatment?

Dr. Pierre Kory:

I'm glad you asked that. Because I didn't know what dose in the beginning. I do it daily, so I put everyone on it daily, I first started at-

Dr. Joseph Mercola:

That's a difference.

Dr. Pierre Kory:

Oh, absolutely. So for long haulers, daily, for sure. And I'll tell you what happens, in those that respond, in many of them when they're doing much better and then we say, okay, "let's see if we can back off now", I try to either increase the frequency or lower the dose, symptoms come back.

Dr. Joseph Mercola:

Interesting.

Dr. Pierre Kory:

Within days. So my patients who really respond, they know don't mess with the dosing of ivermectin. Now I've had a couple people graduate from-

Dr. Joseph Mercola:

Let me just ask this question, because I think it differs, are you noticing a difference between those who have the long-haul COVID who were jabbed or those who got it from the natural infection?

Dr. Pierre Kory:

My patients are rarely pure anymore, meaning my diagnosis of those two syndromes is a constellation of symptoms that develop in temporal association to one of those events. So, if it was COVID and the symptoms all began in the weeks after COVID, that's a long-hauler. If it happens after the vaccine and vaccine-injured, they come in three subtypes, which is their symptoms began the day of and never went away. Or they had a rough time with the three days of vaccine, but then the symptoms start week later. And then I have somewhere, it starts four to five weeks later.

But it's always in temporal association of one of those events. But what I find now is my long-haulers who got vaccinated, they got worse. My vaccinated who got COVID, their symptoms got worse. And so it's just this accumulating exposure to the spike protein. And so that's why I said my patient population is they've all had one or two of those events, whatever the first trigger was, I'll call them a long-hauler, but yeah, they respond similarly. Remind what was the exact question that you asked Joe about that?

Dr. Joseph Mercola:

The dosing.

Dr. Pierre Kory:

Oh dosing. Yeah, I started at point-

Dr. Joseph Mercola:

Dosing is daily, right?

Dr. Pierre Kory:

Yeah, it's daily. So that's the important – because I have seen patients who've come to me who've seen other providers, who've been trying to treat their syndrome and they're clearly looking at our protocols, but I'm seeing really strange dosing, once a week, three times a week at kind of low doses. And so I started at 0.2 mg per kg daily. Then I moved to 0.3. And months ago, I was trying to do a little bit of dose ranging. I would try to 0.4 a little bit higher and I wasn't impressed with the impacts of the higher doses. So, I kind of just stuck at a monodose.

Dr. Pierre Kory:

However, in the past month I've now had three experiences where patients responded to a higher dose. And so now when I see patients in follow-up, one of my next trials of therapy is I double the dose. I actually go to 0.6. And so for instance, just this week I did it with someone and it didn't work. She found no benefit from the 0.6, I went back to 0.3. So I mean, if the higher dose doesn't have an impact, I'm not going to use it. But I had one patient who was so happy when I increased the dose. Now when I see her next, I might bring her down a little bit. But I mean, we do have fair amount of data of long-term daily use being well-tolerated.

Dr. Joseph Mercola:

Once a day dose?

Dr. Pierre Kory:

Once a day. Yeah, absolutely. Well just once a day. So yeah, your question on dosing, the only way to answer is what I'm doing. I don't know what the real dose is. I've got to be humble about that. I'm just telling what I'm learning from my experiences.

Dr. Joseph Mercola:

This is a brand new syndrome.

Dr. Pierre Kory:

100%.

Dr. Joseph Mercola:

So you're at the forefront of helping identify which strategies are effective. So thank you for doing that.

Dr. Pierre Kory:

I want talk about the we and the FLCCC, we're putting on a medical conference.

Dr. Joseph Mercola:

Yeah, absolutely. When is that going to be?

Dr. Pierre Kory:

So it's October 15th and 16th. The title is "Understanding and Treating Spike Protein-Induced Diseases."

Dr. Joseph Mercola:

Whoa. Wow. That's a good one.

Dr. Pierre Kory:

Yeah. And so we have a lineup of speakers of folks like you, deeply studied in a lot of treatment of complex chronic illnesses and from different specialties. Some have a very strong endocrinologic perspective on the disorder. Neurologic. I'm showing up as the clinician, almost a conversation like this – I'm just going to be saying like, listen, this is how I treat. This is what I've learned helps. And it's not like this is the way to do it. It's just the way I've done it and the successes that I've had. I know of other doctors who have different approaches, I mean, there's a lot of ways to approach this disease. And so it's really important. It really is directed at the treating providers. Because Joe, one of the sadnesses of the many sadnesses in the health [system] and the many abject failures is they literally don't recognize vaccine injury. There's no clinic for the vaccine-injured.

