

[https://www.thedesertreview.com/opinion/columnists/ivermectin---truth-and-totalitarianism/article\\_2e03f334-252f-11ec-a086-eb72bc65ec02.html](https://www.thedesertreview.com/opinion/columnists/ivermectin---truth-and-totalitarianism/article_2e03f334-252f-11ec-a086-eb72bc65ec02.html)

## Ivermectin - Truth and Totalitarianism

by Justus R. Hope, MD

Oct 4, 2021



### *Calling out the lie*

"Merck stock surged 10% Friday after it said its investigational pill cuts the risk of hospitalization and death in COVID-19 patients...The pill reduced the risk of hospitalization or death by about 50%," Merck and its partner, Ridgeback Biotherapeutics, said in a statement Friday.

<https://markets.businessinsider.com/news/stocks/merck-stock-price-antiviral-pill-cuts-covid-19-hospitalizations-and-deaths-2021-10>

"This is a phenomenal result. This is a profound game-changer to have an oral pill that had this kind of effect, this magnitude of effect in patients who are at high risk who are already symptomatic," former FDA Commissioner Scott Gottlieb said Friday on CNBC about results of the interim analysis.

"Meanwhile, shares of COVID vaccine makers Pfizer and Moderna fell 2.5% and 10%, respectively."

This puts Dr. Scott Gottlieb between a rock and a hard place. On the one hand, as a member of Pfizer's Board of Directors, he is paid handsomely to attend a few board meetings per year, yet on the other hand, he must not be too glowing in his praise of the antiviral, which might lead people away from the Pfizer vaccine. Moreover, it could affect sales just as it has already dropped the stock price.

In 2020, Gottlieb was paid \$338,587 by Pfizer. In 2020, he also earned \$525,850 as a director of Illumina. Due to his former FDA Chief status, Gottlieb is in high demand as one word of favor from him can send a stock price soaring.

<https://www.eriari.com/executive/salary/scott-gottlieb-3bpl>

<https://www1.salary.com/ILLUMINA-INC-Executive-Salaries.html>

He has served on multiple other boards, including Tempus Labs, National Resilience, and the Mount Sinai Health System. It must be a daunting task to walk the line by promoting one corporate interest while not offending any of the others.

But the good news is that soon, Pfizer, too, will be peddling their antiviral drug, which should make up for any drop in their vaccine sales.

"Pfizer is testing whether its pill—PF-07321332—can prevent infection in people exposed to the virus or benefit patients who have not been hospitalized with COVID-19."

<https://www.forbes.com/sites/roberthart/2021/10/01/when-will-we-have-a-pill-to-treat-covid-here-are-three-antiviral-drugs-being-tested/?sh=6a7e9fd44e51>

Roche and Atea are not far behind with their antiviral pills, and soon all of Big Pharma can get in on the action. They have timed it perfectly.

While shutting down any competition from repurposed drugs like HCQ or Ivermectin, they deftly rolled out the vaccines first, making sure not to confuse the consumer with antiviral pills that would only be allowed AFTER the majority of the population had been vaccinated.

The one glitch is that Merck's Molnupiravir only surfaced AFTER a prominent scandal involving Merck lying three times.

Just as Peter would disown Christ three times before the cry of the rooster, Merck would turn their back on their creation with three lies about Ivermectin before they would accept the payoff from the United States government.

On February 4, 2021, Merck, the corporation behind the monumental Mectizan Program, which rescued the world from River Blindness, told three untruths about Ivermectin.

<https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>

Lie #1: No scientific basis for a potential therapeutic effect against COVID-19 from preclinical studies;

FALSE: <https://www.sciencedirect.com/science/article/pii/S0166354220302011>

Lie #2: No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease.

FALSE: <https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

<https://covid19criticalcare.com/wp-content/uploads/2020/12/One-Page-Summary-of-the-Clinical-Trials-Evidence-for-Ivermectin-in-COVID-19.pdf>

Lie #3: A concerning lack of safety data in the majority of studies.

FALSE: <https://committees.parliament.uk/writtenevidence/36858/pdf/>

However, the Monash preclinical study disproved the first statement showing a massive 99.98% reduction in viral load with a single Ivermectin treatment in cell culture.

