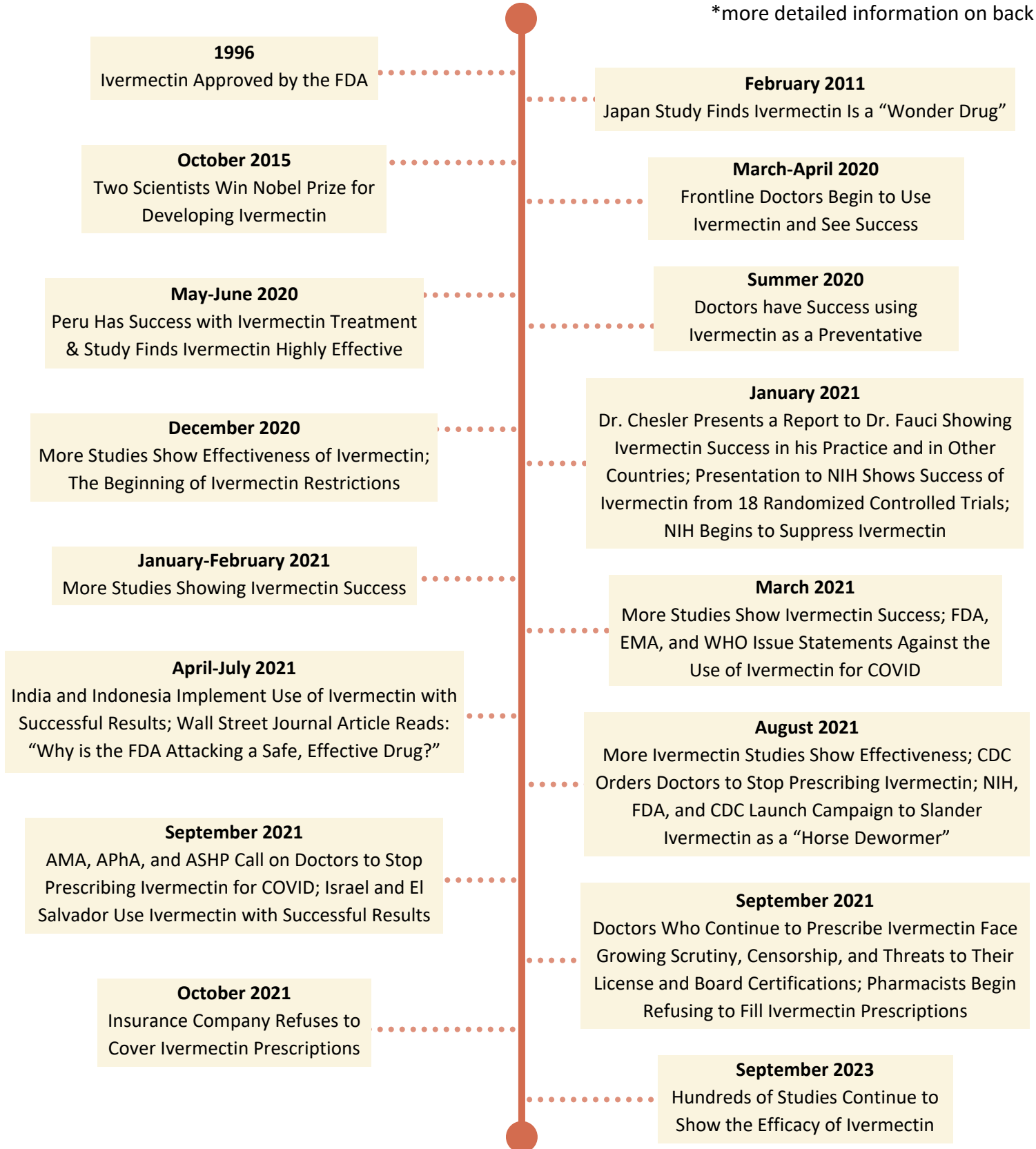


Ivermectin is on the WHO list of essential medicines.

*more detailed information on back



1955 - IVM was approved by the FDA.

February 2011 - Japan's Kitasato Institute published a paper describing IVM as a "Wonder Drug."

October 2015 - Two Merck scientists won the Nobel Prize for developing IVM.

March-April 2020 - Some frontline ICU and ER doctors began using IVM in combination with hydroxychloroquine (HCQ) in early treatment protocols. Dr. Jean-Jacques Rajter, a Belgian physician working in Miami, began using IVM March 15 and immediately saw an uptick in recoveries. Australian researchers published an article stating that IVM eliminates SARS-CoV-2 in cells in 48 hours. Front Line COVID-19 Critical Care Alliance (FLCCC) created a website and posted their first treatment protocols.