Dr. Joseph Mercola:

By design.

Dr. Pierre Kory:

And so they're abandoned and I'm just going to be crude here, they're pissing off the doctors because all of these patients, poor patients are showing up that doctors have no idea what's wrong with. They have no knowledge of the mechanisms. They have no knowledge of what some effective therapies can be. And so they're not treating these patients and they're abandoned and gaslit. And some of the doctors actually get angry when the patients relate their symptoms to the vaccine, they don't want to hear it. They don't want a vaccine-injured in their practice. I have numbers of patients where the physician literally told them, "You don't need to schedule a follow-up."

Dr. Pierre Kory:

And so for those who still have a shred of humanity and empathy and understanding that despite protein is a toxin that causes immense amounts of disease, I hope they attend and/or watch the lectures that we'll have to stream afterwards. And we're coming at this very humble. I mean, we don't have – there's very few trials on therapies in these two syndromes. And so it's really about clinical knowledge, expertise and experiences from this disease and other diseases. And I actually am looking forward to it because I want to learn. I want to listen to those other speakers and hear about what they think and how they approach this. And I think it's going to be a really tremendous conference. And I'll tell you another Joe because I think a lot of people, laypeople will show up because-

Dr. Joseph Mercola:

Where's it going to be at?

Dr. Pierre Kory:

Orlando. Orlando at the Gaylord, something Gaylord, that's the center conventions.

Dr. Joseph Mercola:

Yeah. Gaylord [Palms Resort & Convention] Center, it's the one that's all under one roof and they've got the little rivers inside.

Dr. Pierre Kory:

Yep. Apparently it's fun, I've never been. So, it's really important. And I think laypeople actually will attend because here's another interesting thing that's happened in COVID, you probably noticed this is that I find legions of laypeople who are much more deeply studied and knowledgeable on what's really going on, not only on even the medicine and physiology side, they didn't go to medical school, but they're deeply studied and they read papers. They watch, read a lot of data sources.

So, I think it's actually would be of interest to laypeople who want to learn how to either help themselves or help their friends and colleagues just like they did with COVID. You know how many laypeople passed around our protocols and tried to get their friends and relatives access to the medicines on our protocol. They save lives. They save lives by doing that.

Dr. Joseph Mercola:

No, that was the strategy for my newsletter. I was targeting the consumers, not the physicians.

Dr. Pierre Kory:

Of course.

Dr. Joseph Mercola:

Although many health care professionals wound up looking at my stuff. It was really my take on it was to translate the medical jargon into language that the average person could understand and apply themselves and then spread the message to their friends and hopefully their physician.

Dr. Pierre Kory:

Absolutely

Dr. Joseph Mercola:

That's the way to go.

Dr. Pierre Kory:

Can I just say thank you for that, Joe. You have built a longstanding credibility and a platform that people go to for, you do exactly what you set out to do is help people improve and protect

their health. And your contribution in helping to disseminate our protocols, I think, made a major impact. I really do. And I want to thank you for it.

Dr. Joseph Mercola:

Oh, you're welcome. That's what we're here for. That's in my view. So, I'm just delighted to do that and even more honored that The New York Times and CNN and such has decided to direct so much energy to discrediting me because they perceive that I'm so influential.

Dr. Pierre Kory:

That's when you're over the target, Joe. When they come after you, you know they're getting scared that the other side-

Dr. Joseph Mercola:

For sure. So, I want to transition if it's okay with you to a topic that's near and dear to my heart, which is medical fraud, especially as it relates to the jab. And you did a really great post on your Substack, I think last week, regarding the-

Dr. Pierre Kory:

Shots for tots?

Dr. Joseph Mercola:

No, this one's about the court ordered foyer request that Pfizer initially wanted to have their data from their trials for 75 years. And then one of the tranches of data that was released, showed how they were hiding the data on pregnancy. And do you recall that one pregnancy?

Dr. Pierre Kory:

Yeah. I wrote another one on the absurd medical fraud supporting the jabs for toddlers as well.

Dr. Joseph Mercola:

We can go into that. Let's do this one first because I don't recall reading that one, but I do, that's the other one and both of those actually, I hope to God, someday are used in a court of law to basically get a judgment against Pfizer for fraud, which will essentially eliminate all the liability they have, which should be over a trillion dollars in damages.

Dr. Pierre Kory:

Absolutely.

Dr. Joseph Mercola:

Yeah, because this is clear and outright fraud. So, let's go into the fertility or the fertility and abortion, spontaneous abortion rate. I think they had 270 pregnancies in the trial and they only reported on 38 because they never sought to – it was important to understand what happens to pregnant women who get the jab.