<https://www.sciencedirect.com/science/article/pii/S0166354220302011>

The second statement is disproved by the FLCCC's Public Statement issued January 18, 2021, that reports colossal evidence for Ivermectin's clinical activity and efficacy against COVID-19 in clinical settings:

- a. Large reductions in mortality rates;
- b. Shorter durations of hospital stay;

- c. Profound reductions in the infectivity rate in both pre- and post-exposure prophylaxis studies;
- d. Faster times to clinical recovery;
- e. Faster times to viral clearance.

<https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

Finally, the third statement concerning "lack of safety data" contradicts the published WHO safety data. In 3.7 billion doses of Ivermectin given over four decades, Ivermectin has proven exceedingly safe.

<https://committees.parliament.uk/writtenevidence/36858/pdf/>

Moreover, more than anyone, Merck is in the position to know Ivermectin's true safety profile as they provided those billions of doses for the Mectizan Donation program.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/merck-sees-the-light---provides-ivermectin-for-humanity/article\\_df5674ee-d530-11eb-98a1-3fc9e8ddc005.html](https://www.thedesertreview.com/opinion/letters_to_editor/merck-sees-the-light---provides-ivermectin-for-humanity/article_df5674ee-d530-11eb-98a1-3fc9e8ddc005.html)

However, lying was required, and the payoff came on Wednesday, June 9, 2021, when Merck got a fat reward. They announced the US government had agreed to pay \$1.2 billion for 1.7 million doses of their new antiviral, Molnupiravir, BEFORE clinical testing showed either effectiveness or safety. Our hard-earned tax dollars were irresponsibly handed over to Merck by an agency charged with a fiduciary duty to protect our health.

So in the end, Scott Gottlieb did not endanger Pfizer's bottom line. Just as Moderna was choreographed to go first in the vaccine rollout, Merck was first with the antiviral, and Pfizer first with the booster. They would take turns as there was more than enough profit to go around. Soon it would be Pfizer's turn at the antiviral trough, but they had to be patient for now. There was an order and method to this.

But the craftiest strategy of all was Merck's: *Accuse the other side of that which you are guilty.*

This quote has been variously attributed to Karl Marx, Vladimir Lenin, and Joseph Goebbels, the Nazi propaganda minister. Regardless of its source, it has proven remarkably effective as a propaganda tactic throughout modern history, and Merck was betting on this to sell the public on Molnupiravir.

However, the move backfired. In the case of Ivermectin, they falsely argued that it was ineffective and unsafe while their own drug suffered from both.

For example, one could argue, "There is a concerning lack of safety data" regarding Molnupirivar. Indeed, it does not have decades of safety data like Ivermectin; it does not even have years. The little safety data pertains to a dearth of Phase II and Phase III clinical trials, which total less than a few thousand patients.

While Ivermectin's safety data with over 40 years of treatment in over 3.7 billion doses is truly robust, Molnupiravir's safety numbers are barely rudimentary. In short, Molnupiravir's safety data is concerning because of its lack.

Of more concern is a recent study showing the alarming potential of Molnupiravir's metabolite, NHC, to induce mutations. In a peer-reviewed study published in the *Journal of Biological Chemistry*, the author writes, "The mutagenic effect of NHC has been shown in animal cell cultures, raising concerns on the potential risk of molnupiravir-induced tumorigenesis and the emergence of detrimental mutations in sperm precursor cell generation and embryo development."

[https://www.jbc.org/article/S0021-9258\(21\)00667-0/fulltext](https://www.jbc.org/article/S0021-9258(21)00667-0/fulltext)

I don't know about you, but that would be enough for most of my patients to decide against this drug. With all due respect to Dr. Gottlieb, if the choice were between a drug with a 40-year safety profile of excellence versus a new experimental one that could introduce mutations into germ cells, it would be a no brainer.

As if this were not enough, another group of researchers at the Lineberger Comprehensive Cancer Center associated with the University of North Carolina at Chapel Hill are also concerned.

They write, "The concern would be that mutations in host DNA could contribute to the development of cancer or cause birth defects either in a developing fetus or through incorporation into sperm precursor cells."

<https://academic.oup.com/jid/article-abstract/224/3/415/6272009>

This may be the best time to mention that cheap, repurposed drugs, all FDA approved as safe for other conditions, are one of the best ways to address terminal cancers. They have well-defined and often long-term safety profiles, and cocktails of such old drugs hold great promise as adjuncts in cancer

prevention and treatment. Moreover, unlike experimental new medicines with little safety testing, repurposed drugs will not give you cancer.