May-June 2020 - Peru adopted IVM in its national guidelines. COVID deaths dropped by 14-fold in the regions where IVM was distributed. Nature Magazine published a study reviewing 50 years of research finding IVM "highly effective against microorganisms including some viruses."

Summer 2020 - Frontline physicians discovered another COVID remedy that equalled HCQ in its staggering, life-saving efficacy - IVM. Dr. Hector Carvalho conducted a randomized placebo-controlled trial of IVM as a preventative, finding 100% efficacy against COVID. The state Health Department of Uttar Pradesh introduced IVM as prophylaxis and by September the state's districts were virtually devoid of active cases.

December 2020 - Peru's new president severely restricted IVM availability and COVID cases rebounded with deaths increasing 13-fold. Dr. Pierre Kory testified to the benefits of IVM before the Senate Committee on Homeland Security and Governmental Affairs, sharing studies that show near-perfect prevention of transmission, stunning recovery among hospitalized patients, and reductions in mortality when treated with IVM. Two western physicians using IVM in Bangladesh reported very high rates of recovery, even among patients in later stages of illness. The South African government quietly banned the importation of IVM. YouTube scrubbed Dr. Kory's video and Facebook blocked him.

January 2021 - Dr. David Chesler wrote to Dr. Fauci, claiming that he had achieved a mortality rate of 8% using IVM and included a peer-reviewed case study documenting reports of similar efficacy from other countries. Neither Dr. Fauci nor anyone else from NIAID replied to Dr. Chesler's letter.

January 7, 2021 - In a meta-analysis presentation to the NIH COVID-19 Treatment Guidelines Panel, the FLCCC physicians and Dr. Hill presented data from 18 randomized controlled trials that included over 2,100 patients. The trial results demonstrated that IVM produces faster viral clearance, faster time to hospital discharge, faster time to clinical recovery, and 75% reduction in mortality rates.

January 14, 2021 - The NIH's COVID-19 Treatment Guidelines Panel changed its recommendation to doctors regarding IVM to "neither for nor against," claiming there was insufficient evidence. This was the first signal of the agency's determination to suppress IVM.

January-February 2021 - A study in The Lancet found that IVM dramatically reduced the intensity and duration of symptoms and viral loading. The head of the Tokyo Metropolitan Medical Association held a press conference to call for adding IVM to its outpatient treatment protocol.

March 2021 - A study by Choudhury et al. found that IVM has anti-viral efficiency, reduces inflammation, impairs the spike protein's ability to attach to the ACE2 receptor preventing viral entry, prevents blood clots and more. The U.S. FDA, the European Medicines Association, and the WHO issued statements advising against the use of IVM for COVID-19.

April-July 2021 - India's medical societies added IVM to the national protocol. They began an aggressive campaign in the state of New Delhi, where COVID was raging, and were able to obliterate 97% of Delhi cases by distributing IVM. India showed that early combination therapy - budesonide, IVM, doxycycline, and zinc, costing between two and five dollars - made COVID symptoms disappear within three to five days. Indonesia's government not only authorized the use of the drug but also created a website showing its real-time availability. Hospitals in Indonesia started using IVM and by the first week of August, cases and deaths were plummeting. A front-page Wall Street Journal article asked, "Why is the FDA Attacking a Safe, Effective Drug?"

August 2021 - A study found IVM to be effective against all future variants of COVID. The CDC ordered doctors to stop prescribing IVM. The NIAID recommended against IVM's use to combat the novel coronavirus. The CDC sent out an emergency warning using its Health Alert Network, warning doctors and pharmacists not to prescribe IVM. NIH, FDA, and CDC launched an innovative campaign to slander IVM as a "horse dewormer."

September 2021 - The AMA, APhA, and ASHP called on doctors to immediately stop prescribing IVM for COVID outside of clinical trials. Israel, after giving out 3rd booster doses of Pfizer's COVID-19 vaccine but still seeing high rates of COVID-19 hospitalizations and deaths, started using IVM, with the health insurance companies distributing IVM to high risk citizens. El Salvador distributed free IVM to all of its citizens.

September 2021 - Doctors who continued to prescribe IVM to treat their patients faced growing scrutiny and heavy-handed tactics, including censorship, threats to their license and board certifications, and other repressive policies from governments and medical boards. Pharmacists, including the large chains like CVS and Walmart, refused to fill prescriptions.

October 2021 - Michigan Blue Cross Blue Shield put restrictions on covering IVM prescriptions

September 2023 - There are 99 studies from 137,255 patients and 1,089 doctors that show statistically significant improvement for mortality, ventilation, ICU, hospitalization, recovery, cases, and viral clearance. 85% improvement for prophylaxis. 62% improvement for early treatment. 41% improvement for late treatment. 55% improvement in 46 random controlled trials. 49% lower mortality from 51 studies.