Dr. Pierre Kory:

Yup. Yup. So yeah, they only followed 32 pregnancies where they had knowledge of the outcome of the pregnancy. So out of 32, 28 led to a fetal demise, either from a miscarriage/spontaneous abortion, or a stillbirth or a premature birth where the fetus or baby died. Which is an astonishing – it's 87.5% rate. Now, that was not really new data because even in the original trial published in The New England Journal [of Medicine], they pulled a sleight of hand trick, which numbers of people identified now, was fact check to death and that we were all wrong. But what they reported in their table on their trial is that there was a miscarriage rate of 13%. However, when you-

Dr. Joseph Mercola:

That's a normal.

Dr. Pierre Kory:

Which is normal, exactly, is normal. However, when you look how they calculated that 13%, they included a huge number of women in their third trimester miscarriage. It's not called a miscarriage in your third trimester, that's called a stillbirth. So, when you actually looked at the first trimester births, you had a 72% rate of miscarriage if you got vaccinated in your first trimester. So, that 87.5% isn't a fluke. We already saw that signal in the original data. And now, Naomi Wolf and Daily Clout. I mean they have 3,000 volunteers, they're combing through thousands of pages.

In fact, I just spent two or three weeks working on articulating the executive summary because her report is 29 chapters – no one's going to read that. And so we pulled out the most damning of the data and there's even more worrisome miscarriage data. And then Joe, you know that in that post, I linked that miscarriage data to the birth rates that we see dropping inexplicably suddenly from one month to another. Birth rates don't drop month to month, they'll drop over the year. There's little variations, but you're seeing historically unprecedented drops beginning right around nine months after the peaks of their vaccination campaigns.

Dr. Pierre Kory:

And Taiwan, in one month, had a 27% drop in births. And so that's not just Taiwan. Sweden, Norway, Hungary, and one guy on Substack, a guy named Igor Chudov, I don't know if you saw, but he did an analysis on Hungary where he matched the counties or the regionals, or I guess the states in Hungary, he matched their vaccination rates with the birth rates. And there was a pretty good relationship because almost like in this country, the red states had lower vaccination rates than the blue states. And in Hungary they had similar regional differences and there was a pretty good relationship with vaccines and birth rates.

Dr. Joseph Mercola:

Further confirmation of the depopulation strategy because it appears to be working.

Dr. Pierre Kory:

And that's the thing that I just can't understand. They figured out how to do that. I know they wanted to do that, but they figured out how to do that.

Dr. Joseph Mercola:

[inaudible 01:15:34] with the HCG integrated into tetanus shot in Africa, I believe it was-

Dr. Pierre Kory:

Yeah.

Dr. Joseph Mercola:

-that Andrew Wakefield did a documentary on there.

Dr. Pierre Kory:

Yep.

Dr. Joseph Mercola:

Yeah. So they have a history of doing this.

Dr. Pierre Kory:

Yes. And when you look at Bill Gates' history, he literally grew up in a household with one of the most major eugenicists. There was an obsession in that family with eugenics and even depopulation. And so it's terrifying how much power that sociopaths have. One thing I like to always bring up, because I learned this from Matt Crawford, another brilliant mind who writes on Substack and has done immense analyses on numerous aspects.

He wrote this one post about how sociopaths in prison, there's about a 15% to 20% rate of prisoners who are literally sociopaths. No empathy, no regard for others, are capable of immense cruelty. But purportedly in the C-suites of corporations, it's also about 15% because sociopaths are really good at making money and gaining power because they will do that without any regard for their fellow humans or outcomes.

Dr. Pierre Kory:

And so they get hired and they rise high because they make money. They know how to lie, cheat, steal to make money. And so when you think of it, because when you see these corporate behaviors in so many industries that are so pathologic and depraved, you don't understand how corporations literally put money above everything else, the welfare, like that there's no humanity there, but you have to think that it's probably because there are sociopaths and power at the top, just like in the agencies.

You don't rise to the top of the HHS (Health and Human Services) or NIH (National Institutes of Health) by being a good guy, making objective votes on your conscience on the data. And then let's transition to the toddlers. When you look at those two committees, unanimous votes in favor of toddlers, when the data was nil. The data was nil, if anything, you look at it, 4,500 kids enrolled and 3,000 disappeared. Why did they leave? You can't even apply that trial to anything. And it showed literally a nil impact.

If anything, it showed that it was harmful and worse. You got more COVID, you got more severe COVID. And yet you had unanimous committees, the gods of science and knowledge on those committees, unanimously in favor of approving injections for toddlers based on some of the most historically brazen lack of data.