<https://www.amazon.com/Surviving-Cancer-COVID-19-Disease-Repurposed/dp/0998055425>

As for meaningful clinical activity or efficacy in patients with COVID-19, there are also concerns with Molnupiravir. The hospital trials were stopped early. Where is the data for inpatients? Where is the data for patients on ventilators? Where is the evidence for pre-exposure prophylaxis?

The limited trials that have been performed only suggest a correlation between Molnupiravir use and a lower rate of hospitalization and fewer deaths based on low numbers of patients. But the evidence is lacking on safety, prevention of disease, and treatment of late disease. This is where the evidence on Ivermectin is overwhelming.

However, the evidence of effectiveness for Molnupiravir is sketchy at best.

Moreover, on the use of Molnupiravir in mild and moderate disease, we have one study - only partially completed - showing 7.3% death OR hospitalization in the drug group versus 14.1% of those receiving placebo. The fact that deaths were combined with hospitalizations does not mean that 48% fewer in the treatment group died. It means the sum of deaths and hospitalizations was 48% lower in the treatment group.

<https://www.merck.com/news/merck-and-ridgebacks-investigational-oral-antiviral-molnupiravir-reduced-the-risk-of-hospitalization-or-death-by-approximately-50-percent-compared-to-placebo-for-patients-with-mild-or-moderat/>

Moreover, the study only involved 775 patients. This is far too few on which to base an approval. Right? Isn't that what we have been told regarding Ivermectin? After all, we now have over 32 randomized controlled trials of Ivermectin in COVID, reflecting a 58% improvement in the Ivermectin groups compared to placebo. Thus, we have 65 clinical trials in total involving 655 scientists and 47,717 patients. We have been told this is insufficient evidence, so the Merck data on 775 patients cannot possibly be enough if we use the same standard.

With Ivermectin, we see an average of 86% improvement in 14 prophylaxis studies, a 66% improvement in 29 early treatment trials, a 40% improvement in 22 late treatment trials, a 57% improvement in the 26 mortality trials. This data has been updated to October 1, 2021.

## **c19ivermectin.com**

So, even assuming Molnupiravir effectively reduces death PLUS hospitalization by 48%, we still do not know how reliable this figure will be when looking only at death. Ivermectin's reduction in death in mild to moderate COVID-19 surpasses this number.

Assuming more studies confirm Molnupiravir's lesser effect at reducing mortality in mild to moderate disease, we are still left with uncomfortable questions about its safety. However, Ivermectin's excellent long term safety profile is solid, and this alone will lead many to choose Ivermectin OVER Molnupiravir, especially when factoring in the possibilities of mutagenesis and gene toxicity.

The price of around \$700 per course of treatment which involves ten pills, makes it vastly more expensive than Ivermectin, which might be fine if it were considerably more effective. But it isn't, it is less effective, and it is potentially MUCH more dangerous. The fact the choice is being "forced" does not make it more appealing.

Perhaps the most distasteful dimension is that the drug was developed through deceit and propaganda under Merck's scandal with Ivermectin.

<https://www.amazon.com/Ivermectin-World-Justus-R-Hope/dp/1737415909>

It is part of an overall mandated program that robs people of their God-given liberty to choose their own medical treatment.

[https://www.thedesertreview.com/opinion/columnists/the-ivermectin-deworming-hoax---part-ii-eric-clapton-s-human-rights-warning/article\\_284902bc-14be-11ec-8d43-43e98275cff8.html](https://www.thedesertreview.com/opinion/columnists/the-ivermectin-deworming-hoax---part-ii-eric-clapton-s-human-rights-warning/article_284902bc-14be-11ec-8d43-43e98275cff8.html)

The mandates have been fraught with division among leading scientists, including Dr. Robert Malone. Dr. Robert Malone discovered in-vitro and in-vivo RNA transfection and invented mRNA vaccines while he was at the Salk Institute in 1988. He helped draft "The Physicians Declaration," which was announced at the Global COVID Summit held in Rome, Italy.

The Physician's Declaration is not unlike the US Declaration of Independence, as both documents enumerate a series of injustices that create the need for a Declaration.

In the case of the US Declaration of Independence, those injustices included taxation without representation, not providing fair hearings or trials - the lack of due process - and "exciting domestic insurrections amongst us."

In the case of the Rome Physician's Declaration, these injustices include public policymakers who have forced a "one size fits all treatment strategy" to the Pandemic resulting in "needless illness and death." In addition, physicians have been subject to censorship of ideas, barriers from pharmacies, threats of censure, and loss of license for upholding their Hippocratic Oath to do no harm.