Dr. Joseph Mercola:

Was it unanimous? I thought on one of the committees, that [Dr. Paul] Offit was on.

Dr. Pierre Kory:

That was booster. So I thought that too. Let's clarify that because I did a piece on Offit last week. When he made those statements, that he was nauseated by the data-

Dr. Joseph Mercola:

Right.

Dr. Pierre Kory:

-he was referring to the vote on the boosters, with the bivalent thing.

Dr. Joseph Mercola:

Why wouldn't he be consistent?

Dr. Pierre Kory:

Oh, but when you see the piece I did, we shot a video where I rebutted every statement he made to that guy, ZDoggMD, because that's-

Dr. Joseph Mercola:

Oh yeah.

Dr. Pierre Kory:

So we dissected that interview, and I nailed him on. And it's exactly what you said. It was inconsistencies and lack of logic. And we even brought in footage for stuff he had said in prior interviews from a year ago. And it's absolutely damning that this guy voted for the toddler shots. It's absolutely insane.

Dr. Pierre Kory:

Anyone who listens to Offit, you got to understand that guy is really impaired. He also, he has a patent on the rotavirus.

Dr. Joseph Mercola:

I sued him in that. I actually sued him. I sued Offit.

Dr. Pierre Kory:

What'd you sue him for?

Dr. Joseph Mercola:

I sued him because he lied about a statement, he's claimed that Barbara Loe Fisher's son, Barbara Loe Fisher started NVIC, National Vaccine Information Center, in the mid-80s. And he claimed that her son never was vaccine-injured. Just calling her an outright liar. So, unfortunately, it was thrown out because she's considered to be a celebrity of sorts. So, you can lie about celebrities legally.

Dr. Pierre Kory:

Oh, like a public figure.

Dr. Joseph Mercola:

A public figure. That's what they call her.

Dr. Pierre Kory:

Yeah. No, I know what you meant. Yeah, yeah, yeah, yeah. And you're right. Public figures, they don't have that protection against defamation. You probably don't, Joe. Someone could defame you, and probably not be able to-

Dr. Joseph Mercola:

No, I'm confident I wouldn't. I rarely sue, but it just upset me so much that he would have that claim. And was actually thrown out. But anyway. Yeah, he's a reprehensible figure for sure.

Dr. Pierre Kory:

Reprehensible. And he comes off as this affable, well-meaning academic. But when you look at his actions and behaviors, they're deplorable.

Dr. Pierre Kory:

Oh, we nailed him about that interview. The folks at VSRF, Vaccine Safety Research Foundation, on their team with Luisa Clary and Lisa Lahey, they saw how important it was to take down that interview because it was so lacking in logic and consistency. And really obscuring the fact that he had just voted for toddler injections.

Dr. Joseph Mercola:

Were you finished on the story with the toddler injections with the committee? Because I think the only justification they used to have this unanimous vote was a surrogate marker was elevated, which was the increase in antibodies. And somehow, this is assuming, it couldn't be a bigger crock of crap-

Dr. Pierre Kory:

Thank you.

Dr. Joseph Mercola:

-to use this as a marker for a vaccine effectiveness. They couldn't prove anything, not anything. As you mentioned, it was negative. People got worse. But there's, what, their antibodies increased.

Dr. Pierre Kory:

But that's the thing. They used the antibodies to vote for. But yet, you actually do have many of those public health officials in other forums openly admitting that an antibody is not a marker for protection. But yet, they used it to vote for it.

Dr. Joseph Mercola:

It justified-

Dr. Pierre Kory:

It's medical fraud. It's just fraud. And going back to my point, Joe, is that not only do you not lead, you don't get to the leadership of those agencies unless you're a sociopath. You don't get put on a committee unless you can play ball. Could you imagine someone voting with their conscience? If I landed on that committee, one vote of no. How many more committees am I going to be invited back on, Joe?

Dr. Joseph Mercola:

Zero. You are fired. You're terminated.

Dr. Pierre Kory:

Oh, you're done. You're done.

Dr. Joseph Mercola:

This is a rubber stamp to make it look like-

Dr. Pierre Kory:

It's predetermined.

Dr. Joseph Mercola:

Yeah. Yeah. For these new – my understanding is, a week from today they're going to have a new meeting to approve the new jabs that come out in the fall. And this is despite the fact that the U.S. government has already ordered over 100 million of them. A hundred million. They already paid for it. You think that they're not going to be approved? Do you really think they're not going to be approved?

Dr. Pierre Kory:

It's pre-determined. No, you're absolutely right. And that's the thing. I wouldn't say I'm broken, Joe, but what I believed – I just, I never knew the depths of the corruption. In the ICU, I'll say, we were largely free of corrupt influences, with the exception of Xigris and this early-goal

directed therapy with these catheters. But outside of that, ICU, we used time-honored, traditional approaches. We became expert at using support machines. And we did things like – it's not like it's polluted as an internist who give everyone statins and SSRIs, which are total frauds. Right? So in the ICU, I don't know, corrupt influences were not-

Dr. Joseph Mercola:

You were insulated from it.

Dr. Pierre Kory:

Insulate. Yeah. And now that I'm as outpatient, I see what's happening in medicine and COVID, I don't recognize the field. And the thing is, what's more scary, Joe, is that all of the doctors inside that, I call them “system docs,” working for the big health systems in hospitals that JCO (Joint Commission)-regulated. Look at all the societies for their guidelines. And the system docs, they have no idea how much they've been lied to, and they have no idea how many lies they have propagated with arrogance and consistency.

Dr. Pierre Kory:

I think some are finding out now, as they get injured from vaccines, as their family gets injured, as they see deaths. I think some are having to come to a rude awakening that they've been lied to. But that should be documented in history. You had an entire world of physicians, vociferously and arrogantly, pushing shots for a coronavirus, despite natural immunity.

One of the worst absurdities I heard is one of my patients who's a pharmacist, and she works in a hospital. And she told me at one point, this is six months ago, she told me that the hospitalists in that hospital were vaccinating COVID patients on discharge.

Dr. Pierre Kory:

They come in. They survived COVID. And as they leave, like with the flu shots, "Oh, have you had your flu shot yet? We'll give it to you." They were giving two-and-a-half-year-old Wuhan protein shots to people who just recovered from either Delta or Omicron.

Dr. Joseph Mercola:

Now, if we didn't kill you in the hospital, give us another chance.

Dr. Pierre Kory:

Thank you. Yeah. But the scary part, Joe, is I don't think they were trying to do that. I think they were more-

Dr. Joseph Mercola:

No, they were propagandized and brainwashed.

Dr. Pierre Kory:

Yeah. That's the thing. They were so polluted with lies that, when you look at the behaviors that result, you realize it's all about information. You control the information, you control people's behaviors. And that's what they've been doing for 100 years in medicine.

Dr. Joseph Mercola:

So, it sounds like your conversion to medical truth reality occurred within the last two years. And I'm wondering was it, if you became awake before you – I assume you did because the vaccines definitely lagged behind the debate on early treatment. So you became awake prior to, like Peter McCullough didn't become awake until afterwards, and he got jabbed. I don't think you got jabbed, right?

Dr. Pierre Kory:

Well, actually let me be humble about that. I'm not jabbed, but I think that was an accident. That was just pure luck. Because after ivermectin testimony, it was literally the same week they launched the vaccines.

Dr. Joseph Mercola:

Oh.

Dr. Pierre Kory:

I had to mutually leave my job because I shook the hell out of the foundations of that hospital. Because they tried to come back to work. The hospital was deluged with people who wanted ivermectin. And reporters were calling, and they were spooked as hell. And we had a discussion. They offered me a new contract, which had about eight limitations on my First Amendment rights. And I said, "No, thank you. And bye-bye."

Dr. Pierre Kory:

So I was unemployed from December until I went back into the ICU in May. And during that time, I learned about the just unimaginable toxicity and lethality of the vaccines. I have to be honest, Joe. I let my parents get vaccinated in March of 2021. My parents live in Manhattan. And they were saying none of their friends would invite them. No one would go out to dinner. They were basically ostracized from their little social circle. And at the time, I wasn't that deeply studied on the vaccines. Now I am. And I was like, "Oh, I think maybe the J&J is safer. It's just one shot. And it uses an older vector." So, I let them have the J&J.

Dr. Pierre Kory:

But by April, I was telling everyone who asked, "Please don't get the shot." And when I went back into the hospital, it was not yet mandated. So I work for about six months before it became mandated. And when I told them, the day that I told them, because here's another interesting story. The hospital I worked at, from the time that the ICU team hired me, I was a locum tenens, they started getting pressure from administration to get rid of Kory, but we were getting along really well. They love my work. The nurses love me. I was teaching them the stuff about my protocols. And there was a small team. It was really three or four guys. And they said, "If Kory

goes, we go." So, they had my back. But the administration was sending them hit pieces in the media that they came across about me. They didn't want my face or persona associated with their hospital.