Censorship of Senate testimony of Harvard and Yale-educated physicians by YouTube at the behest of government agencies should not be tolerated in a democratic society.

[https://www.thedesertreview.com/opinion/letters\\_to\\_editor/youtube-censors-the-senate-the-canary-in-our-coal-mine/article\\_0a5154ee-6640-11eb-b853-13264cd8c1a0.html](https://www.thedesertreview.com/opinion/letters_to_editor/youtube-censors-the-senate-the-canary-in-our-coal-mine/article_0a5154ee-6640-11eb-b853-13264cd8c1a0.html)

When the WHO and CDC degenerate into captured agencies that no longer serve the medical interests of the people, something needs to change.

[https://www.thedesertreview.com/opinion/columnists/indias-ivermectin-blackout---part-v-the-secret-revealed/article\\_9a37d9a8-1fb2-11ec-a94b-47343582647b.html](https://www.thedesertreview.com/opinion/columnists/indias-ivermectin-blackout---part-v-the-secret-revealed/article_9a37d9a8-1fb2-11ec-a94b-47343582647b.html)

The United States declared itself free from oppression from England in 1776 with the signing of the Declaration of Independence.

As of today's date, some 10,000 physicians and health scientists have also signed the modern Physician Declaration and accused the public health agencies of "crimes against humanity."

[https://www.thedesertreview.com/news/thousands-of-medical-professionals-declare-covid-policies-crimes-against-humanity/article\\_e2863f70-2074-11ec-8212-abe09d13e222.html](https://www.thedesertreview.com/news/thousands-of-medical-professionals-declare-covid-policies-crimes-against-humanity/article_e2863f70-2074-11ec-8212-abe09d13e222.html)

Physicians have declared through this document that they "must be free to practice the art and science of medicine without fear of retribution, censorship, slander, or disciplinary action" and that physicians shall not be restricted from prescribing safe and effective treatments. A fully informed patient should have the right to choose or decline medical treatment. This absolute right MUST be restored.

[https://www.thedesertreview.com/opinion/columnists/court-orders-ivermectin-human-rights-truth-prevail/article\\_bf204e14-0a84-11ec-9426-fbb5cca3c332.html](https://www.thedesertreview.com/opinion/columnists/court-orders-ivermectin-human-rights-truth-prevail/article_bf204e14-0a84-11ec-9426-fbb5cca3c332.html)

Taking a stand for truth is what is essential now. Over the last 18 months, Americans, indeed citizens of the developed world spanning from the United Kingdom to Australia, have been fed a steady diet of propaganda by Big Pharma and Big Regulators being aided and abetted by complicit governments,

media, and Big Tech.

These corrupt organizers seem to be driven by a desire for money, power, and control. Most citizens are either willing participants or are those who feel powerless to object. Most physicians who are part of organized medicine dare not speak out for fear of consequences. The NIH influences most of the world's medical research through the strategic use of its nearly \$50 billion annual budget. As a result, it can affect most medical societies, medical journals, most research, and thus it can and does control the way data is analyzed.

The top medical journals have even published fraudulent studies to discredit unprofitable repurposed drugs.

<https://www.the-scientist.com/features/the-surgisphere-scandal-what-went-wrong--67955>

These same medical journals have appointed questionable figures to investigate the origins of COVID-19, those with ties to coverups, and those who are likely to maintain the coverup.

[https://www.thedesertreview.com/opinion/columnists/gaslighting-ivermectin-vaccines-and-the-pandemic-for-profit/article\\_19f42a96-05c5-11ec-8172-d776656bad51.html](https://www.thedesertreview.com/opinion/columnists/gaslighting-ivermectin-vaccines-and-the-pandemic-for-profit/article_19f42a96-05c5-11ec-8172-d776656bad51.html)

From the AMA to the FDA to the *New England Journal* to the *Lancet*, the NIH controls organized medicine around the globe. But it cannot do so alone, especially abroad, which is why the WHO also figures prominently.

The WHO budget is about 10% of the NIH at \$5.8 billion.

<https://www.who.int/about/accountability/budget>

The Gates Foundation contributes roughly 10% of the WHO budget. Thus both Dr. Anthony Fauci, director of the NIAID – an arm of the NIH, and Bill Gates, vaccine proponent of the world, play significant roles.