Dr. Pierre Kory:

But my team backed me up until November when the mandate was coming for all health care workers, and CMO of the hospital called me. And he said, "Listen, I need to know if you're going to get vaccinated. Because we have to do contingency planning for the next month because if you're not going to give vaccinated, you're gone." And I asked him to let me think about it. And two days later he called me, and I said, "I'm going to get vaccinated." And I'm going to tell you, Joe, I was going to get a vaccine card. Period. I was not going to get vaccinated. And I'm going to openly admit that. I was willing to be dishonest. In a face in an ocean and an army of lies and fraud, I'm going to protect myself and my livelihood with a card.

Dr. Pierre Kory:

But once I told him, I said I decided to get vaccinated. I worked that night, went home, and the next day I got a call from the ICU director saying, "Pierre, I'm really sorry, but we don't need you anymore." And what he told me the reason why they don't need me anymore is that they claimed, it was told to him, that I had told someone in the emergency room to not get vaccinated. And now, it's actually not true. And so I knew it was a made up, which is how they get rid of problematic doctors. It's called sham peer review.

Dr. Joseph Mercola:

Yeah. Sham peer review. Okay.

Dr. Pierre Kory:

Sham peer review.

Dr. Joseph Mercola:

Sham peer review, okay.

Dr. Pierre Kory:

-and that's been practiced for decades to get rid of doctors off staff that they didn't want on.

Dr. Joseph Mercola:

Peter wrote about that in his book, too.

Dr. Pierre Kory:

Yeah, yeah, yeah. So it was a mini, rapid sham peer review. Now, they didn't need a peer review because I was a locums. It was a contract that they could break at will. And so it was just a simple phone call. "Hey, we heard you did this." And it was funny. It wasn't funny, but the guy who fired me really liked me. He and I had mutual respect. We had deep and rich clinical discussions and he knew something was going on because he said to me – I said, "Chris, I didn't do that. I don't know what you're talking about."

Dr. Pierre Kory:

And then he's like, "You didn't?" And I was like, "No." And then he got off the phone, called me back, and he said, "Pierre, I'm sorry. We just can't do it." Because he originally told me that he was letting me go because he said, "Listen, we believe in vaccination. We can't have a reputation of someone in our division-"

Dr. Joseph Mercola:

Sure.

Dr. Pierre Kory:

And so, he made a credible argument. When I told him I didn't do it, he called me back. And one of the last things he told me, he says, "I'm really sorry, but this is war. We're in the middle of a war." And he basically told me that.

Dr. Joseph Mercola:

He's right.

Dr. Pierre Kory:

That I'm casualty.

Dr. Pierre Kory:

So he at least recognized that, that people were coming after me, and that he really couldn't protect me anymore. And so I was a casualty of that war.

Dr. Joseph Mercola:

All right.

Dr. Pierre Kory:

That was the only job that I really felt bad about losing. I really liked that job.

Dr. Joseph Mercola:

So, you are an insider in the medical profession. I've basically been out for two decades. So I don't really have a lot of contact with other physicians like you do. So, what is your best guess, if you could divide physicians or health care professionals, mostly physicians, into three groups, one who are aware like we are, what's your best guess is that percentage? Two, the second group, the middle group, which is probably relatively small, has some hint of awareness, but for personal reasons, choose to not have the courage to step out and join us? And then three, the people who are just absolutely brainwashed and propagandized-

Dr. Pierre Kory:

True believers.

Dr. Joseph Mercola:

Yeah.

Dr. Pierre Kory:

So I got to tell you, Joe, that I think you made an assumption there that's not true. I am really on the outside now.

Dr. Joseph Mercola:

Okay.

Dr. Pierre Kory:

I'm with you. I'll tell you.

Dr. Joseph Mercola:

Yeah, but you were not too long ago on the inside.

Dr. Pierre Kory:

Well, I would say I've been out since November of 2021, which is coming up on a year.

Dr. Joseph Mercola:

A whole year.

Dr. Pierre Kory:

But what I'm saying is I am not on the front lines. I'm not listening to the conversation. I'm not having – and my former, I have a rich network of former trainees. Only one or two reach out to me. I wrote a Substack-

Dr. Joseph Mercola:

Wow. So, they're-

Dr. Pierre Kory:

One guy-

Dr. Joseph Mercola:

Disassociating.

Dr. Pierre Kory:

One guy who was just, he just loves what I'm doing. He totally knows that I'm speaking the truth. And he calls me the Joe Rogan of medicine. And he's like, "Keep going, keep going." He told me a few months ago that things were shifting a little bit, that doctors are starting to not trust so much the stuff that the hospitals are saying. And so I have the feeling that there is a shift, but I'm on the outside.

Dr. Pierre Kory:

The doctors that I meet in symposiums and conferences and rallies, like medical freedom stuff, they're all full awake. So, I live in a bubble now. I live in a bubble of people who know what the truth is. I will say, I've written a couple of Substacks, which I've titled "Nursing Reports From the Front Lines."

Dr. Pierre Kory:

I have a nurse on the inside. She's literally my spy, and she acts as one. She's very smart, very experienced ED and ICU nurse. And she works for a major academic medical center, and she knows the deep rotten fraud. And she's been giving me these reports of what's happening. And it really does sound like there is a revolution starting. They're starting to see truths. They're starting to see the fraud around the vaccines. And in particular, the one fraud, which I've been screaming about that, I think, very few people know about, but, Joe, I'll tell it to you briefly. This narrative and this data saying that it's a pandemic of the unvaccinated, and everyone in the hospitals was on, you remember that? The 99%?

Dr. Joseph Mercola:

Yeah.

Dr. Pierre Kory:

And even when it's proven not to be 99%, it's still a narrative, that you will be protected from severe outcomes. Now, that is 100% false. In fact, the opposite is true. But how did they pull that off? I saw how they pulled it off. Because I said to myself one day, "I admitted a fully vaccinated patient to the ICU." And this was in November of '21, almost a year into the campaign.

Dr. Pierre Kory:

And I said to myself, "How come he's the first person I've ever seen documented as vaccinated in the ICU?" Because I knew the data from the other countries. The NHS (National Health Service), the UK, Israel had been screaming for months with a preponderance of people in the hospital that were vaccinated. But yet, in this country, everyone in the hospital – and so what I discovered was they made a process in the hospital in numerous health systems, that unless you were vaccinated in a doctor's office within the system where it was electronically entered, even if you had your card or knew your date, the nurse put it, buried in an admission note, just as your age and weight and relatives, it never showed up in the documentation status on the front screen.

Dr. Pierre Kory:

You know what that was called? There was two types of vaccination categories. One was vaccinated, the other one was unknown.

Dr. Joseph Mercola:

Unknown. Yeah.

Dr. Pierre Kory:

And so now, just like they've corrupted the evidence around vitamin D for decades. Now you have an entire country where the actual percentage of vaccinated in the hospital is completely corrupted. And by the way, that process does not exist for any other vaccine. In any other vaccine, you bring in your card, they put it into your record. Right? Suddenly with COVID, they purposely did not want vaccinated in the hospital. So, what do they do? They waved the magic wand. And suddenly, no vaccinated were in the hospital.

Dr. Joseph Mercola:

Or very few. Very tiny.

Dr. Pierre Kory:

That's it. Very few, very few.

Dr. Joseph Mercola:

Yeah. So, they knew this was coming. They were clever and had a strategy, to obfuscate reality and hide the information.

Dr. Pierre Kory:

Yeah.

Dr. Pierre Kory:

So, let me tell you one last data point, Joe, that's even more – it's one of the most terrifying, but this experienced ED/ICU nurse, she works bunch of nights, weekends and stuff. And she said that there are so many cardiac arrests occurring, even amongst young people. And you know from training, when a cardiac arrest comes, the code team comes. You have your crash cart with all your medicines, catheters, defibrillator. And the process for a crash cart is once there's a cardiac arrest, it's immediately taken down to the pharmacy department, where they have to restock and everything has to be – and then they put a seal on it so that all the life-saving medicines are on there.

Dr. Pierre Kory:

That turnaround to get a fresh crash cart can be hours. And they were finding that cardiac arrests were occurring at a frequency where they would have to run to another floor to get a crash cart. And I've heard this report from other hospitals as well. What is their solution? They're putting more and more crash carts on the hospital wards. And then I saw a report, an anonymous report from a senior cardiac unit nurse that was on Steve Kirsch's Substack.

Dr. Pierre Kory:

I don't know if you saw what Steve did. He did some thing where he invited all health care providers to anonymously report the things that they're seeing.

Dr. Joseph Mercola:

Sure.

Dr. Pierre Kory:

And they're absolutely compelling, and they're very believable. You know when a doctor or a nurse is talking and they know what they're talking about. But this one cardiac nurse said that she cannot recall a cardiac arrest on a floor in an under 20-year-old. And she said now in our unit, we're up to 30 in the past year, or under 30-year-olds, teens and 20-year-olds cardiac arresting and dying in the hospital.

Dr. Joseph Mercola:

Yeah. That's the power of the media to propagandize the population to be-

Dr. Pierre Kory:

Censored.

Dr. Joseph Mercola:

This is normal. That this is standard. That this happens all the time.