All those physicians who signed Dr. Malone's Physician Declaration are genuinely courageous, just as were Thomas Jefferson, Ben Franklin, and John Hancock, those men of courage who signed the US Declaration of Independence.

And, whether or not most recognize it, we, the citizens of the United States, those of Australia, and the United Kingdom, are living in an increasingly totalitarian world, run by Big Pharma, Big Regulators, and Big Tech where the politicians and governments are secondary.

This concept is very similar to the “soft totalitarianism” described in the book *Live Not by Lies* by Rod Dreher. In a thoughtful review, Abe Greenwald notes, “Lies are the lifeblood of totalitarianism; to resist, therefore, is to hold fast to the truth.”

<https://www.commentary.org/articles/abe-greenwald/soft-totalitarianism-hard-truth/>

Our world’s current soft totalitarianism goes unrecognized by most because it is so different in appearance from that of the Soviet Union, yet it is every bit as deadly. In quoting Dreher, totalitarian society is defined by, “An ideology (that) seeks to displace all prior traditions and institutions with the goal of bringing all aspects of society under control of that ideology...A totalitarian state is one that aspires to nothing less than defining and controlling reality.”

<https://www.commentary.org/articles/abe-greenwald/soft-totalitarianism-hard-truth/>

In this Pandemic, those who do not conform to lockdowns, mask wear, or vaccination protocols are vilified, regardless of the science. As Greenwald observes, our totalitarianism is couched in the guise of “helping and healing others.” We live in a totalitarian “therapeutic culture.” Those who do not conform are branded as “the enemy (of the state).”

Dreher writes, “It masks its hatred of dissenters from its utopian ideology of helping and healing...In therapeutic culture, which has everywhere triumphed, the great sin is to stand in the way of the freedom of others to find happiness as they wish.”

As Aleksandr Solzhenitsyn often said, the antidote to totalitarianism has always been exposing the truth and then living in truth. It is what is essential now. Just as evil hates the light, lies hate the truth.

Dreher correctly observes that living in truth requires courage to stand up for what is right. For example, he offers this quote from a Slovakian dissident:

“The question is, which is going to win: fear or courage?” he says. “In the beginning, it was mostly a matter of fear. But once you started experiencing freedom—and you felt it, you felt freedom through the things you did— your courage grew. We experienced all this together. We helped one another to gradually build up the courage to do bigger things, like join the Candle Demonstration.”

Fear is now falling while courage is rising. The word is slowly getting out through alternative media. Doctors are organizing resistance groups. Whereas six months ago, few patients had heard about Ivermectin, today most know about it, and many take it.

There is a reason that so many health care professionals are speaking out against the mandates, and it may have something to do with the fact healthcare is their field. For example, if airline pilots, experts in their field, refused to fly on a specific model of 747 aircraft, would an average person wish to know why, or would they blindly jump on that plane – because the FAA declared it safe? Help get the truth out.

<https://www.commentary.org/articles/abe-greenwald/soft-totalitarianism-hard-truth/>

To patients everywhere, to all those whose voices have been silenced during this Pandemic, I advise the courage to live in the truth, share this message with others, and never yield to fear by remaining silent. Please share this article with your physician(s), share the link below, and ask them to sign the Physician's Declaration. We are at 10,000 signatures now. When I started a petition on [www.change.org](http://www.change.org) this spring, it was taken down by the censors. However, this declaration cannot be taken down.

Let us reach at least a million signatures. Then, when the signature box is opened for signing by the general public, please sign as well.

I now invite all physicians and medical scientists to join in truth with Dr. Malone, Dr. Fareed, Dr. McCullough, Dr. Tyson, and Dr. Kory and sign the Rome Physician's Declaration in the link below. Let us stand for truth, freedom, and Human Rights, which shall always prevail over totalitarianism. Let us honor our sacred Hippocratic Oath.

<https://doctorsandscientistsdeclaration.org/>

*Dr. Justus R. Hope, writer's pseudonym, graduated summa cum laude from Wabash College where he was named a Lilly Scholar. He attended Baylor College of Medicine where he was awarded the M.D. degree. He completed a residency in Physical Medicine & Rehabilitation at The University of California Irvine Medical Center. He is board-certified and has taught at The University of California Davis Medical Center in the departments of Family Practice and Physical Medicine & Rehabilitation. He has practiced medicine for over 35 years and maintains a private practice in Northern California.*