Dr. Pierre Kory:

No, but going back to question. Joe, they're seeing stuff they've never seen before. They're seeing strokes in people with no comorbidities who are young. They're seeing heart attacks in age ranges that you've never seen before. So, the doctors, although they have a serious cognitive dissonance, I don't know how long they can maintain that. And I don't know how many are really maintaining it. That category that you asked me about, I have no idea what the category is, but I got to believe that they're shifting into at least those-

Dr. Joseph Mercola:

I know it's decreasing. My guess is it's still over half the doctors, at least. That's conservative-

Dr. Pierre Kory:

Oh, the true believers? Oh, that I'm not going to argue with. I think it's over half. But I do think those that either know the fraud and corruption or suspect that something is really, really wrong, but don't want to voice it, I do believe that number's growing.

Dr. Joseph Mercola:

Okay.

Dr. Joseph Mercola:

Well, thankfully we're able to help facilitate that conversion to reality, and we're happy to do it. So, one of the ways you're doing it is the great work you're doing. You publish a Substack, which is excellent. It's crazy not to subscribe to it, which is, what is it? Substack?

Dr. Pierre Kory:

It's PierreKory.substack.com.

Dr. Joseph Mercola:

Yeah.

Dr. Pierre Kory:

It's called "Medical Musings."

Dr. Joseph Mercola:

"Medical Musings." Just type it in Substack, and you can get it. And then your new book's coming out in the fall, "The War on Ivermectin," which would be somewhere on Halloween because it's scary stuff, folks.

Dr. Pierre Kory:

I love it, Joe. Thanks for mentioning that.

Dr. Joseph Mercola:

So, then please be sure to send me the details of the information of the event in Orlando on the first week of October.

Dr. Pierre Kory:

Yes.

Dr. Joseph Mercola:

We'll certainly put it in the article.

Dr. Pierre Kory:

Oh, perfect. Will do.

Dr. Joseph Mercola:

Yeah. Yeah. This has been great. Anything else you'd like to close with?

Dr. Pierre Kory:

No, I've really enjoyed discussion. And then just want to let you know, you have my deepest admiration and respect. You've been a truth-teller for a long time and a deeply studied individual on all of this health care system. You've been on the outside looking at – it must be, starting with mammography. You've seen an endless parade of frauds just marching through the system.

Dr. Joseph Mercola:

Well, my first one that I commented on was actually last century, 1999. You probably recall it was on Merck. They introduced a drug called Vioxx, which is a nonsteroidal anti-inflammatory-

Dr. Pierre Kory:

Of course.

Dr. Joseph Mercola:

-that I warned in 1999, which is actually before it was released to the public, before they had FDA approval. I said, "the study showed it's going to kill lots of people from cardiovascular disease."

Dr. Pierre Kory:

Wow.

Dr. Joseph Mercola:

Sure enough, it killed 60,000 people before they finally took it off.

Dr. Pierre Kory:

That a lot. You called it before it was released.

Dr. Joseph Mercola:

2009, 2009. Sorry, 2009. 1999. 1999. I called it. I didn't have a wide circulation back then, but-

Dr. Pierre Kory:

That led to a multibillion dollar fine. They suppressed that.

Dr. Joseph Mercola:

Well, it was supposed to be, initial projections were \$25 [billion] to \$30 billion and potentially taking out Merck. Of course, the lawyers got in, and they whittle it down to just a few billion dollars. Sixty thousand deaths. It's crazy. But this pales in comparison to what they're doing now.

Dr. Pierre Kory:

Yeah.

Dr. Joseph Mercola:

If I had known.

Dr. Pierre Kory:

I'll tell you one of the big-

Dr. Joseph Mercola:

That's child's play.

Dr. Pierre Kory:

One of the big financial supporters of FLCCC, a lovely man who I've become very close with, he subscribes to this investment advisory service that they give advice on how to invest in the markets. And he sent me one of the things they wrote a week ago, and they really were calling for a short of [Big] Pharma. They were actually saying that.

Dr. Joseph Mercola:

Well, Ed Dowd's been helpful in that one, for sure.

Dr. Pierre Kory:

Yeah. Ed Dowd's said that for sure. And I know Ed as well. But it was nice to see an independent investment service arriving at that judgment. I'm sure not independently, but there's smart money who are saying, "You want to short these guys. They might go down." And I hope they're right.

Dr. Joseph Mercola:

Yeah. Let's hope so, that justice is finally served.

Dr. Joseph Mercola:

All right. Well, you keep up the good work you're doing. Don't hang up because after we sign off, I have a quick question for you.

Dr. Pierre Kory:

Sure.

Dr. Joseph Mercola:

Thanks again. And we'll see you soon.

Dr. Pierre Kory:

Thanks, Joe.